



2017 CFMS Entry Routes Survey to Canadian Clerkship Students

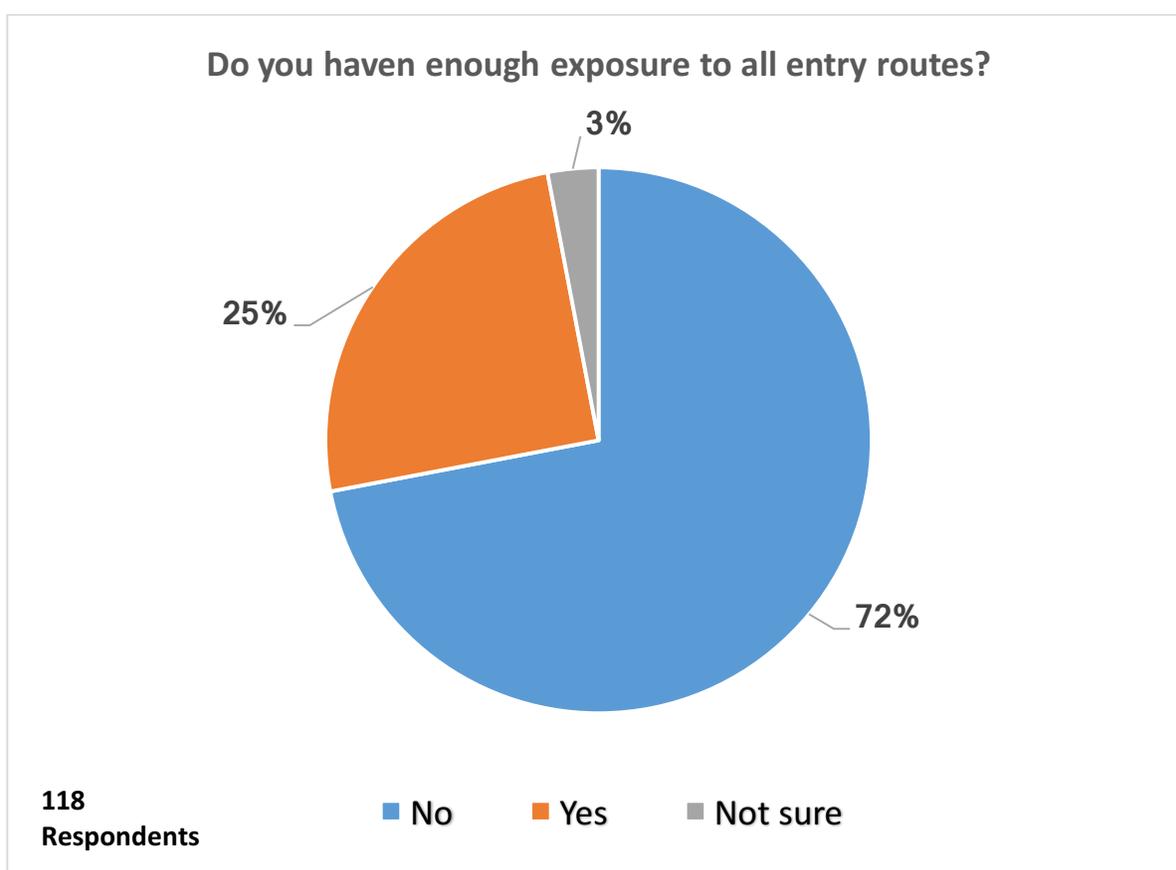
Total Number of Respondents: 118

Total Number of Final Year Students: 64 (54%)

Regions Represented: Western Provinces, Ontario, and Atlantic (no respondents from Quebec)

Results:

