Bridging the Gap: Advising Research-Oriented Medical Students at the UME to GME Transition

AAIM Academic Internal Medicine Week 2026

On Behalf of the AAIM Research Committee

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WHY THIS MATTERS

1. Research-oriented residency applicants navigate a different set of expectations and evaluations in the MATCH
2. Advising structures for these students are often fragmented
3. Misalignment at this stage alters long-term career trajectory
4. Advising at transitions is a workforce intervention

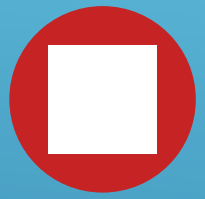
WORKSHOP ROADMAP

Shared vocabulary: IM research pathways

Advising challenges & ownership

Case-based discussions

Advising framework



Advisor Toolkit & institutional action steps

LEARNING OBJECTIVES

At the end of this workshop, participants will be able to:

1. Differentiate IM research pathways
2. Understand the application and interview process for research pathways
3. Improve alignment of program choices with trainee needs and goals
4. Apply a structured advising framework to real cases
5. Recognize institutional opportunities to improve advising alignment

INTRODUCTIONS

- Clerkship advisor?
- MSTP director?
- Dean’s office?
- Residency PD?
- PSTP director?
- Near peers / social media?
- Someone else?

WHICH PATHWAY IS APPROPRIATE?

Pathway	Who It's For	Structure	Risk if Misaligned
*Categorical + electives	Any IM resident	Research electives within 3 yrs	Insufficient protected time
R38 / StARR Program	MD/DO building research skills	12–24 months protected time	Overcommitment without trajectory
*Physician-Scientist Training Program (PSTP) / ABIM Research Pathway	MD/PhD or DO/PhD research-intensive MD or DO	Accelerated clinical training + structured research	Clinical under-preparation or premature subspecialization

*Not all programs require the applicant to choose ahead of starting internship

What is the ABIM Research Pathway?

IM Training Starting July 2026

"Research Track" Internal Medicine Residency July 2026 – June 2028

Clinical Training in Internal Medicine

Subspecialty Training Starting July 2028

Clinical Training
12 months
Adolescent Medicine; Allergy & Imm; CCM; Endocrinology, DM & Metabolism; Geriatric Medicine; Heme; Hospice and Pall Care; ID; Nephrology; Med Onc; Pulm Disease; Rheum; Sleep Med; Sports Med.

