Topic: Does honoring really matter?

The answer: It depends on the residency program...

The University of Colorado Health Sciences Center recently sent out a survey to directors of residency programs across the country asking them whether or not they valued “Honors” scores during the first two years of medical school when choosing interviewees. Of the 101 program directors contacted, 47 responded to the survey.

Of the respondents: 60% felt honors was “moderately important” in the preclinical years. More competitive specialties had a greater interest in honors grades in the preclinical years. Interestingly, over 70% felt that honors in clerkship grades (esp. in specialty of interest) were “extremely important”. Therefore, there is an apparent increase in value placed on honors in the clerkship years, specifically honors in the “specialty” of the Residency Program in question (see Dean Garrity’s powerpoint for more detailed survey info).

A similar survey, done by the National Resident Matching Program (NRMP) showed results comparable to the UCHSC survey. When program directors were asked: “Did you use this information when you decided who to invite for interviews?” about 40% said they looked at honors in first 2 years of medical school.

The NRMP survey, however, was much more comprehensive and pooled data from approximately 2000 residency programs. This data can be accessed by going to the National Residency Matching Program website: http://www.nrmp.org/ and clicking on the “Results of the 2008 Program Director Survey” link (http://www.nrmp.org/data/programresultsbyspecialty.pdf). Additionally, this survey provides detailed specialty specific data.

Bottom Line: Some residency programs take honors in the first two years into consideration and some don’t...it often depends on the specialty. However, even when honors scores are taken into consideration they are “moderately important” as compared with clerkship honors in specialty of interest which are “extremely important”.

(At this point in Dean Garrity’s talk, graphs of the percentages of students earning honors in basic science courses as well as clinical clerkships were shown for previous medical classes. Of note, the clinical years also include a “high pass” score that recently was approved for inclusion on medical school transcripts. These graphs can be found in Dean Garrity’s powerpoint that’s been posted along with these notes on Blackboard.)
Ranking at the University of Colorado School of Medicine

The School of Medicine purports the philosophy that student performance cannot be effectively represented by a numerical ranking system. Therefore, the medical class is not ranked on a scale from 1-156, but rather is divided into four groups defined as: Good, Very Good, Excellent and Outstanding. Ranking is based largely on course and clerkship grades where honors grades, are of course, given more weight than pass scores. The overall ranking of a class is done by a ranking committee that looks for natural cut offs in student performance. That is to say, the four groups are not equal sized “quartiles” of the class, but rather groups with similar academic performance (see graphs in powerpoint). If some students are borderline after the cutoffs between groups have been determined, the ranking committee will take extracurricular activities into consideration when placing those students in a group (and may very well elevate those students to a higher group if the curricular activities warrant that elevation). Electives are not taken into consideration when determining ranking. The reason given for this exclusion is that not everyone takes all the same electives; therefore, in order to level the playing field, the ranking committee only considers those courses/clerkships that everyone takes.

Dean’s Letter (aka Medical Student Performance Evaluation or MSPE)

The Dean’s letter is sent out to residency programs each year on November 1st. The letter includes the ranking data, as defined above; course performance data for the class (i.e. what percentage of students earned honors in each preclinical course or clerkship); and individual data on each medical student in the class.

The portion of the Dean’s letter that contains data on individual students is approximately 6 - 8 pages long and includes information about unique qualities of the student, extra-curricular activities, clerkship performance reviews (which comprise about ⅔’s of the letter) and professionalism of the student in addition to basic academic performance data. Comments from the clerkship faculty and residents can be “summative” or “above the line” or “formative” (below the line). Summative comments generally refer to the student’s overall performance in the clerkship while formative comments are on areas of performance that could be improved. Any “above the line” comments from attendings are included in the letter, even if they are negative. Students have the opportunity to go back to clerkship block directors to discuss/dispute comments that they feel were unfair. If professionalism is a recurring theme in that student’s reviews, that information would also be included in the letter.

Honors/Pass debate

The Curriculum Steering Committee for the School of Medicine is debating whether or not to keep the Honors/Pass/Fail system in the first two years of medical school as it currently stands. Some people are for taking away honors and moving to a Pass/Fail only system while others are for adding a “high pass” score so that the scoring scheme would be: Honors/High Pass/Pass/Fail. (Note that the “high pass” score already exists in the 3rd and 4th years)

The class of 2012 will be sent a survey regarding whether or not the student’s think that the Honors/Pass system should be kept as is or should change. A similar survey has been sent out to the classes of 2011 and 2009. The information provided above should be helpful in making an informed vote.

