



AAMC Takes Initiative to Hone Skills of Medical Student Career Advisors

BY AMY ROTHMAN SCHONFELD, PhD

Traditionally, serendipity often played a role when it came time for students to choose a medical specialty. Their choice could be based on experiences with a charismatic teacher, a persuasive upper-classman, an interesting lecture, a memorable patient, a research project, or some preconceived notions. Conversely, a student could be turned off to a specialty if during a third-year rotation he or she was unluckily assigned to a supervisor with poor mentoring skills or to a disorganized teaching site. A formal career advisory system was either nonexistent or haphazard.

Jordan J. Cohen, MD, former President of the Association of American Medical Colleges (AAMC), found that poor career advice had serious consequences, as indicated by findings such as:

- ❖ 20% of medical school graduates switch specialties before completing their first residency.
- ❖ An additional 15% change specialties after completing their residencies.
- ❖ 20% of practicing physicians claim to be in specialties in which they are not satisfied.¹

On medical school graduation questionnaires, satisfaction with career planning services in medical schools is perennially rated low compared with other services, said George Richard, PhD, a vocational psychologist with the AAMC. He has found that faculty members who are assigned to advise students about their career decisions admit to feeling inadequately prepared to handle their assignment. After meeting with clerkship directors and program managers of major medical specialties to discuss this issue, Dr. Richard commented, "Clerkship directors by default are the people medical school students go to when they want to talk about a specialty. Yet most [directors] felt they did not know how to provide the advice and guidance a student needs."

Choosing a specialty is a very important decision, said Dr. Richard, noting that there are

currently about 120 specialties from which to select. "If you make a choice you come to regret later on, the expense, both financial and emotion, is pretty high," he said. Partly in response to pressure from student representatives, in late 1999 the AAMC created a program, now called Careers in Medicine (CiM), to provide guidance and resources directly to medical students as well as to those delegated to providing advisory services.

CiM Essentials

Careers in Medicine is a multifaceted program that makes career planning and development a four-stage process. Medical students can use CiM as a stand-alone self-managed course, or utilize the material while working in conjunction with an advisor/career specialist. While the reader is urged to visit the CiM Web site (www.aamc.org/students/cim) for details, the key components of the program are:

- ❖ Understanding Yourself
- ❖ Exploring Options
- ❖ Choosing a Specialty
- ❖ Getting into Residency

The program is organized into modules, so students can work at their own pace beginning during the first year of medical school and continuing through graduation.

The site contains online self-assessment instruments and decision-making tools, such as the Specialty Indecision Scale (SIS). The SIS contains 35 items, each designed to evaluate a particular type of problem that a medical student might experience in selecting a specialty. The rationale for the test is that while indecision is common when students are asked to select a specialty, identifying the source of the indecision is an important first step in making a good career



Medical student Eric Ferkel with Dr. Angela Nuzzarello, celebrating a successful Match.

choice. Other exercises help students explore their personal influences, interests, values, environmental factors and practice needs, personality type, skills, and educational experiences, as all these factors can have an impact on career decisions and satisfaction. The site is password-protected, and assessments are kept in a secure and confidential personal profile available only to the student.

Specialty pages contain essential information—such as the nature of the work, training requirements, Match statistics, and compensation—for 119 specialties. A Student Guide introduces the student to the specialty choice and career planning process, provides a timeline, and gives links to resources such as the AMA's Fellowship and Residency Electronic Interactive Database Access (FREIDA). Exercises such as Choosing Your Specialty and Selecting Residency Training facilitate students in narrowing their searches.

The CiM advisor Web site also provides templates for seven workshops that supple-

ment the Web-based and printed materials. Other materials help students prepare for the residency Match, including writing a curriculum vitae or a personal statement, securing letters of recommendation, interviewing tips, and completing the Residency Program Evaluation Guide.

Making the Most of CiM

"I have found that CiM is a huge benefit. We use CiM as a backbone for our program. It gives us a framework to work with students in stages," said Angela Nuzzarello, MD, MHPE, Associate Dean for Student Programs and Career Development at the Northwestern University Feinberg School of Medicine in Chicago. Dr. Nuzzarello serves as CiM liaison, the primary point of contact between the school and the CiM staff. Liaisons implement the CiM program at their schools, coordinate workshops and programming efforts, and select and prepare faculty advisors for their roles.

