AACOM

UME-GME TASK FORCE

TRANSITION TO RESIDENCY ADVISING ACTION GROUP

Student and Advisor Focus Group Findings

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EXECUTIVE SUMMARY: Insights into Residency Advising

To better understand the landscape of residency advising in osteopathic medical education, the American Association of Colleges of Osteopathic Medicine (AACOM) conducted a comprehensive series of focus groups and surveys with both advisors and students.

FROM THE ADVISORS:

Advising programs face several persistent barriers, including inadequate staffing and high student-to-advisor ratios, outdated or fragmented resources and limited access to specialty-specific mentorship. Advisors also report difficulty maintaining alumni engagement and challenges staying current with residency trends, which can hinder effective guidance.

However, several facilitators help strengthen advising. Longitudinal advising models, experienced advisors and networks like AACOM's Council on Residency Placement (CORP) provide valuable continuity and collaboration. Empathetic communication and the use of data tools like the National Resident Matching Program (NRMP) and the Residency Explorer also enhance advising quality. To address ongoing gaps, stakeholders identified key needs: standardized advisor training, centralized resources, advising management platforms and expanded professional development. A stronger institutional investment in advising infrastructure is also critical to support students in an increasingly complex application environment.

KEY TAKEAWAYS

- Advisors value longitudinal, student-centered advising supported by data and trust-based relationships.
- Effective advising hinges on consistency, access to resources and institutional support.
- Advisors are deeply committed but often overextended.

FROM THE STUDENTS:

Students appreciated advisors who were accessible, knowledgeable and encouraging, particularly those who offered compassionate support and flexibility when switching specialties. Advisors who listened well, made timely referrals and showed a strong commitment to student success stood out. Peer mentoring and designated residency advisors were also seen as valuable resources. Common critiques included advising that started too late, was impersonal or generic and lacked specialty-specific expertise. Some students felt advisors were risk-averse, discouraging competitive specialties, and noted an overreliance on self-navigation. Students called for earlier, continuous advising, better advisor-student matching and stronger alumni and peer networks. They also want advising that affirms the DO identity, along with practical tools and clear access to match data to better support their decisions.

KEY TAKEAWAYS

- Students want early, individualized and empathetic advising that supports their unique goals and identity as DO students.
- Many rely on peer mentors and external resources due to inconsistencies or gaps in institutional advising.
- While data tools are appreciated, students need guidance on interpretation and contextualized application to their personal situations.

> Residency advising should begin early, be personalized to student goals and be backed by strong support systems and meaningful data.

SHARED THEMES AND STRATEGIC OPPORTUNITIES:

There is clear alignment between advisors and students in several key areas:

- Longitudinal, Early Advising: Both groups emphasized the need for consistent, earlier advising relationships.
- Personalized, Compassionate Support: Shared appreciation for advising that affirms strengths and builds confidence.
- Mentorship & Specialty Guidance: Strong demand for peer, alumni and specialty-specific mentorship.
- Data-Driven with Context: Advisors and students value data tools but need centralized, interpretable resources.

While advisors and students share many priorities, several disconnects emerged. Advisors highlighted internal challenges—such as inadequate staffing, lack of standardized training and difficulty keeping up with evolving residency requirements—that were largely absent from student feedback. These behind-the-scenes barriers may explain students' experiences of delayed, generic or inconsistent advising, though students often attributed these issues to advisor fit or effort rather than systemic constraints. Additionally, while advisors expressed concern over students relying on unvetted online sources, students viewed these platforms as necessary supplements due to gaps in institutional support. This divergence underscores the need for improved transparency, resource alignment and shared understanding between advisors and students.

CONCLUSION AND CALL TO ACTION

The insights gathered point to a shared vision for residency advising that is early, personalized, well-supported, and data informed. To move from insight to impact, institutions must commit to strengthening advising infrastructure, fostering cross-role collaboration and ensuring that both advisors and students are equipped with the tools and relationships needed for success. By investing in sustainable systems and a culture of trust, the osteopathic community can better prepare its graduates for the evolving challenges of residency and beyond.

Introduction

FOCUS GROUPS DEMOGRAPHICS

31 Advisors

10 Students

SURVEY RESPONSES

30 Advisors

71 Students

To better understand the current landscape of residency advising, AACOM conducted a series of focus groups and surveys with both advisors and students across institutions. These efforts aimed to capture diverse experiences, identify gaps and surface promising practices related to advising structures, delivery, and outcomes. The advisor presurvey helped contextualize the qualitative insights shared in the focus groups, offering a broader understanding of advising models, team composition and institutional approaches to preparing students for residency. Student focus groups and surveys provided rich, first-hand insight into how residency advising is experienced, highlighting both praise and areas where students feel underserved or unsupported. All together, these findings provide a comprehensive view of the advising experience and reveal key opportunities to strengthen support for osteopathic medical students.