1. Do/did you have enough exposure to all entry routes in your medical education?



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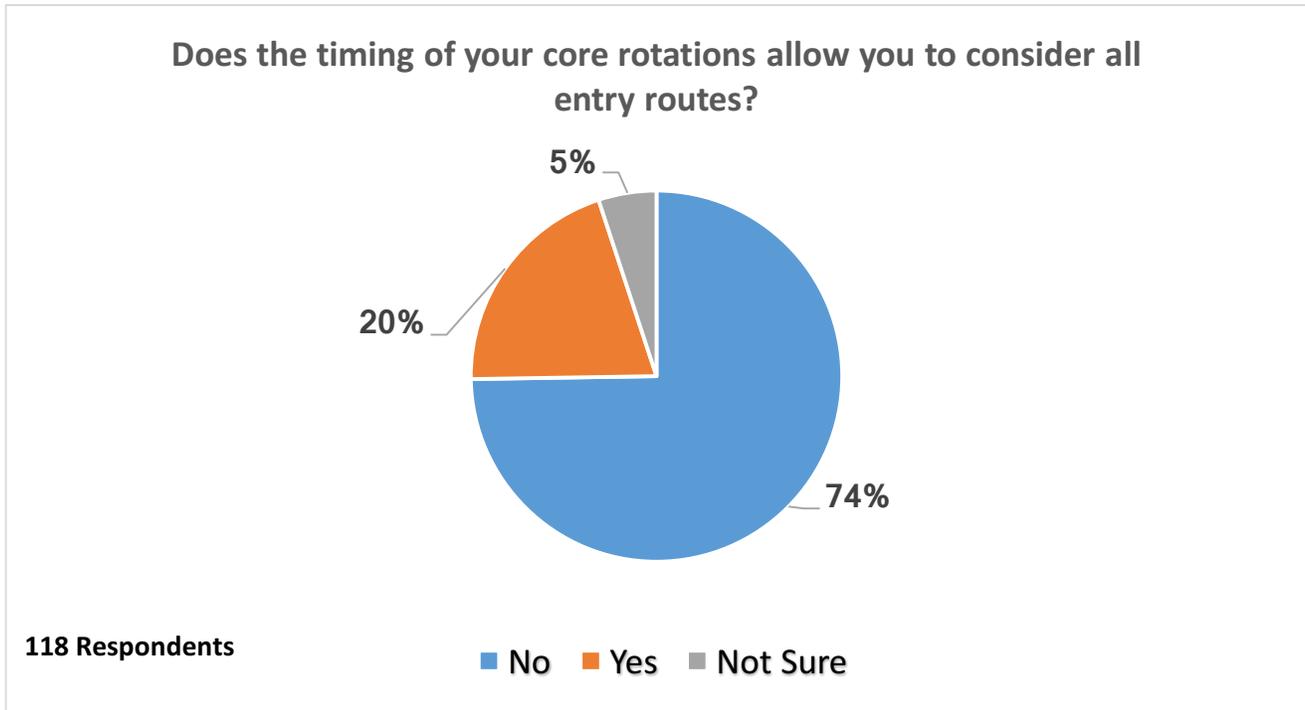
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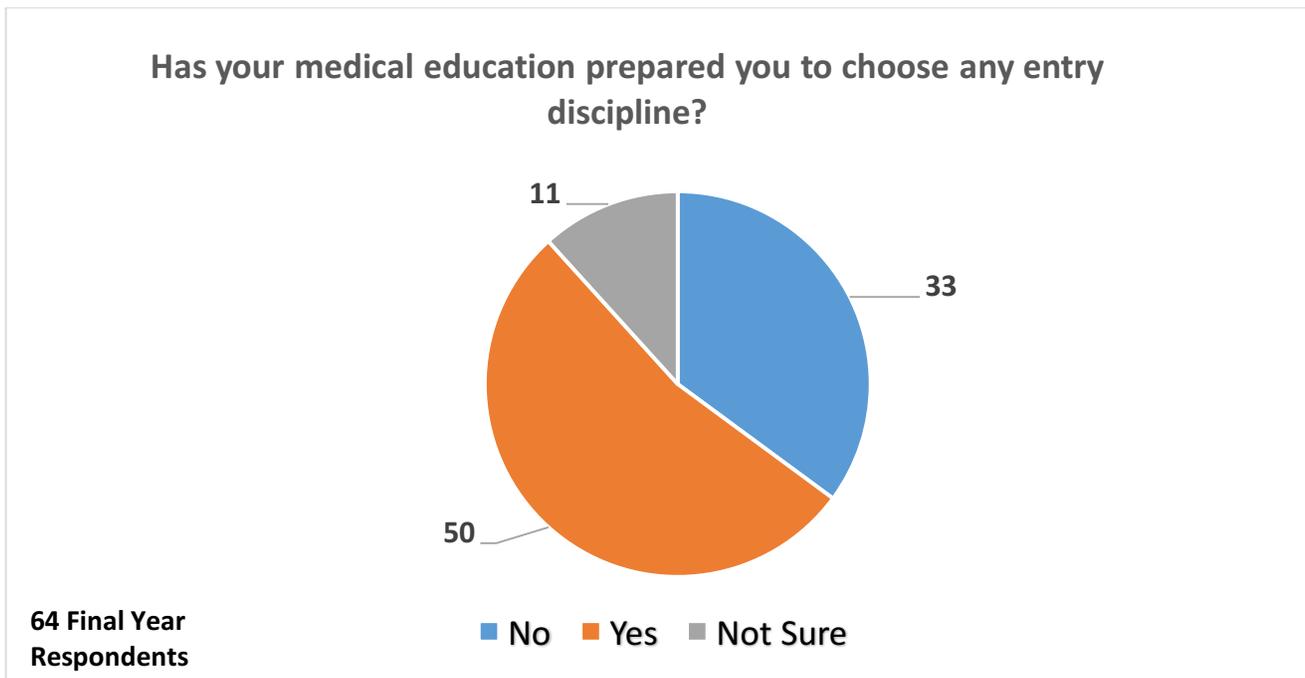
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2. Does the timing of your core rotations allow you to consider all entry routes?



