ABSTRACT BODY:

**Purpose:** Although summer medical student research (MSR) programs are common, program characteristics and best practices are unestablished and inconsistently implemented. Our purpose was to characterize existing programs and inform innovative program development.

**Approach/Methods:** Using a mixed methods design, we queried MSR program directors (PDs) about their program characteristics. We conducted semi-structured phone interviews with purposively sampled key-informants at nine schools, and then created a 37-item survey emailed to MSR directors through the AAMC Student Affairs listserv. Qualitative and quantitative data were analyzed and integrated for characteristics of exemplar programs and standard practices.

**Results/Outcomes:** We interviewed PDs at nine medical schools (44% public institutions) with an average US News and World Report (USNWR) Research Rank of 21 (3-39). Among interviewed programs, 44% had PDs in associate dean positions or above. All PDs had an office of MSR (OMSR). OMSRs averaged 2.0 FTE faculty and 2.2 FTE administrators. All programs provided formal research education and required scholarly products; in most programs (75%), all students completed measurable scholarly products (i.e. papers, posters). Summer research stipends averaged $3434/student ($2500-$4600).

We received 24 completed surveys from schools (67% public) with an average USNWR Rank of 50 (8-88). An OMSR was present in 63%, with an average 1.3 FTE faculty and 1.5 FTE administrators. Sixty-three percent of programs required research education and 96% expected scholarly product completion; however, only 54% of programs reported 100% product completion. Programs reporting 100% completion more likely valued student contributions to research agendas (100% vs 64%), had PDs reporting directly to the medical school dean (31% vs 9%), were publicly funded (77% vs 64%), tracked research milestones (85% vs 64%), conducted weekly meetings (31% vs 9%), and provided mentorship credit towards promotion (54% vs 36%). In contrast, similar proportions of both groups had an OMSR, a similar number of FTE faculty and administrators, research education requirements, and research opportunities available to all interested students. Among all surveyed programs, faculty mentorship was encouraged through a strong research culture (54%), train-the-trainer programs (33%), and time compensation (21%). Students’ stipends averaged $2966 ($0-$5840).

**Discussion:** MSR opportunities promote students’ scholarly productivity, residency competitiveness, and pursuit of academic medicine, while helping schools attract competitive students and satisfy LCME accreditation. While our quantitative results reveal standard practices in MSR programs across the US, our qualitative findings highlight key differences between programs successfully empowering students to meet scholarly product expectations and less successful programs. Standard practices include a centralized office with dedicated PDs and staff, a formal research curriculum, and opportunities for all interested students. In contrast, programs successfully meeting scholarly outcomes conduct frequent project meetings, define project milestones, and directly support mentors. Additionally, the institutional reporting structure between PDs and the medical school dean aligns research and education missions.

**Significance:** This study explores MSR program characteristics by integrating qualitative and quantitative results from purposive and volunteer samples of LCME-accredited medical schools. Although our quantitative sample is small, it is offset by rich qualitative data from semi-structured interviews. Combined, these results identify best practices and program improvement categories.

**References:**


Level of Audience: Expert
Focus of Presentation: UME
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Tensions in identity construction as medical students transition into selected career paths: A 6-year, single cohort, qualitative study

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SUBMISSION ROLE: Highlights in Medical Education

Focus of Submission: Research

ABSTRACT BODY:

Purpose: Understanding how medical students choose careers that align with who they are becoming as medical or surgical specialists is limited by research methodology that fails to capture their evolving self-narratives as trainees, a narrative that makes a point about the narrator\(^1\). Believing that self-narratives both express and constitute identity and recognizing the role of trainees in shaping their identity\(^1\), we posed this research question: “What can we learn about identity construction in general, and career path in particular, by listening to trainees’ self-narratives?”