PARTICIPATION OVERVIEW

We held nine advisor focus groups, with a total of 31 advisors. The presurvey for the advisors had 30 responses, with representation from 20 different states and 24 different colleges of osteopathic medicine (COMs). We held five student focus groups, with a total of 10 students. There was some difficulty recruiting students, likely because of the time of year and many students moving on to residency programs. Based on the recommendation of one of the students, we offered a $25 gift card as an incentive to attend, which improved participation for the final two focus groups. The student survey, which aimed to bolster the low attendance rates in the focus groups, had 71 responses. The student survey was sent to CORP, with advisors then sending it out to students. Information regarding COMs was not collected within the student survey to help preserve anonymity, therefore there is a potential limitation that some COMs may be overrepresented in the data. However, the high participation rate and alignment of the responses to much of the information gathered in the focus groups mitigates concerns about overrepresentation, suggesting that the themes identified are consistent and reflective of the broader student experience.

ADVISOR Background Information

The following information was gathered from the presurvey, which helped to contextualize the qualitative focus group findings.

STUDENT TO ADVISOR RATIO

Most respondents reported ratios between 51-200 students per advisor, with a notable portion (46.7 percent) indicating ratios exceeding 100 students. Overall, this reflects considerable variation in advising loads across institutions, with many teams managing large caseloads.

ADVISING TEAM PROFESSIONAL BACKGROUND

The advising teams surveyed come from diverse professional backgrounds*, reflecting a multidisciplinary approach to student support. The most common roles include career advisors (63 percent), faculty (50 percent) and student affairs professionals (40 percent). Additionally, deans or assistant deans (40 percent) and academic advisors (33 percent) are well-represented.

Smaller but notable contributions come from clinical preceptors (20 percent), alumni (20 percent), and residency program directors (10 percent). Less frequently reported were coordinators for later years (10 percent) and program directors (three percent). About 17 percent of respondents described their teams as a mix of various roles or selected other categories, emphasizing the varied composition of advising teams across institutions.

* It is important to note that this question surveying the professional backgrounds of respondents was a select all that apply, meaning that a team member could be a faculty member and alumni, for example, and that the teams could be made up of those who come from being clinical preceptors, program directors, and faculty, as an example.

ADVISING STRUCTURES

The survey showed varied structures for advising programs that support students transitioning to residency. The most common model (45 percent) is a mixed approach, combining a central advising office with additional decentralized support, reflecting a blend of coordinated oversight and localized expertise. About 34 percent reported using other models.

A smaller portion (14 percent) relies on a fully centralized advising program, where one office or program is dedicated to advising clinical students. Meanwhile, the least common approach is a fully decentralized model (seven percent), in which advising is handled individually by various roles without a central program.

To note, many (eight) respondents mentioned "centralized" in their description of "other models", with one office for preclinical and clinical, or preclerkship and clerkship students. Including these in the original count would bring the proportion of centralized advising models to 40 percent.

ADVISING DELIVERY

The advising process for students is delivered through a multi-modal approach, with one-on-one meetings (100 percent) and workshops or presentations (100 percent) being universally utilized across all respondents. Nearly all also provide

online resources and tools (97 percent), ensuring accessible support beyond in-person interactions. Additionally, group advising sessions (73 percent) are widely used but less universal.

ADVISING PHILOSOPHY

The majority of advising programs (80 percent) describe their philosophy as a mix of developmental, compassionate/appreciative, and data-driven approaches, highlighting a holistic framework that blends personal growth, relationship-building, and evidence-based practices. Only small numbers identified with a purely developmental (three percent), compassionate/appreciative (three percent), or data-driven (seven percent) philosophy individually. Additionally, seven percent reported following other philosophies.

COMPASSIONATE OR APPRECIATIVE ADVISING INTEGRATION

The integration of compassionate or appreciative advising principles varies across institutions. About 37 percent of respondents reported that these principles are fully integrated throughout their advising processes, and another 33 percent indicated partial integration.

A smaller group (13 percent) noted that such principles are rarely or not at all integrated, while 17 percent were unsure about the extent of integration. This suggests that while many institutions have embraced compassionate advising in some form, there remains variability in its full adoption across programs.

For those who indicated that compassionate and/or appreciate advising is integrated, they described that the advising programs emphasize a student-centered approach, prioritizing individual goals and well-being. Advising teams partner one-on-one with students, focusing on informing, supporting and coaching without pressuring students to change their plans. This reflects a commitment to empower students in making their own decisions, aligning with compassionate advising principles.

