

# Readiness to Advise and be Advised:



## **IS THERE A MISMATCH IN EXPECTATIONS BETWEEN MEDICAL STUDENTS AND THEIR ADVISORS?**

**COLLABORATIVE RESEARCH PROJECT  
CGEA/AAMC  
SUMMER 2006-WINTER 2008**

**PRESENTATION AT CGEA SPRING 2008  
COLUMBUS, OHIO**

# Readiness to Advise And be Advised



- **Principal Investigators**

- Denise D. Gibson, University of Cincinnati
- Linda M. Goldenhar, University of Cincinnati
- R. Stephen Manuel, University of Cincinnati

- **Collaborating Institutions**

- University of Iowa – Catherine Solow
- University of Kentucky – Carol Elam
- University of Minnesota, Duluth – Fred Hafferty\*
- University of Missouri, Kansas City (UMKC) – Jennifer Quaintance & Louise Arnold
- Wright State University – Stephen Peterson

\*Unable to participate at time of survey

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- **Primary goals of the study**

- Begin to define how the term “advising” in medical school is perceived by students and advisor.
- Explore expectations medical students and advisors have of the advising relationship.
  - ✦ Is there a mismatch in expectations between medical school students and their advisors?

- **Research Methods**

- Focus groups at two schools used to develop advising survey.
- Advising survey pilot tested.
- Online advising survey distributed to collaborating schools.

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<b>Research Activities</b>	<b>Timeline</b>
Two sets of Focus groups conducted with students and advisors at UC & UMKC	Summer 2006
Focus group transcriptions reviewed & qualitative themes on advising identified	Fall 2006
Advising themes transformed into survey questions	Winter 2007
Advising survey pilot tested	Summer 2007
Online survey distributed to 6 schools	Fall 2007
Survey results analyzed	Winter 2008

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## • Advising Themes Identified by Students and Advisors – Focus Groups Fall 2006

### ○ **Aspects/Dimensions of Advising**

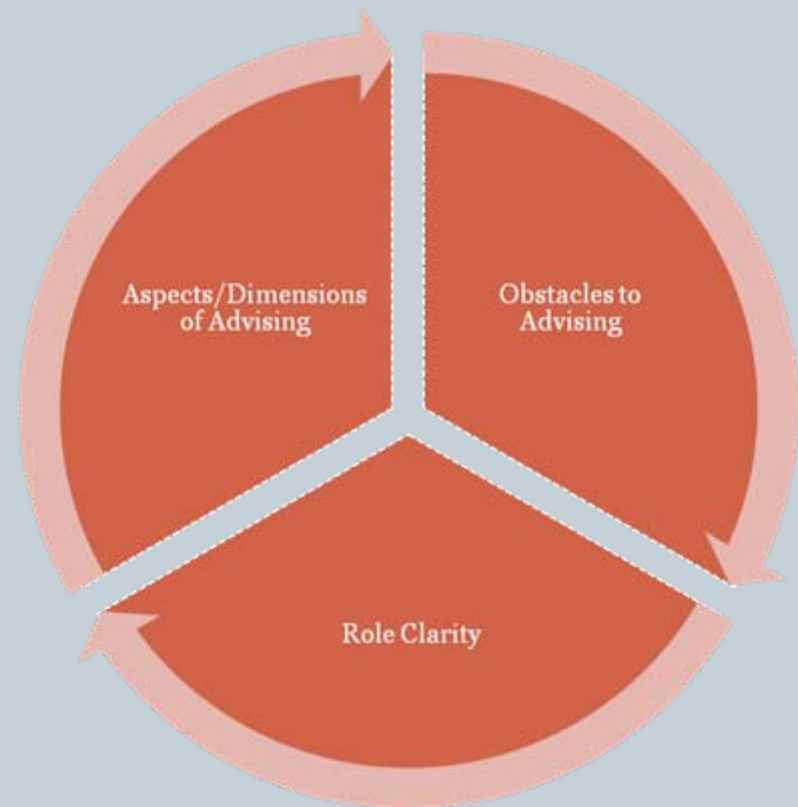
- ✦ **Communication**
  - Frequency
  - Format
- ✦ **Stages of advising**
  - Relationship development
  - Student progression

### ○ **Obstacles to Advising**

- ✦ Interest in participating
- ✦ Initiation & availability
- ✦ Recognition

### ○ **Role Clarity**

- ✦ Career or personal advisor
- ✦ Mentor/advocate/evaluator



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- **Advising Themes Transformed into Survey Questions – Winter 2007**
  - **Student Surveys** – 30 questions, plus 5 demographic questions
  - **Advisor Surveys** – 31 questions, plus 6 demographic questions
- **Advising Survey Pilot Tested – Summer 2007**

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- **Online Survey Distributed to Six Schools - Fall 2007**
  - Transferred survey questions to online version, using survey monkey [<http://www.surveymonkey.com/>]
  - Distributed to Six Schools in Study
    - ✦ Letter from person at each school.
    - ✦ Open for 3 weeks with one reminder.



