

# Linking the CiM “Understanding Yourself” & “Exploring Options” Modules through a Specialty Talks Elective

AAMC Careers in Medicine  
Professional Development Conference  
Salt Lake City, Utah  
June 12, 2007



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# OHSU Career Advising History

- MS 1 & MS 2: Special interest groups met informally, not integrated into curriculum
- MS 1 Myers Briggs administered (A Taylor)
- MS 2 Informational sessions: USMLE 1, clerkship and career advising
- MS 3 'Strolling through the Match'
- MS 3 Individual student career advising
- MS 4 Dean's tips sent bimonthly

# AAMC Careers in Medicine (CiM)

- Introduced in 2003-04 year
- CiM small groups introduced into OHSU curriculum beginning with MS 1 orientation
  - 11 groups each with SOM facilitators including Associate Deans for Education & Student Affairs, Assistant Dean for Admissions, Assistant Dean for Minority Affairs, Chair of Curriculum Committee
  - Addressed CiM Stage 1 “self-assessment” with 3 required large and small group meetings

# Goal: To Address The First Two AAMC CiM Phases

- Phase 1: "Understanding Yourself"

First year students

Foundation of the program

## Phase 2: "Exploring Options"

Second year students

Difficult to link to self-assessment

# Problem We Faced

Medical students needed to link what they learned in the 1<sup>st</sup> year focus on “Understanding Yourself” to the 2<sup>nd</sup> year focus on “Exploring Options.”

# More problems we faced in implementing 2<sup>nd</sup> year phase of CiM

- Specialty interest groups were competing for luncheon time slots
- Students were only attending sessions that they thought would be of interest
- Students were not using CiM website
- There was no feedback or evaluation of the individual experiences
- Students came for advising in the third year unprepared to make career decisions

# Solving the Problem

We linked two CiM modules  
“Understanding Yourself” and  
“Exploring Options” through the  
Specialty Talks Elective

# Specialty Talks Elective

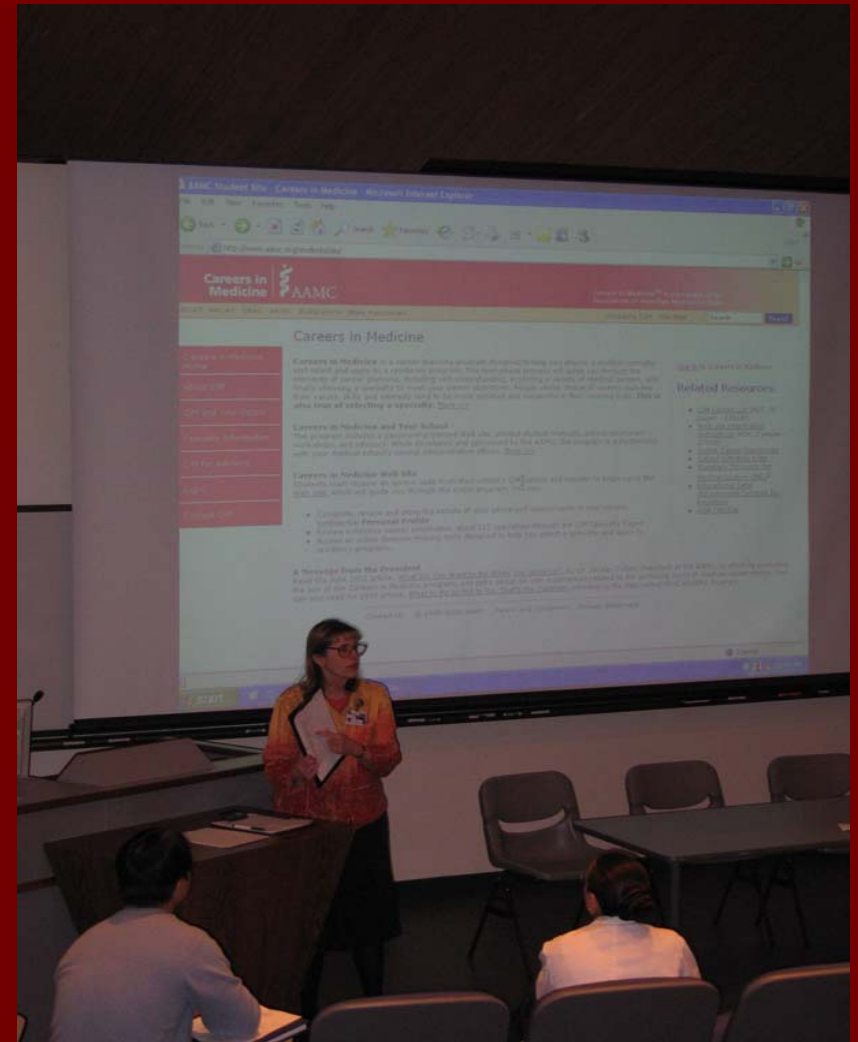
- Goal: Find a way to expose first and second year medical students to the wide variety of specialty choices.
- Solution: A series of lunchtime panel discussions presenting information on specialties.
- Reality: A student initiated and run elective started in 2005-2006.

