Scorecard
Presenting the data behind the issues

Career Counselling in Canadian Residency Training Programs

February 2014

Successful examples of career counselling in medicine have been evident throughout the years. Would Harvey Cushing, the father of neurosurgery and the first person to describe Cushing’s disease, have experienced the success he did had it not been for the counselling of William Osler in the early 1900s?1

Few residency training programs have created formal opportunities for career counselling activities. Nonetheless, it remains an important issue to Canada’s residents, particularly at a time when one in four lacks confidence in their ability to find employment upon completion of residency training.2

Methodology

As part of a study on physician Health Human Resources (HHR), Resident Doctors of Canada (RDoC) included questions on career counselling in its 2013 National Resident Survey. The survey questions were developed and put in the field between March 19 and May 1, 2013. RDoC members* were contacted by e-mail and invited to take part in the online National Resident Survey. A total of 1,975 members responded, resulting in a participation rate of 22.8%.

Residents were asked about their primary method of career counselling in residency; the availability of formal career counselling at their Faculty of Medicine or residency program; their satisfaction with career counselling resources; and their preferred method to receive career counselling.

A literature review helped identify key recommendations on career counselling for residents. MEDLINE was used to search the literature with the MESH term “vocational counselling” linked separately to “residency and internship” and “students, medical”. Recommendations and practical advice were extracted and compiled; sources older than 15 years were not used to ensure that recommendations reflect the current climate. Our 2013 Position Paper on Mentorship was also used as a resource.3

Why is career counselling important?

Studies suggest that career counselling for medical trainees can influence academic performance and instill characteristics and qualities integral to professional development.1 Other benefits have been found to include:

- Decreased stress experienced by residents and improved patient care.4
- The encouragement of rural practice through exposure to rural career counsellors.5
- Reciprocal advantages for the mentor, including replication of value systems and perpetuation of codes and covenants.1

While medical trainees bring ability to their training, professional identity is something that can be fostered over time. According to Wilson et al, professional identity is complex but includes conscious awareness, ethical understanding, and personal expectations for behavior.5 While forming professional identity is both a personal and social process, career decision-making is easier when students have a level of self-awareness.7

With a health human resources crisis looming over many medical specialties in Canada, career counselling presents new challenges today. The 2013 National Resident Survey indicates a perceived lack of formal specialty-specific or generalized career

* RDoC members include Canadian resident physicians who train outside of Quebec. Resident physicians in Quebec are under the jurisdiction of the Quebec medical resident organization, la Fédération des médecins résidents du Québec (FMQR).
counselling in residency, as well as low levels of satisfaction with employment or career counselling resources within programs.

**Figure 1.** What is the primary method of career counselling that you received during your residency, if any? (n=1,967)

- Unsure: 3%
- I have not received any career counselling: 28%
- Informal career counselling: 53%
- Formal specialty-specific career counselling: 10%
- Formal generalized career counselling: 6%

**Figure 2.** On a scale of 1 to 10, where 1 is not at all satisfied and 10 is very satisfied, please rate your level of satisfaction with the employment or career counselling resources available to you within your program (n=1,874)

- Unsure: 16%
- Satisfied (8 to 10): 13%
- Neutral (4 to 7): 45%
- Not satisfied (1 to 3): 26%

**An approach to career counselling**

Certain types of information that emerge in the career counselling process are highly valued by trainees. For example, facts about working conditions and characteristics of different specialties are useful for trainees to determine how their abilities and professional identity align with particular career goals. This type of dialogue may encourage trainees to look at opportunities not previously considered.

Information on job trends and practice patterns is also helpful. Respondents to the 2013 National Resident Survey indicated that information on areas of need and job trends across Canada would help their career planning.

Educators have an important role to play in preparing learners for an uncertain future. Awareness of ability and development of professional identity are a foundation. However, medical trainees should be given a framework for thinking about clinical service needs and planning for the future – analytic thinking about the future can help all in academic medicine capitalize upon opportunities and reframe the discussion.

An example of a quality dialogue includes:

- What do you think are the big problems facing primary care?
- What talents and skills do you bring to bear on these problems?
- How do you hope to make a difference?

Career counselling is also a recognized accreditation standard. The General Standards Applicable to all Residency Programs in Canada [B Standard 3.6] states, "The residency program committee must establish and maintain mechanisms by which residents receive ongoing career counselling." It has been suggested that modification of speciality-qualification curriculum should include early and continuous career counselling with clearly defined objectives. Indeed, “workforce planning issues and the complexity of medical training necessitates a sophisticated approach to career advice to enable individual doctors to develop their careers.”

**Figure 3.** If you were given information on areas of need and job trends across Canada, how would this information help guide your career planning, if at all, in terms of the following:

- Choice of practice setting/type (e.g. private practice, hospital/university practice, solo/group, locum, full-time/part-time, etc.) (n=1,949)
  - Unsure: 5%
  - Not help: 6%
  - Somewhat not help: 4%
  - Somewhat help: 37%
  - Help: 49%

- Location of future practice (n=1,950)
  - Unsure: 4%
  - Not help: 6%
  - Somewhat not help: 4%
  - Somewhat help: 39%
  - Help: 48%

- Choice of specialty/subspecialty (n=1,952)
  - Unsure: 5%
  - Not help: 14%
  - Somewhat not help: 37%
  - Somewhat help: 39%
A key component of vocations counselling psychology is utilizing both an individual’s interests and abilities to identify occupational options as abilities translate into job performance. Jackson et al note that while trainees may get useful feedback, feedback can vary in both its objectivity and quality; they suggest an approach that includes structured self-evaluations in addition to feedback from preceptors. In addition, Davison et al found that non-medical advisors in the human resources sector were an undervalued and underutilized resource that could be tapped for their skills with curriculum vita, interview preparation, and their understanding of the use of standardized tools for self-evaluation of abilities and values.

**Figure 4. Thinking about career counselling, would you prefer to receive counselling in a formal or an informal setting? (n=1,965)**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal one-on-one setting with a career specialist</td>
<td>37%</td>
</tr>
<tr>
<td>Informal group setting with residents in my training program and level</td>
<td>21%</td>
</tr>
<tr>
<td>Formal career counselling integrated into medical school and/or residency curriculum</td>
<td>25%</td>
</tr>
<tr>
<td>Informal group setting with peers</td>
<td>10%</td>
</tr>
<tr>
<td>Unsure</td>
<td>7%</td>
</tr>
</tbody>
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4. A mentor-match database with the following three factors listed as top priority in matching with a mentor:
   - similar professional interests
   - clinical experience related to interests
   - close geographic proximity

**Bottom Line**

Incorporating career counselling into residency training programs is of great importance to Canadian residents. The 2013 National Resident Survey as well as medical literature identify the following as key features:

1. One-on-one counselling sessions with a career specialist, or career counselling integrated into medical school and the residency curriculum.
2. A mentor within the specialty of training.
3. Use of non-medical advisors to enhance and foster professional identity and self-awareness and an analytical framework for planning for the future.

10. The Royal College of Physicians and Surgeons of Canada. General Standards Applicable to All Residency Programs, B Standards. Ottawa: RCPSC; 2011 (rev June 2013)