Career advising is given priority at Northwestern. The CiM program is introduced during first-year orientation, and is part of the required third-year curriculum. Students meet six times as a group, as well as individually with advisors. One of the most successful activities is the "values auction," during which students use play money to bid on those values that are most important to them, such as altruism, compensation, creativity, or power and authority. "It is one of the steps that help in thinking about careers, but it is also fun and engaging," said Dr. Nuzzarello.

A Resource for Advisors

In addition to serving as a resource for students, the CiM program is designed to meet the unique needs of medical career advisors. Considerable attention is given to clarifying the role of the advisor, selecting and recruiting advisors, and pinpointing the interpersonal and organizational skills that an effective advisor should have. The site also provides training workshops and materials advisors can download, and is setting up an online forum on which advisors can share their ideas and experiences. "It is up to the individual school to decide how to use CiM. It could be used as a stand-alone program and students would do well, but it is much more powerful when combined with a good advising relationship," said Jeanette Calli, MS, CiM Program



Manager, who conducts workshops to help advisors sharpen their skills.

Role of the Advisor

The responsibility of the advisor is to provide individual and/or small-group meetings with students to check on their progress, address and explore career options, and answer questions. Advisors generally meet with students once or twice a semester. Small-group advising sessions and e-mail and phone communications can supplement direct face-to-face meetings.

The advisor should not use the arrangement to recruit students to his or her own field or residency, cautioned Ms. Calli. "That's what we hear some of the most complaints about. It makes the student feel that the advisor does not have the student's best interest at heart."

Who Should Be an Advisor?

Advisors are generally members of the clinical or basic science faculties; or staff from student or academic affairs, admissions, financial aid, minority affairs; or even alumni or third- or fourth-year students. Ideally, CiM recommends a ratio of one advisor to every five to 10 students.

CiM staff suggests recruitment strategies to attract faculty advisors, such as making presentations about CiM at department and faculty meetings that include student testimonials about the positive impact of their advisors. Incentives often help to convince

Angela Nuzzarello, MD, MHPE, Associate Dean for Student Programs and Career Development at Northwestern University Feinberg School of Medicine, hands a match envelope to M4 student Jyoti Pathria on Match Day; M4 student Lauren Pierce awaits her turn.

those who express interest in participating but are concerned about time constraints. Suggested incentives can as simple as presenting an award or publicizing participation, or including mentoring activity in annual performance reviews.

"One person in a school cannot do it all. We need a lot of good people willing to work with students to help them make their decisions. If there are people who have not been tapped, who really want to help, and have the right heart for working with students, I encourage them to...come out of the woodwork and provide the services the students really need," said Dr. Richard.

Ultimately, advising is another form of teaching, said Ms. Calli. She suggested that advisors seek to establish a developmental relationship with a student, rather than a prescriptive one. A prescriptive relationship is characterized by a "top-down, hierarchal" approach, with information flowing from advisor to student. The developmental style is more of a collaboration between the advisor and student, with the advisor helping the students to identify their career goals, and supporting them as they take the necessary steps to achieve those goals.