Additionally, the programs leverage specialized advisors—such as physicians who provide guidance on board preparation and specialty advice (e.g., COMLEX/USMLE)—to ensure students receive accurate and confidence-building support. Advisors also consult with these specialists when addressing complex or technical queries, further reinforcing trust and personalized attention.

EVALUATING EFFECTIVENESS OF ADVISING PRACTICES

Institutions primarily evaluate the effectiveness of their advising practices through match/placement outcomes for residency (87 percent) and student satisfaction surveys (80 percent), underscoring a focus on both measurable results and student feedback. Additionally, 40 percent gather feedback from advisors or faculty, while 30 percent consider board score outcomes as part of their evaluations.

Fewer institutions engage in peer benchmarking with other institutions (13 percent) or report using other evaluation methods (13 percent). A small number (seven percent) indicated having no formal evaluation process.

ADVISING RESOURCES AND TOOLS

Advisors identified a range of effective resources and tools that support their advising work. The most widely used resource is the NRMP Charting Outcomes, cited by 100 percent of respondents. Other highly valued resources include AACOM Webinars (86 percent), Residency Explorer (83 percent), and AAMC Webinars (79 percent). Additionally, specialty-specific tools and resources (76 percent) and Careers in Medicine (69 percent) are also significant supports for many advisors.

By contrast, the Texas Seeking Transparency in Application to Residency (STAR) was less frequently selected, with 17 percent (five respondents) indicating it as a helpful tool, suggesting its utility may be more niche or regionally specific.

Overall, the data illustrates a strong reliance on nationally recognized tools and webinars, combined with specialty-focused resources, to deliver informed and comprehensive advising.

ADVISOR

Focus Group Findings

ADVISING STRUCTURES & PROCESSES			
🛠️ Standardized advising/best practices	🛠️ Structured advising certification process	✅ Required advising course	✅ Having the same advisor for all four years
✅ Division of labor	🛠️ Unified advising tracking platform/ management software	✅ Supplemental resources when facing personnel capacity struggles	✅ Longitudinal advising
⚠️ Inadequate staffing/ Growing student populations	⚠️ Staying up to date in application processes/changes across specialties (outdated advice)	🛠️ Needs assessment/ personality quiz for advisor pairing	🛠️ Transparency from programs

⚠️ Barrier ✅ Facilitator 🛠️ Need

A key theme revolved around advising structures and processes, where advisors emphasized the importance of having some sort of standardized best practices to guide their advising. They discussed the need for structured certification processes that could be implemented for all advisors, in order to have a baseline requirement for being an advisor. Advisors spoke about how longitudinal advising models allow students to work with the same advisor throughout their medical education. Participants noted the strain caused by inadequate staffing and growing student populations, and highlighted the need for effective division of labor, a unified advising management software and innovative tools like needs assessments to better pair students with advisors. A recurring concern was the difficulty in staying up to date with evolving specialty requirements, which often results in outdated advice. Additionally, there was a strong desire for greater transparency from residency programs about their acceptance rates and requirements; while this is not directly an advising structure or process, advisors noted that having clearer program expectations would significantly enhance their ability to guide students effectively.

PROFESSIONAL DEVELOPMENT & ADVISOR GROWTH			
🛠️ Professional development opportunities	🛠️ Attending conferences/ Increased networking	⚠️ Learning curve with advising	✅ CORP
✅ Innovation in advising	🛠️ Regional COM advising networks	✅ Experienced advisors	

The focus groups also brought forward the crucial role of professional development and advisor growth. Advisors recognized the steep learning curve inherent in the role and expressed a strong interest in ongoing professional development, increased networking opportunities and regional collaboration. Programs like CORP were praised as valuable resources for advisor support and knowledge sharing. Additionally, having experienced advisors at institutions and bringing forward innovative ways to advise helped with advisor growth, and in turn enhanced student support.

COMMUNICATION & RELATIONSHIP BUILDING			
✅ Open communication/Many touch points	✅ Early connection building	✅ Building trust/ Fostering relationship	✅ Listening
✅ Empathy/ nonjudgement	✅ Thanking students for trusting them	✅ Socializing (outside of advising events)	⚠️ Unresponsive emails

Another significant theme is centered on communication and relationship building. Advisors shared the importance of establishing open, transparent and early lines of communication with students. Building trust through empathy, nonjudgmental listening, and even informal socializing outside of structured advising events were identified as key factors in fostering strong advisor-student relationships. However, some participants pointed out barriers like unresponsive emails that hinder the development of these crucial connections.