Dean Garrity’s thoughts on the honors system: Keep Honors. A grading system that includes an “honors” score generally helps students who are pursuing competitive residency, but does not really hurt students who do not make honors. By contrast, a lack of “honors” scoring can hurt students...
pursuing a competitive specialty and does not really help students who are not interested in these specialties. At the UCHSC School of medicine usually 100% of students match and almost all get their preferred specialty of choice. Therefore, even students who are not breaching the honors line are still getting the residencies they want (i.e. the honors system is not hurting them).

Question and Answer Session

1. What information is made available to residency directors to inform their decisions regarding candidates?
   Transcripts, personal statements, and letters of recommendation are all available to residency programs in addition to the Dean’s letter data.

2. Are clerkship directors the same year to year and how broad are their supervisory roles?
   Yes, the clerkship directors are generally the same from year to year. A list of clerkship programs and program directors is on the School of Medicine website (link: http://www.uchsc.edu/som/curriculum/phase3/). Clinical clerkship directors usually have authority over all clinical sites where students are rotating for that specific clerkship. For example, there are family medicine clinical sites all across Colorado and the clerkship director for “family medicine” oversees all of them.

3. Does just the clerkship director provide clerkship grades for students or is it a group decision among all attending physicians in the clinical rotation?
   In some rotations, the clerkship director is the primary person giving clerkship grades with some input from other attendings while in other rotations, the attendings and the clerkship director all meet as a group to evaluate students and give appropriate grades based on individual versus group performance. Most clerkships have at least some group discussion, but not all.

4. If they take away honors, how would they do ranking?
   Even if honors is taken away in the 1st and 2nd years, honors will almost certainly be kept in the 3rd and 4th years (so ranking would probably be based on the 3rd year scores with some indications from 1 and 2nd year performance, such as individual test scores).

5. What role do professional committee issues play in Dean’s letter?
   Dean Garrity has preferred that information from the professionalism committee not be included in the letter, unless this committee has forwarded the case to the Student promotions committee for action. This happens only if a student has multiple violations or if any single violation is egregious. It is a rare event.
6. It has been suggested that students are sometimes invited for interviews before the Dean’s letter is even received by residency programs. When do these programs then use this information?

The Dean’s Letter may be used during the interview process, after the interview process or during the ranking process (as well as before the interview process). According to Terri Blevins, the Dean’s letter is most used during the residency program’s ranking process.

Also according to Terri Blevins: “Ability to get along with others” is one of the most important considerations when choosing residents. The residency interview is as much a test to see if students fit into the program as it is an evaluation of a student’s clinical capabilities (which are also very important...obviously).

Bottom Line: Interpersonal skills are critical during Residency Interviews!!! How you work with other people is as important as other scores.

Final Announcements:

From Dean Garrity – the School of Medicine will need to select soon its OSR representative for the 2012 medical class. OSR stands for the Organization of Student Representatives which is the student branch of the AAMC. OSR representatives work with regional a national student representatives and faculty within the AAMC organization in refining and reforming medical education practices on a NATIONAL level. The position is a 4 year commitment and is a great opportunity to influence the future of academic medicine and medical education. If you are interested in running for this position, contact Dean Garrity. Ideally, Dean Garrity would like to choose a student that peers feel is representative of the interests of the student body (i.e. she would like the class to contribute to the identification of a candidate for this position), passionate about academic issues and demonstrates professionalism in his or her interactions. For more information on OSR you can go to the AAMC website: http://www.aamc.org/members/osr/about/start.htm.

From Terri Blevins: UCHSC School of Medicine is about to begin a pilot enrichment program for medical students in conjunction with the “Aurora Lights Program”, an initiative in Colorado to increase interest in medicine as well as produce well prepared medical practitioners. The school would like to try out the program among the MSI (2012) class.

Students will be accepted into the program through an application process. Once selected, students will be given a Meyers/Briggs test which will be utilized to determine how your personality type affects your study habits and career interests. Students will also be offered type in the CAPE to practice medical skills. There will be opportunities for a summer shadowing experience (in clinics or hospitals) to gain career related information about a specialty of interest. Finally, there will be career guidance sessions for students in the program to help them determine their field of interest and how to best utilize their skills. Overall, the Aurora Lights program will be an opportunity to enrich students’ learning and to provide exposure to more clinical experiences.

Terri Blevins will send out an e-mail survey to gauge interest in the program so be on the lookout for her e-mail!