Social Congruence and Demographics as Factors in Medical Student Support

Julie E. Doty1,2, Nathan E. Thompson2
1New York Institute of Technology, College of Osteopathic Medicine
2Department of Anatomy, NYIT College of Osteopathic Medicine

Background

The well-being of medical students during the strenuous transition into their medical education is increasingly a topic of concern and an area of improvement for medical schools in the U.S. (Thompson et al., 2016)

Students value support from figures who are relatable, have shared experiences, and can meet them on a similar level of knowledge (2, 3). This is referred to as social and cognitive congruence.

Social Congruence: sharing similar social roles and experiences that brings comfort to interactions

Cognitive Congruence: sharing a similar knowledge base that aids in learning and understanding material

Current literature mainly focuses on cognitive congruence and its role in the act of learning in medical education settings through:

- Effectiveness of peer-assisted learning
- Improving coursework outcomes
- Impact on board scores, etc.

But can we utilize and assess social congruence in medical education?

How should medical schools best support their students?

Need to know:
1. From whom do they seek support?
2. For what purposes do students seek support?
3. Do demographics play a role?

If social congruence plays a role in these questions, medical schools can place more emphasis and resources towards peer support programs.

Methods

A survey was sent to all 1st and 2nd year students at NYIT COM (667 students invited, 92 completed), to establish the presence of social congruence between students and figures of support (see right). This was done through a series of Likert scale questions asking students to rate the approachability of, reliability of, and the feeling of being understood by the different figures of support. Students were also queried about which of the figures they reached out to for support during their first year of medical school and for what reasons (academic assistance, general medical school advice, general personal advice, general mentorship, or general mentorship in a specific field). For each type of figure selected, the student was asked if age, gender, race, or cultural background played a role in choosing to reach out to that individual. Data was analyzed using Kruskal Wallis tests with post hoc Dunn’s tests, and Fisher’s exact tests.

Fig. 1 Approachability, Relatability, Feeling Understood By

Students’ reasons for seeking support were significantly related to who they contacted, but only for faculty, AMS, tutors, “Bigs”, peers in the same class year, and peers in another class year (p<0.01). Academic assistance and general medical school advice were the most common reasons students sought support (Fig. 3).

Table 1. For all students who contacted a specific figure of support, they were asked if age, gender, race, or cultural background played a role in reaching out to that figure. The responses were used to calculate a ratio of Yes:No. Fisher’s exact tests showed that the ratio of Yes:No responses by figure were significantly different from expected for age, gender, and cultural background. Pairwise tests are shown below each factor comparing Yes:No ratios for each significant result.

<table>
<thead>
<tr>
<th>Age (p&lt;0.01)</th>
<th>Gender (p&lt;0.01)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listed from greatest to least Yes:No ratio</td>
<td>Listed from greatest to least Yes:No ratio</td>
</tr>
<tr>
<td>Peers in the same class</td>
<td>Bigs</td>
</tr>
<tr>
<td>Scholars</td>
<td>Scholars</td>
</tr>
<tr>
<td>Peers in other classes</td>
<td>Peers in the same class</td>
</tr>
<tr>
<td>Bigs</td>
<td>Bigs</td>
</tr>
<tr>
<td>Tutors</td>
<td>Tutors</td>
</tr>
<tr>
<td>AMS</td>
<td>AMS</td>
</tr>
<tr>
<td>SGA</td>
<td>SGA</td>
</tr>
<tr>
<td>Faculty</td>
<td>Faculty</td>
</tr>
<tr>
<td>SAM</td>
<td>SAM</td>
</tr>
<tr>
<td>Course</td>
<td>Course</td>
</tr>
</tbody>
</table>

There are differences in the ratios of students reporting that age and gender play a role when reaching out to different figures of support NYIT COM. These differences are primarily between peer figures and faculty figures, with greater ratios of students reporting that age and gender play a role when they reach out to peer groups than when they do to other groups (Table 1).

Future Considerations:
- Using different parameters to assess varying figures of support and the medical student experience.
- Perform student interviews to guide future research initiatives.
- Design a study that could be used at a larger scale or other institutions.

Conclusions

- Social congruence is most present with peer groups (Bigs, Peers in the same class, Peers in other classes, AMS).
- Students use these peer groups more so than other figures for support.
- Tutors and Faculty were used the most for academic assistance, Tutors more so, possibly due to social congruence.
- Faculty figures were approached the most for general mentorship.
- Peer groups were approached the most for personal and general medical school advice.

This study identifies a useful distinction that medical schools can utilize when implementing student support programs—that students most often seek support from figures with whom they experience social congruence. This can help focus efforts when providing students with resources and support during the transition into medical school.

References