3. Has your medical education prepared you to choose any entry discipline?



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Selection of Comments from students to question #3: "Has your medical education prepared you to choose any entry discipline?"

"Given the increasingly competitive nature of the CaRMS process, if you are applying to a competitive specialty, you essentially need to commit to a choice in first or second year, so that you can tailor your extracurriculars, rotation track, etc to that specialty choice. It is impossible to know what that specialty is ideal for you until you finish your core rotations, and ideally electives, since we don't get exposed to all specialties in our core rotations. Frustratingly, there are some specialties that I would like to have exposure to through electives, and I think that these electives would make me a better physician, but I can't do them, given that I need to do all of my electives in my chosen specialty and backup in order to secure a residency spot."

"Not enough supported shadowing time (hard to find hours during the weekday), and difficult to do this for a variety of specialties."

"If one decides at the end of clerkship that they want a competitive specialty - or to drastically switch direction-they are often left in a position that makes them far less than competitive in either specialty. This results in students "settling" for something they may not be interested in for fear of otherwise not matching."

"There are plenty of residency programs we have no exposure to clinically or even theoretically. For example, I am applying to public health, in which I routinely get responses such as "oh what's that", or "is that a residency program?""

"Longitudinal Family Medicine 3rd year clerkship"

"Maybe I could choose or apply to any position, but I don't feel that residency programs would accept me for ANY position had I not done an elective in that specialty. ie, it seems like programs now want to see you having down a certain number of weeks in "their" specialty, and therefore we sacrifice some well roundedness in order to make sure we match."

"You have to know what you're interested in by early 3rd year so you can start applying for electives. You can't wait until after you've experience more of what's out there or you'll miss out on the electives you need."

"I feel we get very limited experience about what being a physician in any of the routes actually feels like."

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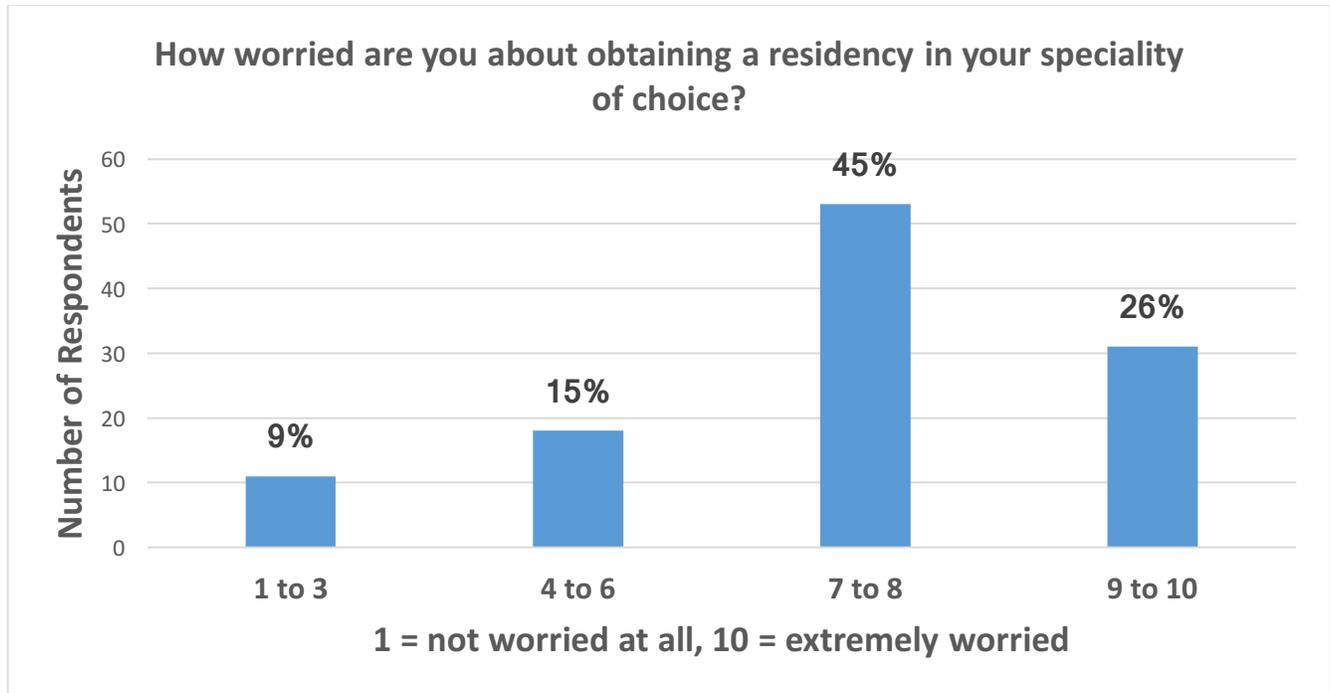
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4. How stressed or worried are you about obtaining a residency in your speciality of choice? (1= not worried at all, 10= Extremely worried)