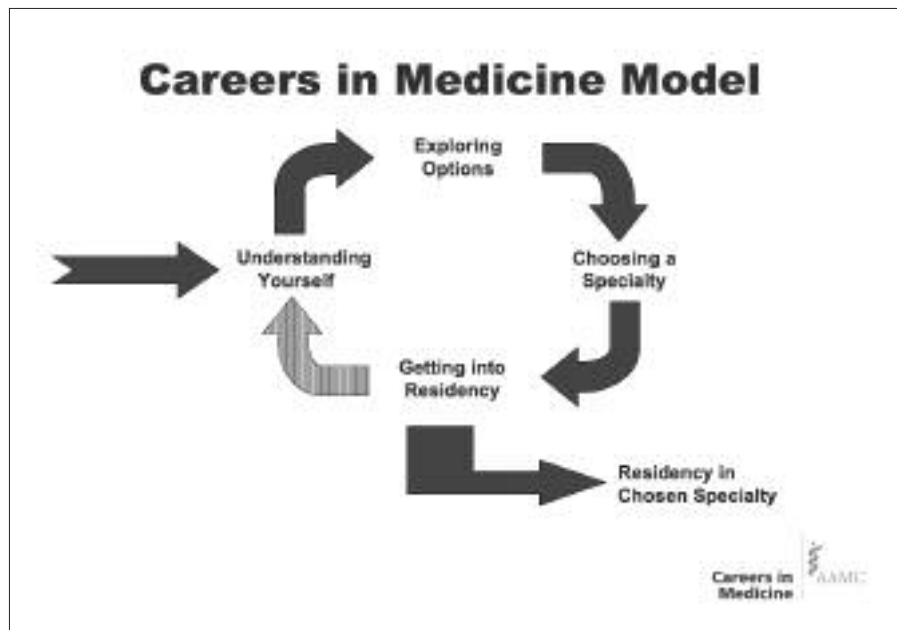
Some of the qualities an advisor should offer to establish a developmental relationship are listed in the sidebar. Good interpersonal skills, including nonverbal communication, are essential. “Advisors should be able to ask good questions to get the students to open up about their career plans and should engage in reflective listening [paraphrasing and summarizing what the student is saying],” said Ms. Calli. She believes that one of the most important skills is to show empathy for the student’s situation and anxiety. “You do not have to know all the answers or all the nuances about every specialty or residency program, but you should be willing to brainstorm with the students and help them find the information and resources they need,” she said. Students often respond well when the advisor shares his personal experiences and feelings. “The folks students really flock toward tend to be the best advisors.”

While being empathetic, advisors also must serve as a “reality check” for students, balancing students’ qualifications against residency programs’ admission standards, cautions Ms. Calli. “That’s a fine balance a lot of advisors must struggle with—how to be a reality check without crushing a student’s dream.”

Resources and the Advisor Toolbox

The CiM program offers Regional Training Workshops and a biannual Professional Development Conference to hone advisors’ skills. Case studies are presented, and advisors engage in role-playing exercises. As an example, they may be asked how they would respond if a first-year student came to them to say that he has doubts that he is suited to medicine as a career. Ms. Calli finds that some of the best learning opportunities occur as advisors share their successes and weaknesses with each other. “I go from teaching the skills to facilitating the conversation.”

To expand sharing capabilities, one of CiM’s newest ventures is to create a “knowledge base” to serve as a clearinghouse for



A graphic representation of the CiM model. Each phase focuses a student on the process of taking responsibility for his or her personal and professional success.

workshops, templates, program outlines, curricula, and other career planning resources developed by individual schools (to submit a contribution, contact Ms. Calli at careersinmedicine@aamc.org). It is hoped that this knowledge base will serve as a precursor to a CiM MedEdPORTAL, an online publication to help faculty publish and share educational resources.

The CiM Web site also has a page called the “Advisor Toolbox,” which has links to The Advisor Manual, assessment tool manuals,

Relational Qualities for Advisors

- ❖ Displays a concerned and caring attitude toward students.
- ❖ Establishes rapport by being approachable and accepting.
- ❖ Takes a proactive role by initiating contact with advisees.
- ❖ As available and flexible as possible to accommodate student schedules.

Source: AAMC CiM.

and past presentations and workshops. Instructions for ordering the CiM Student Guide and Advisor Manual, and for obtaining access codes, are also available on this page.

“Students list advising and mentoring as one the top influences on their specialty choice. They give a great deal of importance to the relationship. With CiM, we try to bring that level of importance to the faculty and staff advisors,” said Ms. Calli.

“CiM has changed the way people look at career advising. It is not just about picking a specialty—it is a lot more than that,” added Dr. Nuzzarello. “It used to be career advising was something people thought of at the end of the third year of medical school. Now the focus is that it needs to be started on the first day of medical school.” ❖

Reference

1. Cohen JJ. What do you want to be when you grow up? www.aamc.org/newsroom/reporter/june02/word.htm. Accessed March 19, 2008.