The Future of Medical Education in Canada: Postgraduate Project

Medical Student Career Advising: National Recommendations

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PREAMBLE

Career planning, specialty decision-making and preparation for residency matching are significant sources of stress for medical students. The Future of Medical Education in Canada Postgraduate (FMEC PG) Implementation Project, funded by Health Canada and a consortium partnership of the Association of Faculties of Medicine of Canada (AFMC), Collège des Médecins du Québec (CMQ), College of Family Physicians of Canada (CFPC) and Royal College of Physicians and Surgeons of Canada (Royal College), included a specific recommendation to “ensure effective integration and transitions along the educational continuum”, and further noted that this “requires development through the increase of responsibility across the medical education continuum and effective transitions from UGME into PGME”.¹ Under the ‘integration and transitions’ umbrella, the Career Planning and Residency Matching Process Working Group identified a clear need for a sub-working group to examine career advising processes across Canada and to develop guidelines and recommendations that could be published and shared.

This document will provide an overview of the resulting recommendations regarding the guiding principles and essential elements of Medical Student Career Advising. The goal is to encourage standardization of career advising content across all Canadian medical schools in order to better assist medical students in making informed career decisions. It is the sub-working group’s hope that this will help guide the exploration and sharing of relevant resources, as well as promote discussion regarding the requirements and processes for implementing the recommendations nationally.

The sub-working group noted the expressed commitment in the FMEC PG document for “The UGME and PGME systems [to] collaborate to devise a plan whereby graduating medical students are optimally prepared for residency.” The group strongly supports this plan and further encourages increased transparency and communication from the Office of Postgraduate Medical Education and Postgraduate Program Directors to assist Undergraduate Career Advisors with implementation and evidence-based revisions of the national recommendations for Medical Student Career Advising.

The sub-working group would like to sincerely thank the Council of Ontario Universities (COU) for their involvement and support in developing these recommendations. The sub-working group has been led by Dr. Kelly Howse (Queen’s), with significant collaboration from Dr. June Harris (Memorial University of Newfoundland), and is comprised of Ms. Laurie Barlow (McMaster), Ms. Carol Bisnath (Toronto), Ms. Laura Csontos (Northern Ontario School of Medicine), Ms. Nancy Dunlop (Toronto), Dr. Marie Giroux (Sherbrooke), Dr. Namta Gupta (McGill), Ms. Liz Koblyk (McMaster), Dr. Louise Laramée (Ottawa), Ms. Elizabeth Lefebvre (McGill), Dr. Miriam Lermer (PARO), Dr. Jelena Lukovic (PARO), Dr. Michael Rieder (Western), and Ms. Heather Smith (OMSA).

INTRODUCTION

These recommendations are based on the original LCME MS-19 standard which states²:

A medical education program must have an effective system in place to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

And the new Canadian version of this standard³:

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school’s medical education program objectives. All medical students have the same rights and receive comparable services. [ED-44]

The specific subsection that applies to career advising is:

11.2 [MS-19/FA-6]. CAREER ADVISING. The medical school has an effective and where appropriate confidential career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

Plus a new element under consideration for the 2015 version:

11.2.1. In accordance with the social accountability mandate of the medical school, the career advising system ensures that students are made aware of the needs of the Canadian population.

Using these standards, the sub-working group focused on guidelines for:

- an effective system that integrates the efforts of faculty members, clerkship directors and student affairs staff
- the 3 areas of:
  - evaluating career options
  - choosing electives courses
  - applying to residency programs
- social accountability

³ [https://www.afmc.ca/pdf/ProposedCACMSAccreditationStandards-Version11-NationalConsultation.pdf]
RECOMMENDATIONS

Medical Student Career Advising: Guiding Principles

1. Planning a career in medicine, including making a specialty choice and applying to a residency matching service, is ultimately the medical student’s responsibility.

2. Many individuals may play a role in equipping medical students to make informed career choices, including: career advisors, faculty members, staff, residents and other medical students.

3. The Office of Student Affairs (or its equivalent), in collaboration with the Office of Undergraduate Medical Education, is responsible for providing an integrated system to support medical student career decision-making.

4. The career advising system should be based on sound career development theory and experiential learning practices.

5. The career advising system should support the medical student’s own role in:
   a. Seeking out and interpreting meaningful experiences and relevant information.
   b. Developing career management skills that will assist them throughout medical school, residency and during future career transitions.