5. What would you change to improve the current entry into residency system?

Many students wanted:

1. To bring back the rotating internship. (Most popular response.)
2. Increased early and mandatory shadowing opportunities in all disciplines.
3. More transparency on the CaRMS application/selection process.
4. More residency positions/less competitive process.
5. Elective selection to happen after all core rotations have been completed.
6. More time to gain exposure prior to making career decisions.

“Standardized CaRMS evaluation forms for elective and core preceptors, chasing down an evaluation on elective is tough enough on top of chasing reference letters after leaving the school.”

“Would make **shadowing all specialties mandatory part of first two years**, would make selection of electives only possible after completion of all core rotations for the whole Canadian universities.”

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“Bring back the rotating internship! Otherwise, I think **medical schools should be held accountable to at least have a family medicine spot available for each of their students**, given the shortage of family docs in the country.”

“Honestly? I would ring back the general interniship year and have applications for specialties (family Medicine included) for after that year. A lot of the royal college specialties seem to have an initial year that resembles the rotating interniship anyway. It would, **however, mean that royal college and college of FPs would have to collaborate.**”

“Change back to the rotating internship and then be given the opportunity to enter into a match, etc. following the 1-2 years of internship. These interns could be assigned to rural communities and serve as family physicians there for a couple of years. Once people got a taste of what family medicine is like they may be more willing to stay in it. This may solve both the family physician shortage, may have more family physicians in rural communities and may allow people to make better decisions regarding their future career.”

“More family medicine spots outside Quebec”

“Not really sure. One could make the argument that we need an additional "general" year, the so called "internship", because there are a plethora of entry options into residency.”

“I would **change how electives work, or devalue them in the interview process**, it was a huge waste of money and very difficult for me to get electives.”

“If there was a way to know there were enough residency spots for everyone. More transparency about the actual process, it is still quite a **black box**, and most of the info comes from students who have matched, therefore those going through the matching process just try to copy what those ahead of them have done. It seems to work, but maybe there are other ways and we just don't know. Reference letters are stressful too... Electives that make sure you are with one preceptor for a decent enough time to get to know them to be able to ask for a reference letter.”

“Choosing electives later and allowing more time for movement within electives - ie. make the cut off for changes 4 weeks instead of 6.”

