Otolaryngology in United States Medical Schools: Are Students Underexposed?

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Introduction

The adoption of formal otolaryngologic training in US medical schools has been advocated for decades. In a 1977 article, the late otolaryngologist J. Frankie Putney argued that all medical schools should include an organized otolaryngologic rotation as part of their curriculum. Since then, otolaryngology has been integrated into medical school curricula, but the lack of consistent and mandatory otolaryngologic training remains a concern. Despite the publication of Otolaryngology in the Medical School Curriculum over 30 years ago, the amount of otolaryngologic training has not significantly changed.

Methods

In an effort to study the amount of otolaryngologic training in medical schools, we conducted a study in 2007 to examine the training of medical students interviewing for residency at our institution. We have asked medical students to list the number of hours, clinical and didactic, dedicated to formal otolaryngologic training, the specialty continues to attract some of the brightest medical students. In an effort to study the amount of otolaryngologic training in medical schools, the motivations for pursuing an OTO residency, we have asked medical students interviewing for residency at our institution and the motivations for pursuing an OTO residency, we have asked medical students interviewing for residency at our institution to list the number of hours, clinical and didactic, dedicated to formal otolaryngologic training, the specialty continues to attract some of the brightest medical students.

Results

Response rates were obtained from 179 students. Many respondents reported no clinical OTO exposure during their third year of medical school, with 77% of the rotations being elective. During the third or fourth year, 97% reported having clinical OTO rotations, with 77% of the rotations being elective. Clinical rotations in OTO were cited by 69% of respondents as an aspect of medical training that influenced their decision to pursue an OTO residency (Figure 3).

Discussion

The Cochran-Armitage test for trend was used to evaluate whether the percentage of respondents reporting OTO exposure (clinical and didactic) significantly changed since initiation of the survey in 2000. The survey results indicate that many medical students could graduate from medical school without adequate exposure to otolaryngologic diseases. The survey results indicate that many medical students could graduate from medical school without adequate exposure to otolaryngologic diseases.

Conclusions

Perhaps one of the most concerning findings of the survey involved the lack of formal otolaryngologic training. By far, clinical rotations have been cited as the one aspect of training that influenced their decision to pursue an OTO residency. Clinical rotations in OTO were cited by 69% of respondents as an aspect of medical training that influenced their decision to pursue an OTO residency. During the third or fourth year, 97% reported having clinical OTO rotations, with 77% of the rotations being elective. Clinical rotations in OTO were cited by 69% of respondents as an aspect of medical training that influenced their decision to pursue an OTO residency.

References


Figure 1. Percentage of respondents reporting specific aspects of medical training, that influenced their decision to pursue an OTO residency.