Medical Student Career Advising: Essential Elements

The organization of the career advising system may vary across institutions, but the following are considered essential elements and should be available in a timely manner to all medical students at all locations:

1. a structured approach that integrates the efforts of faculty and staff
2. information about available career options
3. guidance when choosing electives
4. preparation for residency application
5. social accountability (current information on the needs of the Canadian population)

1. A structured approach to career advising consisting of:
   1.1. A reporting mechanism that allows integration of career advising into the curriculum and the implementation of required career advising sessions.
   1.2. A calendar of events and an orientation at the beginning of first year outlining the structure of a longitudinal career advising system that covers, at a minimum, the three main areas of:
i. career options

ii. elective guidance

iii. applying to residency

1.3. Opportunities for students to engage in self-assessment and reflection of their personal characteristics, values, interests, skills, future goals and constraints, to help guide their career choice (e.g., standardized instruments, formal and informal methods, AAMC Careers in Medicine (CiM©) self-assessments, etc.).

1.4. Student access to confidential, individualized assistance with their career planning.

1.5. A continual needs assessment for faculty and students and monitoring of the effectiveness of the career advising system (e.g., Canadian Graduation Questionnaire, Independent Student Analysis, residency match statistics, internal evaluations, etc.).

2. Information about available career options

2.1. Students should be:

2.1.1. Provided with the opportunity to explore different clinical disciplines in a variety of ways (e.g., early clinical exposure, interest groups, core rotations, electives, mentorship, community service, research or creative projects, etc.).

2.1.2. Encouraged to utilize a range of resources early in their medical training (e.g., Canadian Specialty Profiles, CaRMS, CMA, AFMC, CFMS, FMEQ and other provincial websites, CiM©, etc.).

2.1.3. Directed to information on exploring alternative medical career options (e.g. non-clinical), when appropriate.

3. Elective guidance

3.1. A core group of individual(s) should be identified as those primarily responsible for providing elective guidance.

3.1.1. Additional career advisors (faculty or staff) could be designated as sources for students to contact for information.

3.2. Students should:

3.2.1. Have access to guidance in choosing electives appropriate to their educational and career goals.

3.2.2. Be provided with elective planning support, when possible, if their specialty choice or career plans change unexpectedly.
4. **Preparation for residency application**

4.1. Students should be:

4.1.1. Informed about the residency application process, including, but not limited to: timelines, MSPR or Dean’s letter, curriculum vitaes, personal statements, letters of reference and interviews.

4.1.2. Informed about how to develop effective application packages and candidate presentation skills for the residency match, aiming towards an understanding of the fit between their competencies and the discipline / residency requirements.

4.1.3. Assisted in critically appraising strategies and myths related to residency selection.

4.1.4. Abreast of CaRMS match statistics and the competitiveness of different disciplines (e.g. number of residency spots available in the student’s discipline(s) of choice, over-subscribed disciplines, etc.).

4.2. Processes should be in place to assist students who do not match in the first CaRMS iteration and students who do not match in the second iteration.

5. **Social accountability (current information on the needs of the Canadian population)**

5.1. Students should:

5.1.1. Be informed of their medical school’s social accountability mandate.

5.1.2. Have access to current data on societal needs and human health resource projections (e.g. AFMC Future MD Canada Tool), recognizing the limitations of these projections.

5.1.3. Be encouraged throughout medical school to research the needs of the population and specialty practice opportunities in Canada (e.g. provincial websites).
A SELECTION OF RESOURCES BY SECTION:

1.3
AAMC CiM© Self-Assessments
https://www.aamc.org/cim/

1.5
Canadian Graduation Questionnaire
https://www.afmc.ca/data-and-analysis/afmc-graduation-questionnaire
Residency Match Statistics

2.1.2
Canadian Specialty Profiles
https://www.cma.ca/En/Pages/specialty-profiles.aspx
CaRMS
http://www.carms.ca/
CMA
https://www.cma.ca/
AFMC
https://www.afmc.ca/
CFMS
http://www.cfms.org/
FMEQ
http://www.fmeq.ca/
AAMC CiM©
https://www.aamc.org/cim/

Other national and provincial associations and organizations
https://www.afmc.ca/etools/future-md-canada/who%E2%80%99s-who-canadian-medical-education-system

4.1.1
Residency Application Process
http://www.carms.ca/
4.1.3
Critically Appraising Myths
https://www.afmc.ca/etools/demystifying-residency-matching-process

4.1.4
CaRMS Match Statistics

5.1.2
Societal Need
https://www.afmc.ca/futuremdcanada

5.1.3
Specialty Practice Opportunities in Canada
http://www.drcareers.ca/
https://www.afmc.ca/futuremdcanada/230/234/269-%20main-content