MENTORSHIP, NETWORKING, & ALUMNI INVOLVEMENT			
🛠️ Alumni pairing/ Mentorship	✅ Running list of alumni who are willing to mentor	⚠️ Difficulty connecting with some alumni	✅ Connection with program directors
🛠️ Recent shared experiences	🛠️ Specialty specific mentors/advisors	✅ Big/little pairing first/second years with third/ fourth years	

Mentorship, networking and alumni involvement emerged as vital areas as well. Advisors highlighted the benefits of alumni mentoring programs and the value of connecting students with recent graduates and specialty-specific mentors. Pairing younger students with more senior peers and establishing links with program directors were noted as effective strategies, though challenges around alumni engagement and consistency were acknowledged. While it was noted that specialty-specific mentors were vital, most explained that finding and retaining specialty specific advisors and mentors is an ongoing struggle.

DATA & RESOURCES			
✅ Data-driven/ Evidence-based advising	🛠️ Centralized data source	✅ Internal efforts to compile data	🛠️ Specialty-specific resources/data
⚠️ External resources	🛠️ Additional resource hub	⚠️ Awareness of reliable additional resources	

The focus groups also explored the use of data and resources in advising. Advisors stressed the need, and benefits seen, for data-driven, evidence-based advising. This could be further supported by the development of a centralized data source. Some discussed how their internal efforts to compile data and maintain it have been helpful, but still recognize a joint effort would be a better solution. Utilizing external resources was common, but there was a clear call for an additional, easily

accessible resource hub to ensure advisors could stay current with reliable and specialty-specific information. There was also concern expressed for students accessing information from unreliable external sources (such as Reddit), that contradict the advice they give, which is supported by emerging trends and knowledge of the field.

SUPPORTING STUDENTS EMOTIONALLY & STRATEGICALLY			
✅ Balancing honesty with encouragement	✅ Holistic approach to advising	✅ Understanding student perspective	✅ Culturally responsive advising
✅ Recognition of resilience	🛠️ Framework for compassionate/ appreciative advising	✅ Parallel plan (responsible dream pursuit)	🛠️ Specialty rec-ommendation test

Lastly, discussions focused on the importance of supporting students both emotionally and strategically. Advisors emphasized the delicate balance of offering honest guidance while maintaining encouragement, and they recognized the need for a holistic, culturally responsive approach to advising. There was strong agreement that developing frameworks that emphasize empathy and fostering student resilience are essential and need to be broadly disseminated to ensure consistent use across institutions. Similarly, tools such as specialty recommendation tests were discussed as potential resources that could significantly aid students in making informed decisions about their career paths, but these also require thoughtful development and integration into the advising process.

STUDENT Focus Group Findings

ADVISOR ENGAGEMENT & ATTRIBUTES			
⭐ Extensive experience and knowledge	🔴 Rigidity in advising	🔴 General advice	⭐ Flexibility when switching specialties
⭐ High accessible / committed	⭐ Attentive to goals	⭐ Outside referrals provided	⭐ Compassionate advising
⭐ Boost confidence	🔴 Student-led research	🔴 Reductionist approach	🛠️ Encouragement for competitive specialties, rather than just a match
🛠️ Appreciative advising			

⭐ Praise 🔴 Critique 🛠️ Need

Students highlighted a range of advisor qualities that influenced their experience, included in the theme of advisor engagement and attributes. Many valued advisors who were highly accessible, knowledgeable and compassionate, especially when they demonstrated a clear commitment to students' individual goals. Advisors who provided flexibility around specialty changes, gave confidence-boosting

support or offered external referrals were seen as especially effective. On the other hand, students expressed frustration with rigid advising approaches and generic guidance that lacked personalization and insight into specific specialties. A common critique was that students often had to conduct much of their own research, with some noting that the information provided by their advisor was something they could have easily found themselves. Additionally, some students described a reductionist advising approach, where conversations focused narrowly on test scores or surface-level metrics, rather than the whole student. Others felt their advisors discouraged them from aiming for competitive specialties and felt as though the advisor cared more about match numbers than individual goals. Students felt that appreciative advising was largely absent from their residency advising experience, noting that interactions often focused on weaknesses or risks rather than recognizing their strengths, aspirations, and potential for growth.

ADVISOR BACKGROUND & STUDENT FIT		
🔴 No share experiences	🔴 Non-DO advisors	🔴 Non-physician advisors
🛠️ Greater emphasis on osteopathic identity	🔴 Limited specialty advising / Generic advice	🛠️ Holistic advising

Issues with advisor background and student fit emerged as students frequently noted gaps between their advising needs and the background or expertise of their assigned advisors. A common concern was the lack of shared experiences, particularly with non-DO and non-physician. Because non-physician advisors have not gone through the match process or medical school in general, this sometimes led to a disconnect in understanding students' goals and challenges. Many described receiving generic or overly broad advice, especially when advisors lacked specialty-specific knowledge. As a result, students often sought out more tailored guidance elsewhere, pointing to a need for better advisor-student alignment in both background and advising approach. Additionally, students expressed a desire for advising that more intentionally reflects osteopathic identity and values—emphasizing DO-friendly pathways and a holistic view of the student—so that guidance feels both relevant and affirming of their training.