# Principles of Specialty Talks Elective

- Commitment of students
- Elective Credit
- Student Director
- Interest Group Leadership
- Assure continuity of leadership

# Medical Specialty Talks Elective

- Support: Faculty advisor Anita Taylor, student leaders from interest groups.
- Continuity: OSR rep. acts as student director for course. IG leadership passed from 2<sup>nd</sup> to 1<sup>st</sup> years; sustainability.
- Filling the seats: Everyone welcome, credit offered with other requirements. Innovative because **other IG meetings blocked out.**



# Methods

- The ideal panel:
  - An academic, a community doctor, a resident, and a 4<sup>th</sup> year medical student.
- Format
  - Introduction of the panel
  - Some standardized questions
  - Open question and answer



# Methods

## ■ Examples of topics addressed

- What is a typical day like?
- What is the length of the residency?
- What is the median salary?
- What are the benefits of the specialty?
- What are the drawbacks?
- What medical school courses help most with your specialty?
- What attracted you to the specialty?
- What are the general characteristics of an applicant to the specialty?
- How competitive to get in to the specialty?
- How important is research in your specialty?
- Is there a role for CAM in the specialty?
- How difficult is it to have a child and do that specialty?
- What are the fellowships available in the specialty?



# Steps Along the Way

- Submit Self-Assessment Exercises from website
- Attend Specialty Talks
- Conduct Informational Interviews
- Written reports
  - Does this specialty fit your values, interests, skills and personality?
  - What surprised you about this specialty?
- Individual advising by Director of Career Advising, if requested
- Course evaluation

# Requirements for Credit

- Designed to help students think objectively about the various specialties, think critically about themselves and their values, and provide the coordinators of the elective with feedback so that the project may be improved in subsequent years.
- Requirements:
  - Orientation Questionnaire (1)
  - Attendance at 2/3 of the sessions: must sign in
  - Session Questionnaire (2/3)
  - Two Informational Interviews
  - Self-Assessment Profile on CIM Website (AKA Medical Specialty Preference Inventory Summary)
  - Final Evaluation Form (1)

# Schedule

## 2005-2006 School Year

11/04/05	Introduction Session, Careers in Medicine Website Review
11/15/05	Emergency Medicine
11/01/05	General Pediatrics
11/29/05	General Internal Medicine
12/06/05	Otolaryngology
12/13/05	Psychiatry
01/03/06	General Surgery
01/17/06	Family Medicine
01/31/06	Anesthesia
02/14/06	Neurology
02/28/06	Obstetrics and Gynecology
03/06/06	<i>Pediatric Subspecialties: Derm, Cards, and Onc</i>
04/04/06	<i>Surgical Subspecialties: Plastics, Colorectal</i>
04/18/06	<i>Internal Medicine Subspecialties: Onc, Cards, Infec Dz</i>
04/25/06	Radiology

## 2006-2007 School Year

09/12/06	Introduction, Careers in Medicine Website Review
10/10/06	Otolaryngology
10/17/06	Emergency Medicine
11/14/06	General Surgery
11/28/06	General Pediatrics
12/05/06	General Internal Medicine
01/30/07	Neurology
02/13/07	Family Medicine
02/27/07	Anesthesia
03/06/07	Obstetrics and Gynecology
03/20/07	Psychiatry
04/03/07	Radiology
04/17/07	<i>Radiation Oncology</i>
04/25/07	<i>Neurosurgery</i>

# Challenges

- More specialties than time for sessions
- Subspecialties or Generalist topics only?
  - Criteria used: Is there an existing IG? Is it a specialty you enter into directly from med school?
- Finding the speakers for an “ideal” panel
- Finding funding for lunches
  - Alumni Association
  - Individual Departments
  - Interest Group Funds
  - Dean’s Office



# Feedback from 2005-2007 School Years

- How would you rate the elective overall?
  - 4.1/5.0 (2005-06); 4.5/5.0 (2006-07)
- What was the most helpful part of the elective for you?
  - “Exposure to specialties I wouldn’t have otherwise heard about”
  - It was great to also get a feel of the personalities of doctors in each field.”
  - “Information about CIM website”
  - “Contact opportunities with faculty- having the residency director at virtually every one was awesome.”
  - “Consistency”
  - “I had never done anything like the informational interviews before and it was very informative.”
  - “When speakers honestly discussed the worse things about their fields”
  - “This is a huge improvement from last year when meetings were always competing for the students’ time” (2005-06 comment)

# Feedback from 2005-2007 School Years

- What would you change about the elective?
  - “More community physicians and residents”
  - “Be specific about what to cover”
  - “Start on time”
  - “Give a handout at each session listing the top 20 things done in the specialty”
- Should the elective be offered again?
  - Yes=27 No=4 (2005-06); Yes=39 No =0 (2006-07)
- Would you have attended if credit were not offered?
  - Yes=27 No=4 (2005-06); Yes- 37 No – 2 (2006-07)
- Should other meetings be blocked from meeting at the same time as they were this year?
  - Yes=25 No= 6 (2005-06); Yes= 35 No= 4 (2006-07)

# Evolution

## 2005-2006

*Completion = 31*

No handouts

Fewer "ideal" panels

## 2006-2007

Completion = 39 (final day  
6/15/07; 28 more due)

Fewer sessions, more  
specific

Some handouts

More community, women,  
and minority speakers

Re-invite excellent  
panelists

More time for Q & A



# How Students Related Self-Assessment to Specialties

Based on Written Reports and Informational Interviews

Q - Does this specialty fit your values, interests, skills and personality?