“A one year rotating internship after med school before selecting the residency, or earlier formal clinical exposure to specialties other than Family Medicine. **Essentially more time and exposure to decide.**”

“I would change the number of available positions for each specialty. If many studies suggest that there are shortages in multiple fields, why is that someone is denied the opportunity to practice their desired field of medicine because they were not matched? This is saying that we desperately need physicians in this field, but sorry we are full. To me this is unacceptable. Now **students must go out of their way to add additional resume builders to make yourself more marketable. All for the opportunity to get into a residency where skills have yet to be developed.**”

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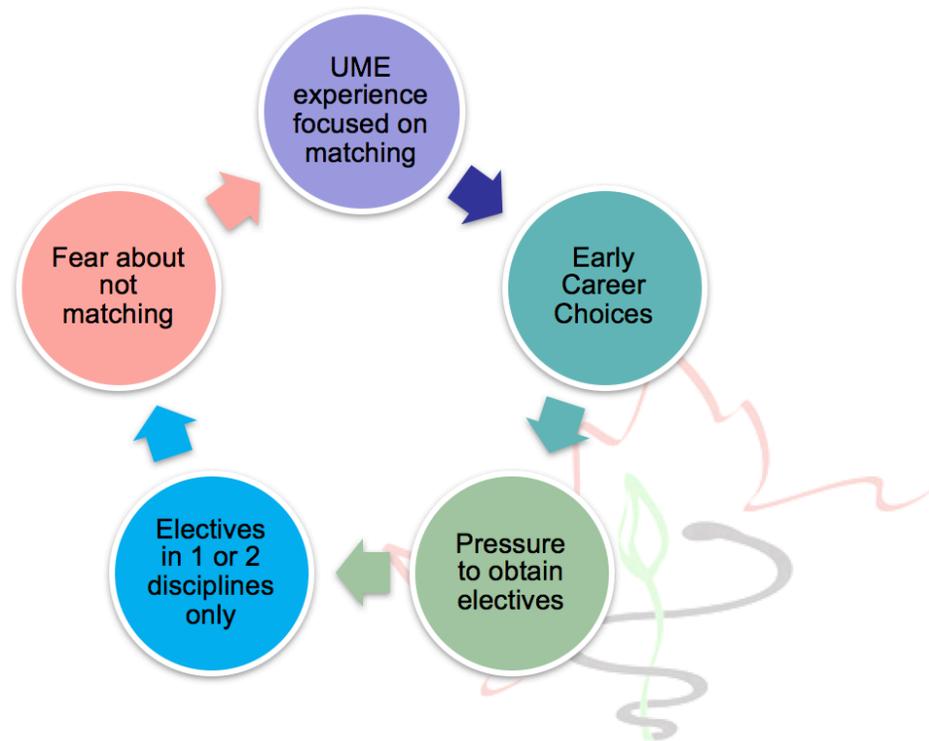
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Summary of the Data

Lifecycle of a Medical Student



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2017 Entry Routes Survey to International Students (no CSAs)

1 respondent from Lebanon, 1 from Ghana, 1 from Turkey, 1 from Portugal, 1 from Netherlands

1. Do you feel that have or will have adequate exposure to all residency/postgraduate entry routes (PGY! Residency choices)?

Lebanon	Ghana	Turkey	Portugal	Netherlands
Yes	No	Yes	No	No

2. Does the timing of your core medical school rotation allow you to consider all residency entry routes as career options?

Lebanon	Ghana	Turkey	Portugal	Netherlands
Yes	No	Yes	No	No

3. Has your medical school experience prepared you to choose any residency discipline?

Lebanon	Ghana	Turkey	Portugal	Netherlands
Not Final Year	No	Yes	No	Not Answered

Ghana: “We don't have that much time to even consider a speciality after a clerkship or rotation since one's main goals is to pass the exams. There is also not enough mentorship programmes available during such rotations.”

Portugal: “I feel our tutors at the hospitals lack the "calling" or the will to teach us and thus, even though we study a lot of theory, we are still **not getting a deep understanding of the job**, missing both the clinical reasoning and the practical skills necessary for it.”

4. How stressed or worried are you about obtaining a residency in your specialty of choice? (1= not worried at all, 10= Extremely worried)

Lebanon	Ghana	Turkey	Portugal	Netherlands
8	9	6	10	9

5. What would you change to improve the current entry into residency system?

Ghana: “**Improve education or mentorship on available specialities** in Ghana and also improve the match process since it's mostly based on favouritism not merely by merit.”

6.

Turkey: “We have a huge number of medical students but too little spots for residency, so there is a very competitive exam which I think is necessary to provide most equal chances possible, but the spots must be increased and the exam must include less extreme details.”

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Portugal: Change the course's curriculum, add interviews, add practical sections; find some way to stop corruption in this area (some students with "connections" have their wanted positions reserved for them even before the process has begun) .

Netherlands: “The valuation of non-medical experiences: Although our university says to encourage students to undertake extracurricular activities, they are not included in any formal manners of assessment, and will never be included.”

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