

life. Further academic research into medical students' career decision-making processes and their level of appreciation into what a career in the various specialties entails would undoubtedly be of value to both medical students and postgraduate educators alike. Unfortunately, with medical education being as demanding and intensive as it is and with the volume of knowledge that must be instilled in this timeframe there can only ever be a short, finite window of opportunity in which medical students can consider and research their potential future careers. On that rather poignant note we wish Ms. Lichtenstein and all those entering CaRMS the very best of luck in matching to the specialty to which they are most suited.

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### EVALUATION OF THE INFLUENCE OF STUDENT-LED SURGERY INTEREST GROUPS: A PAN-CANADIAN SURVEY

Interest in surgical residency programs has been decreasing in Canada and the United States over the past 2 decades. While this phenomenon is likely multifactorial, early surgical exposure and surgical role models are factors known to increase the number of applications to surgical residency programs. Surgery interest groups (SIGs) have arisen as a student-led initiative to foster interest in aspiring

medical students and provide a platform to challenge dissuasive longstanding notions surrounding work-life balance and personal satisfaction.

A number of papers recently published in the *Canadian Journal of Surgery (CJS)* have addressed the topics of surgical education, recruitment, and residency attrition rates in Canada.<sup>1-3</sup> These studies unanimously discuss the importance of early surgical exposure to improve continuity in both entrance and completion rates of surgical disciplines. Adams and colleagues<sup>3</sup> resonate this notion: "efforts to educate prospective residents about the reality of the surgical lifestyle and to optimize employment prospects may improve [residency] completion rates."

We conducted a pan-Canadian study investigating how SIGs operate and influence medical students' interest in surgical careers. The study was completed by disseminating 2 unique surveys to SIG executive and members enrolled in Canadian medical schools during the 2016/17 academic year. The executive survey focused on types of events hosted, the structure/support of their society, as well as barriers and plans for improvement. The members survey focused on degree of student involvement, impact on interest and competencies, and avenues for improvement.

The key findings from our survey showed that surgical skills events followed by career nights were the most anticipated and beneficial to members (Fig. 1). The largest barriers to implementing SIG initiatives were insufficient funding and time conflicts with other student groups. Hence, increased budgets and administrative aid were deemed the greatest opportunities for improvement. Conversely, member survey respondents commonly felt SIG events were collegial and accessible opportunities to complement their academic curricula. Overall, members felt that SIGs provided meaningful preclinical exposure, helped develop connections and

mentorship, and addressed inquiries surrounding occupation and lifestyle to fortify interest in surgical careers.

Previous studies investigating the influence of surgical societies to pique surgical interests have also illustrated greater rates of interest and enrolment in surgical disciplines. Namely, a Columbia University-based study<sup>4</sup> found that entrance rates into general surgery programs tripled following establishment of their SIG. The existing literature surrounding the utility and practicality of SIGs highlights their role in encouraging future generations of medical students toward a career in surgery.

Early surgical exposure through SIGs and similar student-led initiatives shows clear promise in achieving the common goal of fostering exploration-driven interest in a historically daunting field. The ongoing support of undergraduate medical education departments is necessary for SIGs to thrive and help meet the persistent demand for surgeons across Canada.

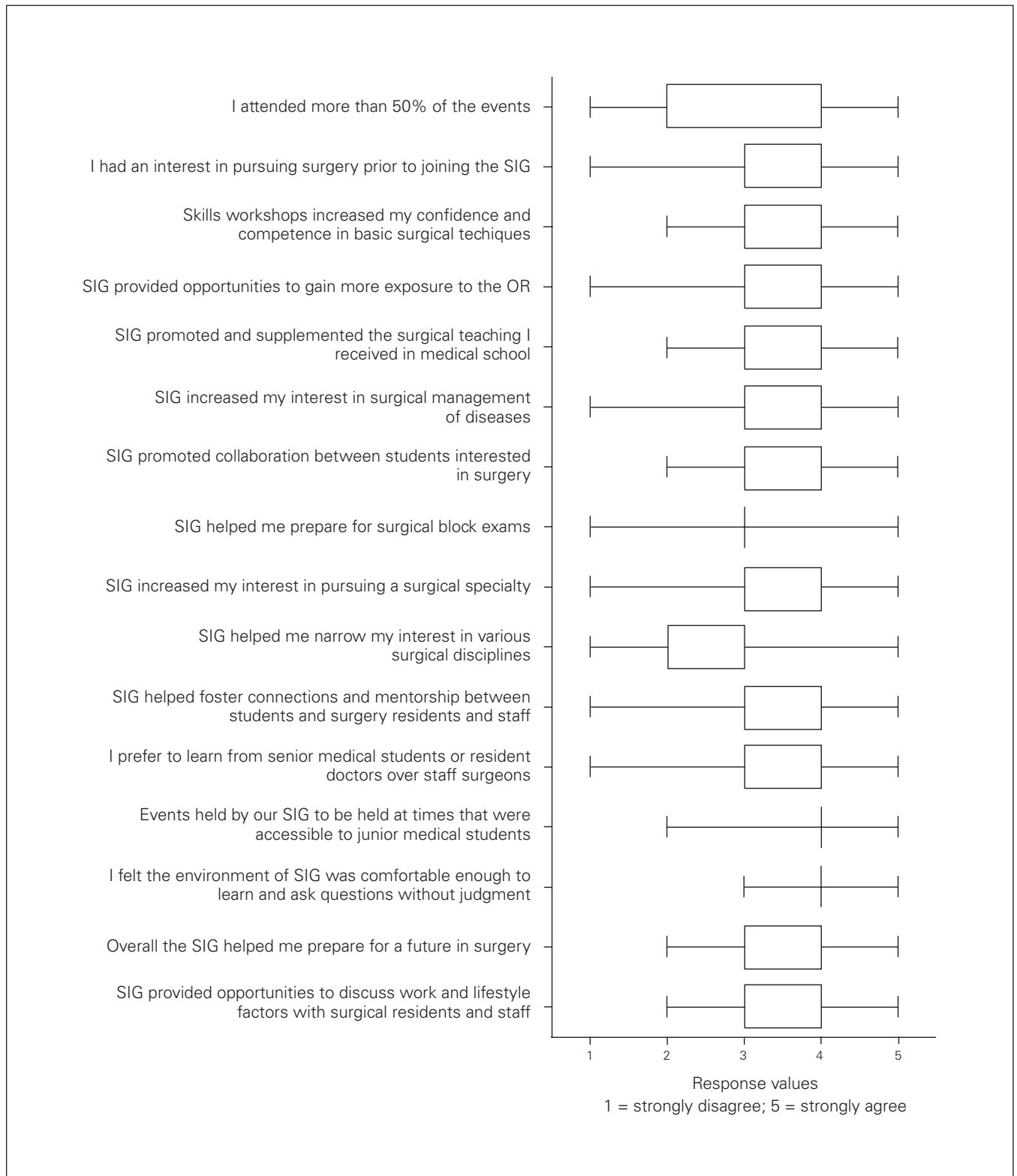
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**Fig. 1.** Box and whisker plots of survey responses from SIG members. Ratings are on an ordinal Likert scale, where 1 = Strongly disagree and 5 = Strongly agree. The box represents the interquartile range, and the whiskers the minimum and maximum values. Median values are displayed as separate lines in the box, but often overlap with interquartile values and are not displayed.