

Clinical Experiences Survey Summary

Executive Summary of GSA Committee on Admissions Survey regarding Clinical Experiences

Group on Student Affairs, Committee on Admissions

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In the spring of 2016, the GSA Committee on Admissions of the AAMC distributed a survey to the designated medical school admissions contacts at each AAMC member medical school. The goal of the survey was to gather information on current medical school admissions practices related to requirements for clinical experiences for medical school applicants. The Committee on Admissions understands that such activities are increasingly difficult to obtain in the United States. Some medical school applicants may be pursuing such clinical experiences in foreign countries. A wide variety of international programs exist, and concerns have been raised about the level of supervision of students in some of these programs.

The "clinical experiences" survey was completed by 43% of AAMC member medical schools. After reviewing the results of the survey, the Committee on Admissions wanted to highlight the following points for prehealth advisors and premedical students:

- Medical schools use many different terms to describe "clinical experiences" in their admission requirements (e.g. clinical shadowing, physician shadowing, clinical experience, clinical exposure, clinical observation, medical exposure, medically related experience, and patient care interaction).
- 73% of medical schools surveyed highly recommend or require applicants to have had
 experience in which they can observe and learn about clinical practices. 87% of
 respondents reported that applicants without clinical experience may be disadvantaged
 in the application process. What is gained from the experience is valued more by
 schools than the number of hours.
- 87% of medical schools would accept alternate activities for applicants unable to secure "shadowing" experiences. Some examples include any volunteer service in clinical setting, EMT, scribe, clinical research, CNA, or MA.
- Member schools expressed significant concern with regards to premedical students engaging in unsupervised clinical activities in international settings. In particular, 45-50% of those schools completing the survey described applicant involvement in invasive procedures in international settings as either harmful to, or of no value to, their application. Examples of such invasive procedures include giving vaccinations, suturing an injury, pulling teeth, and delivering a baby. This concern of admissions officers persisted, albeit at lower levels (35-40% of respondents), when the students were supervised by a health professional while performing such invasive procedures in international settings.



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We hope that this survey provides helpful information to advisors and applicants. We urge our member medical schools to engage in flexibility with regards to clinical experience requirements. We caution applicants to be discerning regarding involvement in clinical activities in international settings. Such experiences could harm how their medical school applications are viewed if they engaged in unsupervised clinical activities with patients or if their involvement was outside of their training. We strongly encourage prehealth advisors to help us guide applicants about what is appropriate in these settings.