TIMING & STRUCTURE OF ADVISING		
🔴 Delayed start to residency advising	⭐ Designated transition advisor	🛠️ Broader institutional support for residency transition
🛠️ Longitudinal advising	🔴 Advisor turnover	🛠️ School-facilitated alumni involvement
🛠️ Increasing advisor to student ratio	🛠️ Transition and residency prep guidance (workshops, discussions, etc)	🛠️ Audition rotation support

The theme of timing and structure of advising captured how students experienced the organization, continuity and delivery of residency-related advising throughout their training. Many reported that advising began too late, often not until the fourth year, which left them feeling rushed and underprepared for important decisions like audition rotations and specialty selection. Several students shared that they would have appreciated a longitudinal advising model, with earlier and more consistent support across all years of medical school. While some students praised having a residency-focused advisor, this resource was not consistently available across institutions. Participants also expressed a need for broader involvement from faculty and others within the institution to help share the responsibility of guiding students through residency preparation. Additionally, they emphasized the importance of proactive alumni involvement facilitated by the school, rather than placing the burden on students to seek those connections. Advisor turnover was noted as a disruption to continuity and relationship-building, further complicating the advising process. Students also pointed to the need for increasing the advisor-to-student ratio, noting that limited advisor capacity often led to delayed or generic advising that failed to meet their individual needs. Moreover, there was a clear student-driven call for more structured residency preparation workshops and transition discussions to be built into the medical school experience rather than offered sporadically or only in the final year. Students expressed that they needed more support for their audition rotations, noting that required advising sessions or other electives sometimes took up time they would have preferred to dedicate to those critical experiences.

DATA USE IN ADVISING	
⭐ Data-driven approach	🔴 Data-only advising
🛠️ More transparency in match results	🔴 Lack of data interpretation guidance

The theme of data use in advising captured how students perceive the role of data in guiding residency decisions and application strategies. Many appreciated a data-driven approach, especially when it included tools like Texas STAR, student-reported outcomes and NRMP data. These resources provided a helpful baseline for understanding competitiveness and potential fit within specialties or programs. However, students also expressed mixed feelings about relying solely on data, with some cautioning that numbers alone did not account for personal circumstances or the full scope of what programs seek. A common concern was the lack of support in interpreting the data—while advisors often pointed students to specific resources, there was limited guidance on how to make sense of the information in a meaningful, individualized way. Students also voiced a strong desire for greater transparency around institutional match outcomes, particularly data from recent alumni or peers, to help contextualize their own application strategies.

MENTORSHIP, NETWORKS, & PRACTICAL RESOURCES		
⭐ Peer / Mentor Support	🔴 Encouragement to seek support from residents	🛠️ Conferences (networking opportunity)
⭐ External platforms (Reddit, WhatsApp, Instagram, etc.)	⭐ External resources (AACOM Webinars, SNMA, etc.)	🛠️ Physical resources / application templates

This theme, mentorship, networks, and practical resources, highlights the dual importance of supportive relationships and access to practical tools in preparing students for the residency transition. Students consistently emphasized the value of peer and mentor support, as they often preferred to seek advice from these individuals over their advisor. Students expressed that their advisors encouraged them to seek guidance from residents and alumni who could offer real-world insights and reassurance. However, this was not always a reliable or straightforward way to garner advice. In addition to interpersonal support, students identified resources and platforms that helped fill advising gaps. These included online/course resources such as AACOM webinars and Student National Medical Association (SNMA) content. Students also frequently turned to external platforms—Reddit, WhatsApp and Instagram among them—for unfiltered advice and peer insights, finding that they could learn more from those with shared experiences than from the advising at their institution. Conferences were noted as valuable opportunities for networking and exposure to residency pathways, although some students reported challenges with obtaining approval or funding to attend. There was a call for AACOM to advocate for conference attendance, along with access to available tools like application templates and curated resource hubs.