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- **Survey Results– Winter 2008**
  - **Low Response Rates**
    - ✦ **82 Advisors (18% overall response rate)**
      - UC - 24%
      - UIO – 26%
      - UKY – 6%
      - UMKS – 14%
      - WSU – 15%
    - ✦ **233 Students (12% overall response rate)**
      - UC – 14%
      - UIO – 7%
      - UKY – 5%
      - UMKS – 15%
      - WSU – 52%

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- **Respondent Demographics**

<b>Advisors</b>	<b>Students</b>
65% Male	63% Female
89% White 8.5% Asian Pacific Islander	73% White 13% Asian Pacific Islander
65% - 6 years + as an Advisor 54% - 2-4 advisees/year	63% Y3-Y4
59% - Primary Care 41% - Medical Specialties	65% < 25 years old

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- **Advisors & Students were Similar - Aspects/Dimensions of Advising**
  - ✦ **Advising Assignment – Early in Y1, based on student needs and specialty interests.**
  - ✦ **Communication –**
    - Quarterly, face-to-face meetings in advisor’s office
    - Want more frequent communication
    - Response to communication within 1 day
    - Important to receive background information on each other
    - Consider a close advising relationship to be somewhat/important
    - Unsure how to change advisors

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- **Advisors & Students were Similar - Obstacles to Advising**
  - ✦ **Interest in Advising**
    - 55% rated Advisors and Students Moderately/Very Interested
  - ✦ **Initiation and Availability**
    - Advisee or both are responsible for making/maintaining contact
    - 80% rated Advisors and Students Usually/Always Available

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- **Advisors & Students were Similar - Stages of Advising**

<b>Year</b>	<b>Stages of Advising</b>
Y1	Academic performance, establishing an advising relationship, family/social/cultural issues, research and summer opportunities
Y2	Academic performance, research opportunities, Step 1, surviving clerkships, Y3 rotation schedules
Y3	Interpersonal relationships on the wards, long-term career planning, specialty choice, residency programs, resources for specialty interest areas, Step 2, surviving clerkships, switching advisors based on career choice
Y4	Rank order list, residency programs & challenges

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- **Advisors & Students were Similar - Student Progression**
  - ✦ Agreement that advisors should be provided advisee's academic reports at end of course, not end of year.
    - To discuss academic goals
    - To explore specialty choice/options
    - For career advising
    - To identify academic concerns and need for academic support

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- **Advisors & Students were Similar - Role of Advisor**
  - Top three roles – Career, Academic & Mentor
  - Fewer chose - Colleague, Evaluator, Personal Counselor



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- **Advisors & Students were Dissimilar in a few areas**

<b>Area</b>	<b>Differences</b>
Comfort level requesting a different advisor	Advisors more comfortable than students.
When to discuss Step 1	Advisors want to start earlier in Y1.
Switching advisors based on career choice	Advisors want to start earlier in Y2.
Recognition for advising	Students rate importance lower than advisors.  Advisors don't know what institution does to recognize advisors

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- **Is there a Mismatch in Expectations Between Medical Students and their Advisors?**
  - Our study found that agreement exists between medical students and advisors regarding aspects/dimensions of advising, obstacles to advising, and the role of the advisor. Very few differences were found in expectations for advising between students and advisors.
    - ✦ **Results should be taken with caution due to a low response rate.**
      - Student Response Rate = 12%
      - Advisor Response Rate = 18%

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- **Implications and Discussion Points**

- If there is agreement between the expectations that medical students and advisors have for advising, then why does GQ data suggest that students are not satisfied with the advising they received while in medical school?
- Is there institutional support for advising? If so, why are advisors not aware of it? If not, why not?
- Any suggestions for addressing student comfort level with changing advisors?
- Are the results from this preliminary study on advising worth pursuing on a national level?

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