18 months
GI, Heme / Onc, Pulm / CCM, Rheum / Allergy & Imm

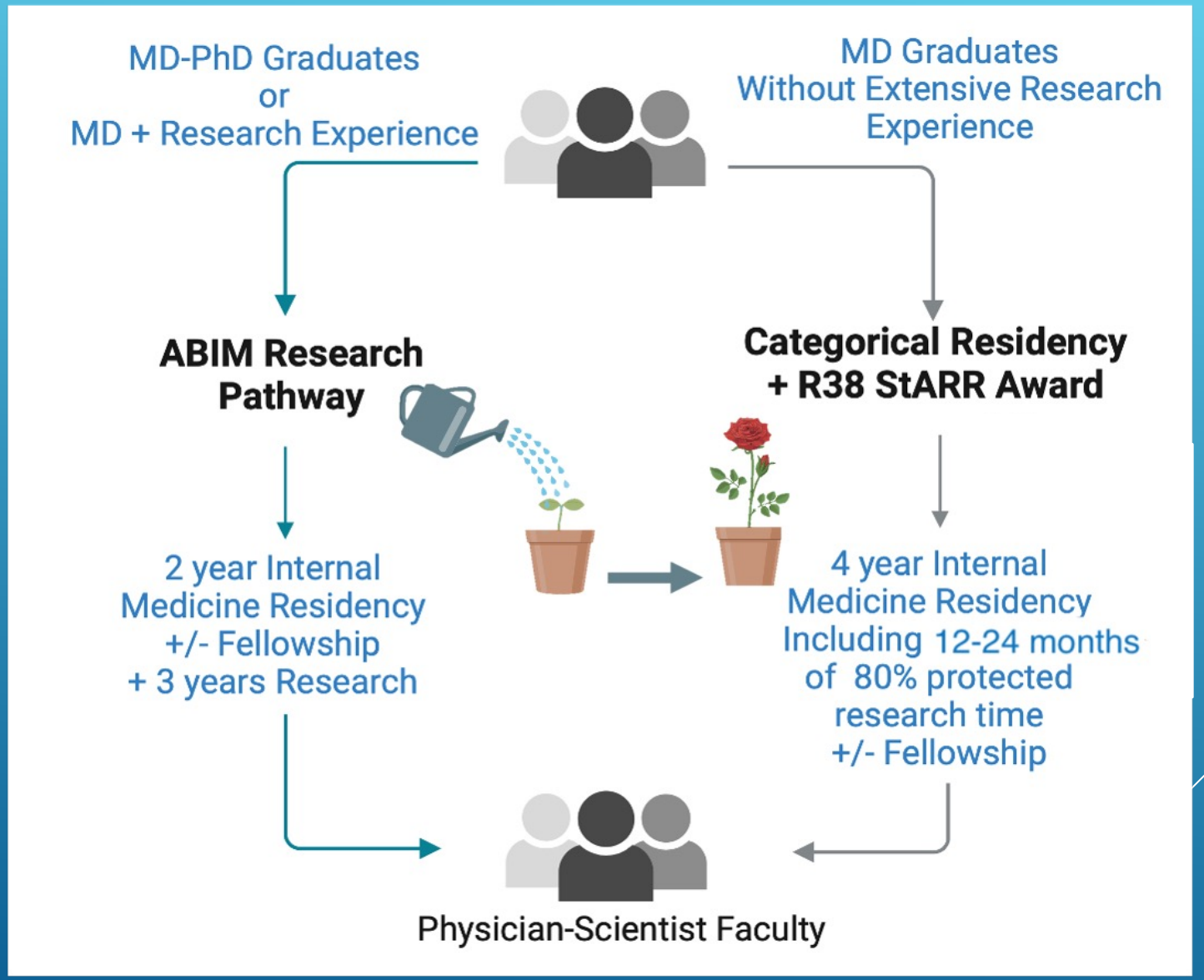
24 months
Cardiology

Research Training
3 Years

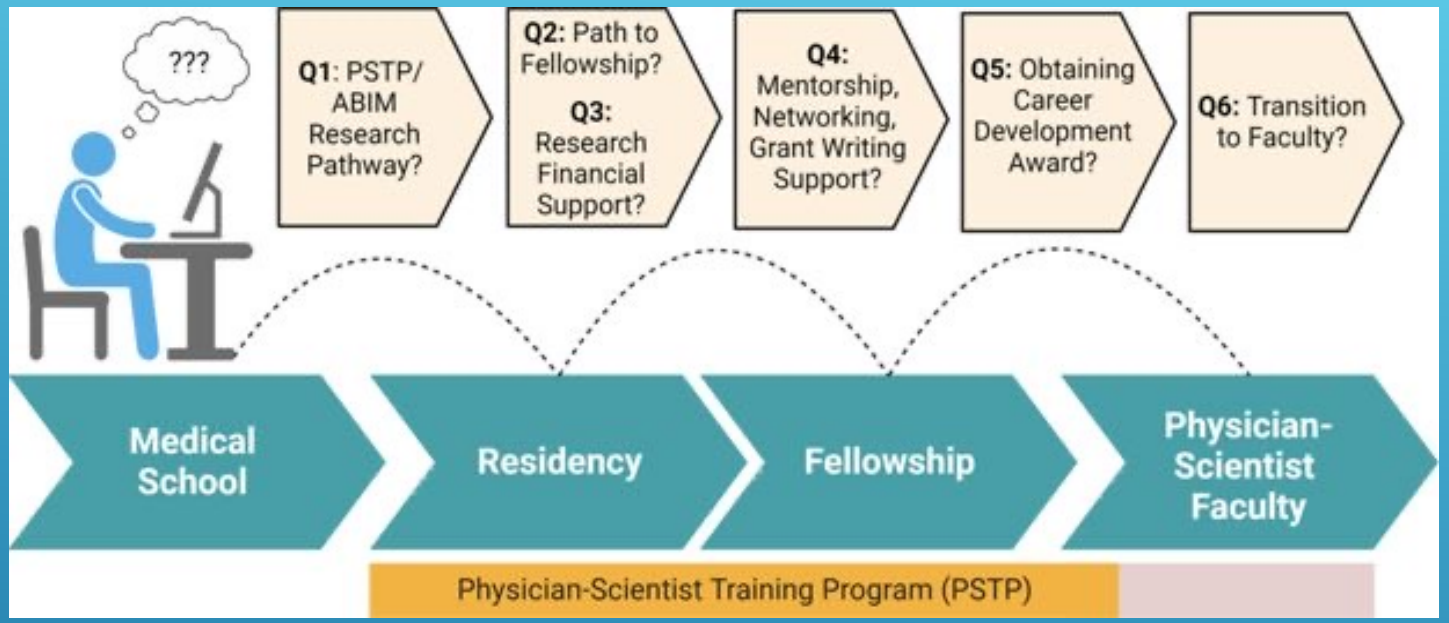
(Usually After Clinical Training)
80% Protected Mentored Research Time