Approach/Methods: We built on our previously reported longitudinal case study\(^2\) to create conversational partnerships with 6 of the 22 trainees over the course of 6 years: 3 interviews while in preclinical and 2 in clinical phases of medical school at Columbia University; 2 interviews while in internship and 1 at the end of second year in residency (2 pediatrics, 2 anesthesia, 1 surgery, 1 otolaryngology). DB conducted, audio-taped and transcribed interviews (45 interviews), which were designed to elicit trainee’s reflections on learning and personal growth. We used two lenses to analyze data. Framing questions for longitudinal qualitative research\(^3\) helped us recognize patterns in career intentions, while narrative analysis\(^4\) helped us focus on self-narratives. With the former, we identified patterns in codes relevant to career paths; with the latter, we constructed self-narratives from first-person statements of self and personal values, rendered from our longitudinal conversations with trainees.

Results/Outcomes: Framing questions revealed a tendency for trainees to select a career path in response to intense, formative, clinical training. One trainee remarked, “I got done my sub-internship and was like ‘Why can’t I just keep doing this?’” Nonetheless, narrative analysis revealed half (3/6) grappled with the alignment of their selected career path and personal values they expressed in self-narratives. For example, one trainee talked about “enjoying the journey” of becoming a doctor and was enamored by many career paths. She pursued a business degree while in medical school because she valued broad understanding of healthcare systems, i.e., “seeing the big picture”. But after clinical electives in her final year of medical school, she realized, “My drive to do something compatible with my interest in health systems did not override my need to be in an active surgical specialty.” Later, she reported “really struggling” to integrate what she valued into residency, but at the same time felt “honored” to take on the identity of a surgical specialist.

Discussion: Evolving self-narratives of trainees in this study suggest a relatively common struggle to construct an identity that aligns outward-facing career paths with inward-facing personal values, a struggle that moves with trainees from medical school into residency.

Significance: Ours is one of few studies that follows trainees over a long period of time; as such, it adds to the literature about tensions of identity construction\(^5\) by listening to trainees as they select and transition into career paths in medical and surgical specialties.

Purpose: Knowing how to deliver culturally responsive care is of increasing importance as the nation’s patient population diversifies. However, unless cultural competence is taught with an emphasis on self-awareness\(^1\) and critical consciousness,\(^2\) learners find this education irrelevant.\(^3\) This study examines how physicians perceive their own social identities (e.g., race, socioeconomic status, gender) and how these self-perceptions influence physician’s understandings of culturally responsive care.

Approach/Methods: This exploratory study took place at a university in the Intermountain West. We employed a qualitative case study method to investigate how physicians think about their identities and approaches to clinical care and research through interviews and observations. 25 academic physicians were enrolled in our study, with efforts to recruit a diverse sample with respect to gender and race as well as years of experience and specialty.

Transcriptions of interviews and observations were coded using grounded theory. One major code that emerged was defining experiences: instances where physicians reflected on both personal and professional life encounters that have influenced how they think about themselves, how they understand an aspect of their identity, or why this identity matters.

Results/Outcomes: Two main themes emerged from an analysis of the codes that show how physicians think about their identities and their approaches to practice.

1. Physicians with non-dominant identities (women, people of color, LGBTQ participants) could more easily explain what these identities mean to them than those with dominant identities (men, White people, straight participants). For example, female physicians shared anecdotes of being treated with less authority than their male colleagues.

2. There is a correlation between the number of defining experiences a physician encounters in life and the number of connections they make between their identities and their clinical practice and research. It appears that physicians who have few defining experiences make few connections between identity and practice, those with a moderate number of experiences make a moderate number of connections, and those with many experiences make many connections.

Discussion: 1. According to literature in multicultural education, those with dominant identities do not think about their identities because they do not have to.\(^4\) One privilege of being part of the majority is not having to think about life on the other side. This helps to explain why the women, LBGTQ participants, and physicians of color in this study had more anecdotes to share about these identities—because they have had defining experiences that prompt reflection on these identities.

2. We propose that struggles and conflict are what compel physicians to reflect on their practice.\(^5\) Our findings suggest that physicians are more prepared to apply what they have learned from their own identity struggles in delivering culturally responsive care when they have had more opportunities to reflect on these identities and situations.

Significance: Findings from this study have implications for transforming approaches to medical education. We suggest that all physicians need opportunities to reflect on life experiences, and may need explicit instruction on how to make connections between their experiences and their practice.


**Level of Audience:** Early-career

**Focus of Presentation:** Continuum

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