SUPPORT & ADVOCACY FOR DO STUDENTS	
🛠️ Advocacy for DO equal opportunity	⭐ Respect for DO identity
🛠️ Emphasis on DO friendly programs	

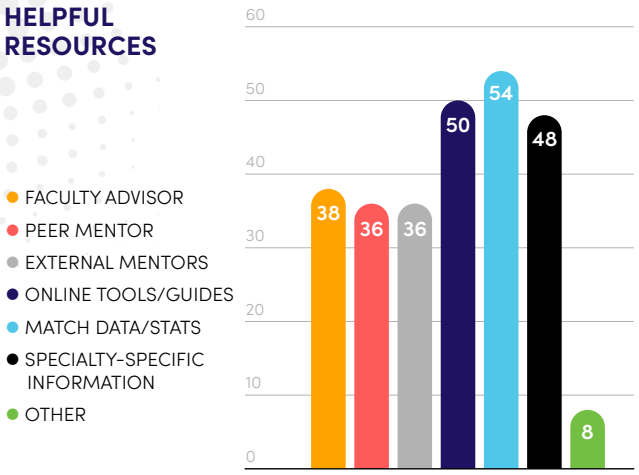
This theme, support and advocacy for DO students, reflects students' experiences navigating the residency process as osteopathic medical students and the need for stronger institutional advocacy. Many students voiced a desire for more visible and consistent advocacy for equal opportunity for residency consideration, particularly in comparison to allopathic peers. There was concern that advisors did not always emphasize or equip students to seek out DO-friendly programs, leaving them uncertain about where they would be most competitive. Students themselves expressed strong pride in their DO identity and emphasized that they did not want to train in institutions that failed to respect or understand the osteopathic philosophy. These insights underscore the need for more intentional, systemic support for DO students—and a stronger role for AACOM in leading this effort. Students called on AACOM to amplify DO visibility, advocate for equitable treatment in the residency landscape and provide clearer guidance and resources that affirm osteopathic training as both rigorous and valuable.

STUDENT

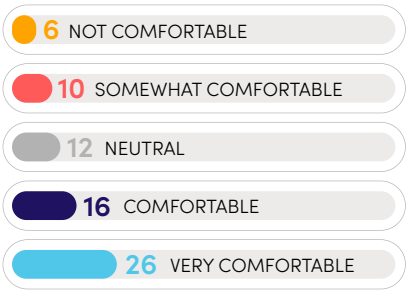
Survey Findings

More than 90 percent of respondents were in their third and fourth years of medical school. The majority, 66 percent, were at least satisfied with their residency advising experience. Most, 76 percent, had an assigned advisor, while fewer were engaged in group sessions (16 percent) or only informal/ad-hoc advising (three percent each). Compassionate advising was recognized by about 85 percent of students, and appreciative advising by 70 percent, suggesting strong use of supportive advising frameworks. A total of 61 percent of respondents (41 out of 67) reported feeling at least comfortable, either comfortable or very comfortable, discussing personal challenges with their advisor. The most valued resources were match data/stats (81 percent), online tools/guides (75 percent), and specialty-specific information (72 percent), reflecting a strong preference for structured, data-driven, and targeted advising materials. While over half also found personal support systems like faculty advisors, external mentors and peer mentors helpful, these were slightly less frequently cited.

