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Letter to the Editor

Letter to the editor Re: “Predictors of medical student success on the surgery clerkship”



We read with interest the article on predictors of medical student success on the surgery clerkship, and we commend the authors for exploring different learning styles and methods of assessing clinical competency.¹

The authors found that students who achieved a grade of “honors” in their surgery clerkship tended to have higher USMLE Step 1 scores. In recent years many schools have shifted to a system in which medical students take USMLE Step 1 during or after core clerkships.² We ask the authors their thoughts on whether a prospective cohort study, which would begin with surgery clerkship grades and follow for future USMLE Step 1 scores, could be of benefit in terms of expanding upon their findings.

The authors described multiple demographic factors in their analysis, including learning style, undergraduate major, research, etc. We ask the authors if they considered students with prior interest in pursuing a surgical residency as a factor that may also influence student performance on the surgery clerkship.

The authors found that high shelf scores favor the individual-type learner. These scores alone may fail to reflect the clinical performance of team-based learners, which is more in line with the daily activities of the surgical service. In light of this data we ask the authors to comment on what they feel would be an appropriate weight for the surgery shelf exam in determining the overall clerkship grade for all learning styles.

Finally, the authors suggest that it may be beneficial to include

grit in the residency selection process based on the finding that higher grit scores correlate with higher performance in the surgical clerkship. We wonder if use of the 12-point scale originally described by Duckworth et al. may result in falsely elevated scores resulting from leading bias implicit in the survey questions.³

References

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