# Personal Insights

- Anesthesiology –
  - + Interest in pharmacology and physiology
  - + Quick results
  - + Detail oriented, micromanaging ability
  - + Simple paperwork
  - + Technical aspects
  - Lack of continuity, patient contact
  - Not the “lead physician” in the OR

# Personal Insights

## ■ Emergency Medicine

- +Variety
- +Lifestyle
- +Likes intensity
- +Multitasking
- +Wear PJs to work!
- No long term patient relationships
- Shift work
- Need to be in a fairly large city

# Personal Insights

## ■ Family Medicine

- +Patient relationships, continuity
- +Diversity of patients and problems
- +Can choose focus of practice
- +Focus on preventive medicine
- +Interest in health of entire community
- Financial payments lower than other fields
- Need to be an expert
- Need to see results quickly

# Personal Insights

## ■ Internal Medicine

- +Ability to sub-specialize
- +Hospital practice
- +Continuity of patient care as a generalist
- +Problem solving
- +Detail oriented
- Emphasis on diseases
- Payment low in non-procedural practices

# Personal Insights

## ■ Obstetrics and Gynecology

- + Interest in womens' health
- + Interest in counseling and surgical procedures
- + Move towards hospitalist-based practice
- Move towards hospitalist-based practice
- Lifestyle concerns
- Technical/surgical aspects
- High malpractice costs
- Patient population only women

# Personal Insights

## ■ Pediatrics

- + Like children
- + Interest in health education and prevention
- + Part-time work possible
- + Able to sub-specialize
- Patient population only children
- Lack of intellectual challenge
- Have to interact with parents
- Can't deal with terminally ill children

# Personal Insights

## ■ Radiology

- +Lifestyle
- +Interest in anatomy
- +Detail oriented
- +Opportunity to sub-specialize
- Lack of patient continuity
- Too confining

# Personal Insights

## ■ Surgery

- +Doing procedures, working in an OR
- +Direct communication style
- +Like definitive answers; action, not discussion
- +Able to sub-specialize
- Lifestyle concerns
- Lack of patient continuity
- All procedures, not enough diagnostics
- Length of training

# What Students Didn't Know About the Specialties

Based on Written Reports and  
Informational Interviews

- Nature of work
- Relationship to other specialties
- Lifestyle Issues

# Surprises

- Nature of work:
  - Internal Medicine, OB-GYN, Pediatrics, Family Medicine – role of hospitalists
  - Work setting determines amount of paperwork – less in VA or Kaiser system
  - Sub-specialties were mostly unknown – pediatric surgery, interventional cardiology
  - Level of patient continuity higher than expected in subspecialites

# More Surprises

- Relationship to other specialties/health professionals
  - Some are more team-oriented than others
  - Turf battles over credentialing, especially related to procedures
  - Difficulties related to Emergency Room consultations
  - Operating room interactions

# Still More Surprises

- Lifestyle Issues
  - More control over schedule than expected
  - Shift work in more specialties than just Emergency Medicine
  - Variety of practice opportunities
  - Able to repay loans
  - Academic medicine success is harder than expected

# Specific New Knowledge

- Hospitalists
- Overlapping specialties – Plastic surgery and otolaryngology
- Residency information – competitiveness
- Salary ranges
- Resources – CiM, specialty organizations, AMA, AAMC

# Goals for the Future

- Handouts: salary, common procedures, practice environments, avg scores, etc.
- Achieve panel ideal: include a community physician, an academic physician, a resident, a student- all sexes represented, include minorities
- Cover spectrum of specialty choice
- Incorporate feedback from participants and interest group leaders
  - Funded lunches for leadership
- Increase enrollment even further
- Create a website for this elective



# Benefits of Program

- Increase awareness and utilization of CIM website resources
  - [www.aamc.org/students/cim](http://www.aamc.org/students/cim)
- Provide a venue for residency directors to get in contact with students earlier
  - Especially if no interest group exists
- Provide a venue for Alumni Association to get involved with students
  - Develop a list of alums interested in speaking

# Benefits of Program

- Educate students about specialty choice in candid and comprehensive manner
- Encourage students to find mentors by informational interviewing
- Development of a comprehensive list of community physicians interested in speaking
- Sustainable OSR project

# Make it happen!

- This program can be adapted for your school. If this sounds interesting, go for it.
- Questions?