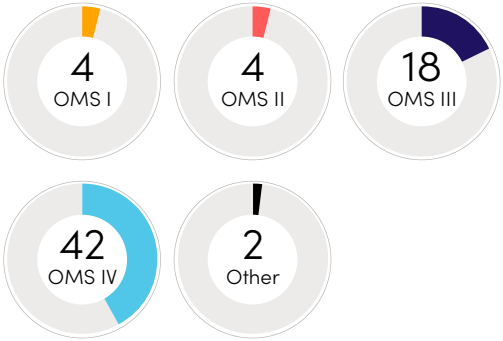
HELPFUL RESOURCES



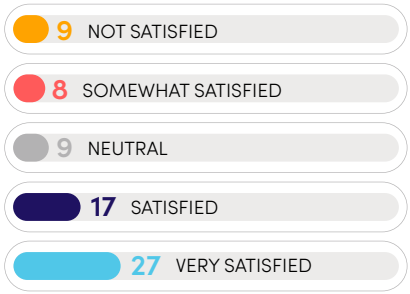
COMFORT LEVEL WITH DISCUSSING PERSONAL CHALLENGES WITH ADVISOR



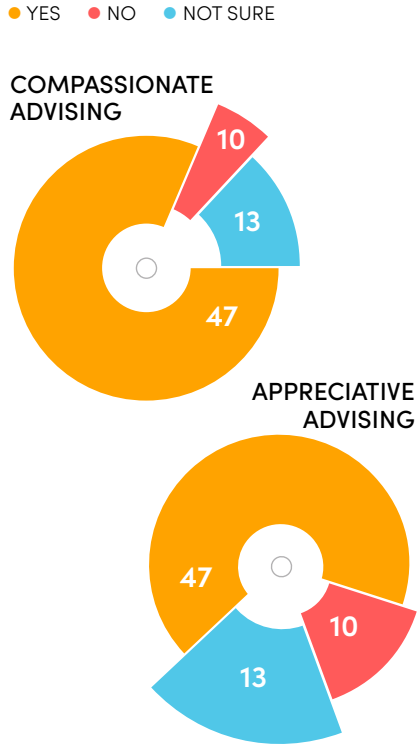
CURRENT YEAR IN MEDICAL SCHOOL



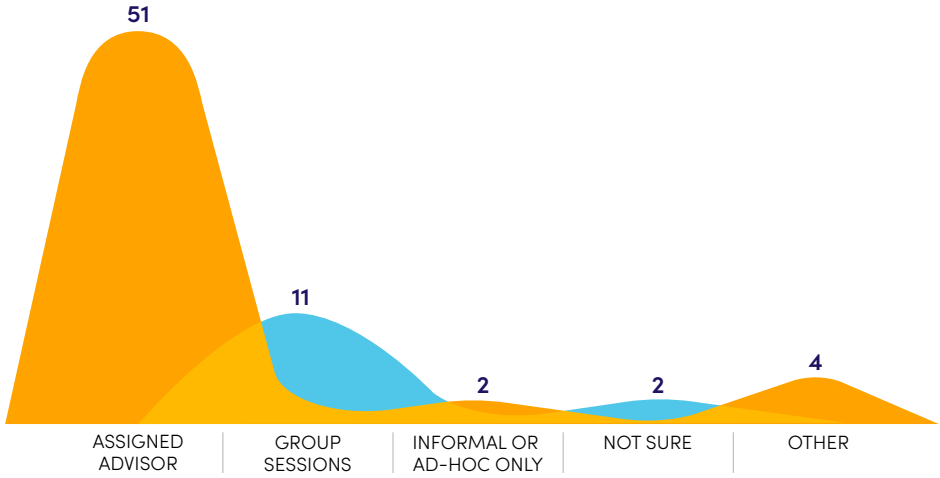
OVERALL SATISFACTION WITH RESIDENCY ADVISING



USE OF COMPASSIONATE AND APPRECIATIVE ADVISING



RESIDENCY ADVISING STRUCTURE



CHALLENGES FACED IN RESIDENCY ADVISING

The student survey responses echoed many of the same themes identified in the focus groups, reinforcing the consistency and depth of student experiences across institutions. Both sources revealed a lack of personalization and specialty-specific advising, particularly when students sought guidance on fields not well represented within their schools. Students in the survey also raised concerns about being pressured to dual apply or prioritize choices that seemed aimed at boosting institutional match rates, leading some to feel that advisors were more focused on protecting the school's outcomes than supporting individual student goals. In addition, survey responses reinforced the sentiment that advising often felt vague or overly general, that too few advisors were available to provide adequate support, and that the guidance students did receive sometimes reflected a reductionist approach that focused narrowly on metrics rather than the whole student.

The survey highlighted issues around resource organization, with students expressing a need for clearer timelines, checklists and deadlines. Additionally, concerns about perceived bias toward internal residency programs, including questions about the neutrality of advising, emerged. Similarly, issues such as inconsistencies across advisors—where students received conflicting guidance depending on who they spoke with—were also raised only in the survey.

KEY STRENGTHS FOR RESIDENCY ADVISING

Much of the praise detailed in the survey responses also supported what was expressed in the focus groups. Students praised how accessible and responsive their advisors were, how they provided access to robust data, historical match data, with realistic insights into specialty competitiveness, and were attentive, caring, and empathetic to students' individual goals, while providing realistic and honest advice (i.e., compassionate advising).

> Students and advisors alike recognize that to truly support success, advising must evolve—becoming more accessible, specialty-informed and responsive to the realities of today's residency landscape.

In the survey students was also mentioned that their advisors' communication structure and reminders added value, helping them stay on top of important tasks and dates. Additionally, there was praise for support with application materials, such as their polishing their ERAS application, personal statements and experience descriptions. There was also a clear appreciation for residency-related tasks and prep being integrated into scheduled course work, ensuring students stay engaged and on pace.

Aligning with the call to action brought up in the focus group, the student survey respondents appreciated a proactive and early start to advising. As well as emphasizing that having multiple advisors or a dedicated advising office helped students feel supported from multiple angles, which was another need brought up in the focus groups.

KEY AREAS FOR IMPROVEMENT IN RESIDENCY ADVISING

Most of the identified areas of improvement overlapped among the surveys to focus groups, with students hoping for:

- More individualized and tailored advising
- Increased frequency and earlier engagement
- Specialty-specific advising
- More focus on student goals (vs institutional match rates)
- Leveraging real world experience (from recent graduates, residents or specialty specific mentors)
- Longitudinal advising

To note, the following areas were highlighted within the surveys. Students called for improved insights into residency expectations, mentioning there was a disconnect between what residencies value and what students were being told by their advisors. There was a desire for better organizational tools, such as a checklist with deadlines, links and clearer guidance. Finally, student respondents also wanted more office hours or advising staff to support their needs, specifically during peak application periods.

