Specialty Choice Stability: Are there Implications for Advising and Early Entry into Residency?

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Introduction

The medical education community is beginning to pilot early entry to residency as a potential benefit to competency-based education. However, we lack evidence around which specialties may be best suited to this streamlined training. The researchers aimed to understand which specialties at OHSU have stable interest from matriculation to residency match, in an effort to improve both specialty specific advising and to better bridge UME and GME in a competency-based curriculum.

Methods

Approval was obtained from the Institutional Review Board (IRB) for all phases of this study. We received access to utilize the pre-matriculation survey data from 2009 to 2013. This survey included the top specialty choice for each student who chose to complete the survey at the beginning of medical school.

Six hundred and fifty-four students were eligible for inclusion. The data were analyzed by initial specialty interest and ultimate specialty match to assess specialties with the highest versus the lowest rates of congruence. The data were then de-identified for the study team who did not implicitly have a role with the SOM in capturing the data above. The student data was grouped by matriculation year to account for the different numbers of years students took to complete their UME. Each matriculating class was then sorted by initial specialty choice to calculate the percentage of each class interested in each specialty upon matriculation.

Data was sorted by specialty to calculate the percentage of each specialty who retained or recruited student interest. A reverse analysis was also completed to calculate the loss of interest in each specialty reported as percentages for each specialty.

Results

Table 1 shows the results of the hand-tabulated data of a total of 535 students that met criteria for data analysis. The median congruence across all specialties was 30.8% with five specialties showing greater than 40% congruence and 8 specialties showing less than 20% congruence. The top specialty with congruence from matriculation to match was Physical Medicine and Rehabilitation, though the total number was small (100% congruent, n=3 congruent/3 initial).

The next three with highest congruence in matriculation and match specialties were Psychiatry (57.1%, 4/7), Internal Medicine (48.5%, 47/97), and Family Medicine (47.7%, 48/86) (Table 2). The specialties with the least congruence were Pathology (0% 0/2), Preventive Medicine (0%, 0/4), Dermatology (12%, 1/8), Neurology (10% 2/20) and Radiation Oncology (16.7% 1/6) (Table 3).

The specialty with the highest recruitment in medical student interest was Radiation Oncology (Table 4), while the highest attrition rates of interest were Pathology and Preventative Medicine (Table 5).

Discussion/Conclusions

Overall, this data supports that while there is higher congruence for some specialties, no specialty choice is fixed across the medical school experience.

This suggests a need for advisors to support those with strong early interest in a specialty as well as foster opportunities for robust career exploration across all medical students, particularly when considering accelerated tracks.

Additional studies at different institutions and curricula are needed to validate this data for wider use, but overall rates from this medical school mirror national rates.

Data at one UME institution suggests that Psychiatry, Internal Medicine, and Family Medicine are specialties that include a significant number of students committed to their decision prior to matriculation may be able to begin residency planning and potentially transition into the respective GME fields sooner.

Some specialties tend to attract more student interest over the length of the UME program, while others may need more focused efforts to keep future physicians interested in their field.

We postulate that the fields that retain students may be due to premedical experiences in health care or specific medical fields, such as the 100% congruence in Physical Medicine and Rehabilitation which is a lesser known specialty to the general population. Prior life experience in rural health care or underserved communities may account for primary care interest congruence as cited previously, but cannot be determined from this study.

This study was limited to one institution which may or may not be generalizable to all medical schools or curricula. However, this data may inform the need for more advising or curriculum for certain specialties. Future research is needed to continue to investigate how to best retain interest in needed specialties, as well as a larger study of medical student stability choice focusing on accelerated entry to GME.

References


Hendrickson KE, Macanaris L, Meehan T. Factors associated with medical residents’ career choices regarding internal medicine. JAMA, 300(5), 1154-1164.

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