Modern Perspectives on Medical Student Recruitment

Presented by the SUO Education Innovation Committee
SUO/AADO/OPDO Meeting
Washington DC
November, 10 2018
Format

• Introduction of invited panelists.
• 5 to 7 minute presentations.
• Questions for panelists.
• Audience response questions.
Panelists

• **Maxwell Bergman** – Current 4th year medical student, Georgetown University

• **Carrie L. Francis, MD** – Associate Professor of Otolaryngology – Head and Neck Surgery, Assistant Dean for Student Affairs, University of Kansas

• **Charles A. Elmaraghy, MD** – Associate Professor of Otolaryngology – Head and Neck Surgery and Chief, Division of Pediatric Otolaryngology, The Ohio State University

• **Carrie L. Nieman, MD, MPH** – Assistant Professor of Otolaryngology – Head and Neck Surgery, Department Director of Diversity & Inclusion Efforts, Johns Hopkins School of Medicine
Presentations
Maxwell Bergman
4th year medical student, Georgetown University
Social Media

1. What do you think about training programs having social media sites for information about the “culture” of the program? How should this be policed?

2. What is your experience with OtoMatch?
Carrie Francis, MD
Associate Professor of Otolaryngology – Head and Neck Surgery,
Assistant Dean for Student Affairs, University of Kansas
Coaching Students

1. What has been your approach to coaching students interested in Otolaryngology? Has that approach evolved over time?
Charles A. Elmaraghy, MD
Associate Professor of Otolaryngology – Head and Neck Surgery and Chief, Division of Pediatric Otolaryngology, The Ohio State University
Implementing Early Otolaryngology Exposure in Medical School

Charles Elmaraghy MD, FACS, FAAP
Chief
Department of Pediatric Otolaryngology
Associate Professor

Nationwide Children's
When your child needs a hospital, everything matters.

The Ohio State University College of Medicine
Whenever I’m about to do something, I think, “Would an idiot do that?”
Objectives

Discuss pilot ENT Mentorship Program experience
Challenges with program
Growth opportunities
Why Develop Early Exposure Experience

Attrition from surgical specialties- 13% Schweikeh et al.

*Interns with realistic expectations of the demands of residency and life as an attending may be more likely to complete training. Medical students and residents entering training should be given clear guidance in what to expect as a surgery resident.* Abelson et al.JAMA SURG

Less exposure to Otolaryngology in Medical School curriculum

Concerns with medical students professionalism with limited intervention opportunities
A Strategy to Reduce General Surgery Resident Attrition
A Resident’s Perspective

Resident attrition from general surgery residency programs in the United States is high and has remained stable high for almost 20 years, despite elimination of the pyramidal residency program structure in 1996 and formal implementation of work-hour restrictions in 2003.1Attrition rates of general surgery categorical residents range from 17% to 26% over a 5- to 7-year residency program, and this attrition rate is higher than for other medical specialties.2-4 Most attrition by general surgery categorical residents is voluntary in nature, with involuntary in-training offering the future demands of the profession, but this attrition comes at a great cost, both to the residency program and to the departing resident. Resident attrition is associated with wasted program resources and a loss of monetary investment in the departing resident. The labor shortage places increased burden on those remaining residents and stresses the residency program. While the departure of a maladjusted resident may relieve a burden of negativity that existed in the residency program and may increase resident peer-
Precedents- Neurosurgery Program

This surgical exposure intervention increased understanding about neurosurgery and reduced overall interest in neurosurgery as a career.... (Zuccato et al.)

Although, those remaining interested were motivated to plan further neurosurgical clinical experiences.
Purpose of Mentorship Program

Provide longitudinal experience
Early exposure to surgical specialty
Discuss professionalism early
Basics

Application process
Involvement of senior students in process
Match with faculty members
8 hours/month distributed amongst clinic/OR
4 didactics with basic Otolaryngology topics and topics to enhance understanding of life/job of surgeon
Final presentation- Grand Rounds Style
Surveys given pre/post program and during student’s 3rd year of medical school
Data

35 student participants since 2015
17 faculty members
54% had no exposure to OTO
62% of students participated in OTO research as a result of program
100% of students found experience to be valuable in post-program survey
Mentor Subspecialties by Student

- Head and Neck: 26%
- Pediatric: 31%
- General: 17%
- Facial Plastic and Reconstrutive: 11%
- Otology: 6%
- Laryngology: 9%
## Post-Program Evaluation

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Please rate your ability and knowledge with regard to the following statements.

1. Ability to interview a patient individually.
2. Ability to elicit a thorough patient history.
3. Ability to perform an adequate physical exam.
4. Ability to summarize a patient encounter to an attending physician.
5. Ability to develop a prioritized differential diagnosis.
6. Ability to recommend and interpret common diagnostic/screening tests.
7. Ability to participate as a contributing to a team.
8. Ability to provide a thorough but efficient oral presentation.
9. Ability to document a clinical encounter using EMR.
10. Ability to scrub in for a surgery.
11. Knowledge of anatomy relevant to the field of your interest.
12. Familiarity with the attendings and residents.
Match Results

Otolaryngology Residency Match

Mentorship Program
Mentorship Graduates

Match Year

Successful Matches

NOBODY PANICS WHEN THINGS GO ACCORDING TO PLAN

EVEN IF THE PLAN IS HORRIFYING
Conclusion

Early exposure to Otolaryngology can enhance medical student experience in specialty (research, application, etc.)

Other specialties have modeled and are piloting programs
References


Exposure

1. Are all students aware of the substance of the specialty and have some direct exposure or is it all word of mouth?
2. What are the advantages to faculty of involving medical students in research projects?
Carrie L. Nieman, MD, MPH
Assistant Professor of Otolaryngology – Head and Neck Surgery, Department Director of Diversity & Inclusion Efforts, Johns Hopkins School of Medicine
Sub Internships

1. How is your program advertised outside of your own institution?
2. What is the process for selecting visiting Sub-Is in your program?
3. Is it necessary to have URMs on your faculty to institute a program like the one at Hopkins?
Audience Participation
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Thank you!