Interestingly, while this was discussed in the advisor focus groups, the student survey respondents also indicated concern about advisors lacking proper training. This was supported across all groups by a desire to have advisors with residency experience and up-to-date knowledge of the application process and exam logistics.

To wrap up the survey responses, much praise and gratitude was noted from students who shared highly positive experiences, emphasizing that their residency advisors played a vital role in their success.

Comparative Insights on Residency Advising

Both advisors and students emphasized the importance of longitudinal advising—consistent, multi-year support. There was strong mutual interest in compassionate, appreciative and individualized advising, with advisors working to be trained in and integrate these frameworks and students voicing a desire for more personalized, confidence-building interactions.

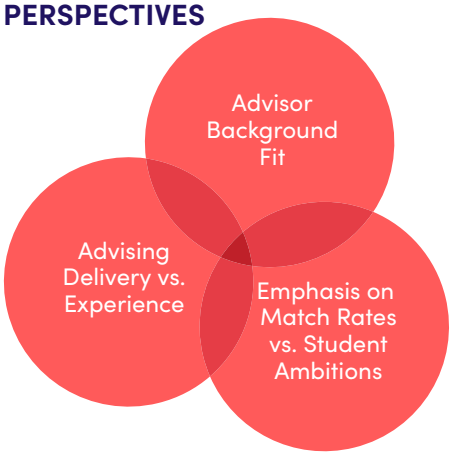
A shared challenge emerged around specialty-specific mentorship, with both groups noting the lack of targeted expertise and the need to strengthen access to mentors and specialty resources. Both advisors and students also recognized the value of data-informed advising—advisors sought centralized tools, while students called for better guidance in interpreting data and for more transparency around match outcomes.

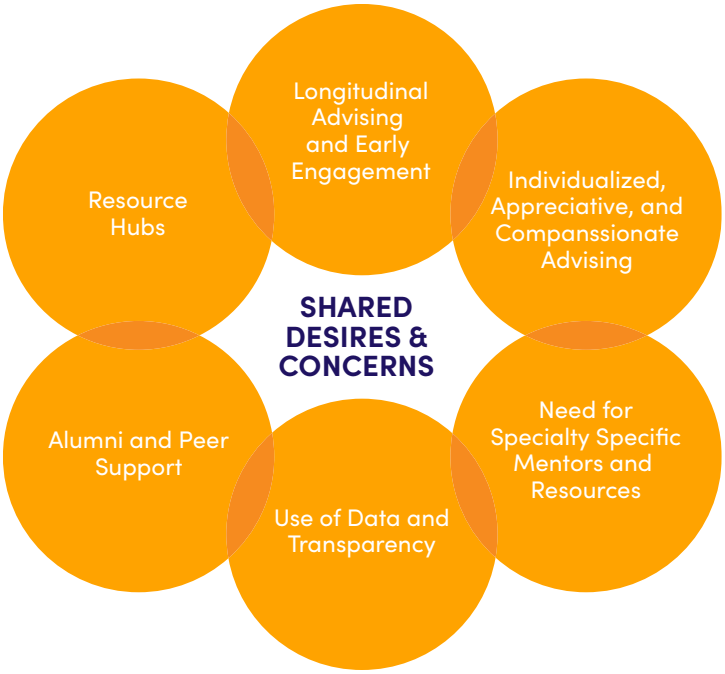
Alumni and peer mentorship surfaced as a common priority, with advisors highlighting the difficulty of maintaining alumni engagement and students relying heavily on informal peer networks in its absence. Both groups advocated for better resource hubs and practical tools, calling for curated, centralized platforms to support the advising process.

However, key differences also emerged. Students voiced concern over advisor background fit, particularly with non-DO or non-physician advisors, which was a gap not acknowledged in advisor feedback. While advisors described proactive efforts in professional development, students often felt they bore the burden of finding mentors and information themselves. There was a disconnect between the intended delivery of advising—described as multimodal by advisors—and the actual student experience, which many found overly generic and lacking depth.

Misalignment also arose around match-focused advising, with students feeling discouraged by their advisor from applying for competitive specialties, while advisors emphasized match rates as a key success metric.

DIVERGING PERSPECTIVES





CONCLUSION

The findings highlight meaningful progress in residency advising but also reveal ongoing opportunities for growth. Both students and advisors envision advising that is early, individualized and grounded in empathy and data-informed support. While strong relationships and innovative practices are emerging, inconsistencies in access, resources, and specialty-specific guidance remain challenges.

Moving forward, there is a clear opportunity to strengthen collaboration, share best practices, and refine advising approaches to better meet the evolving needs of osteopathic students. By addressing these gaps and building on shared strengths, the advising community can foster a more equitable, confident and well-prepared transition to residency.

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