(Last Year may be full-time faculty position if mentored research is 80% protected time)

ABIM RESEARCH PATHWAY VS R38 STARR PROGRAM



Post Graduate Physician Scientist Training Programs (PSTP)



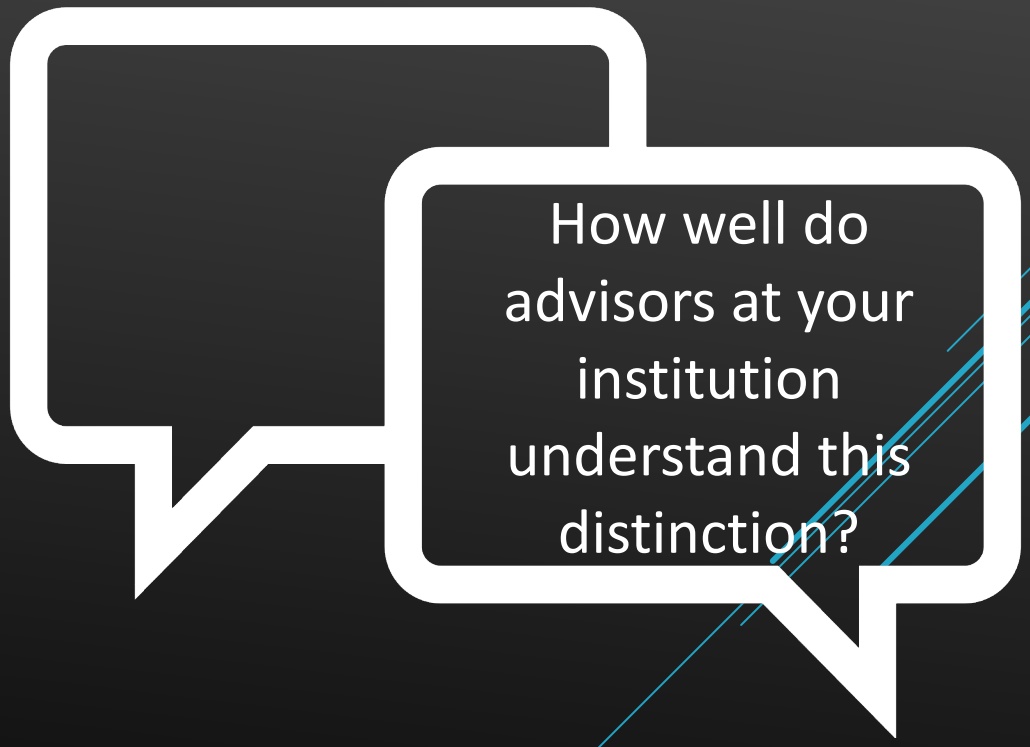
PSTPs are postgraduate physician-scientist career development programs that provide:

- Structured training including:
  - Coaching in career-specific research skills
  - Individualized mentorship
  - Financial support

- A community of physician-scientist peers and mentors to enhance career development

SELECTION PROCESS FOR PHYSICIAN-SCIENTIST TRAINING PROGRAM

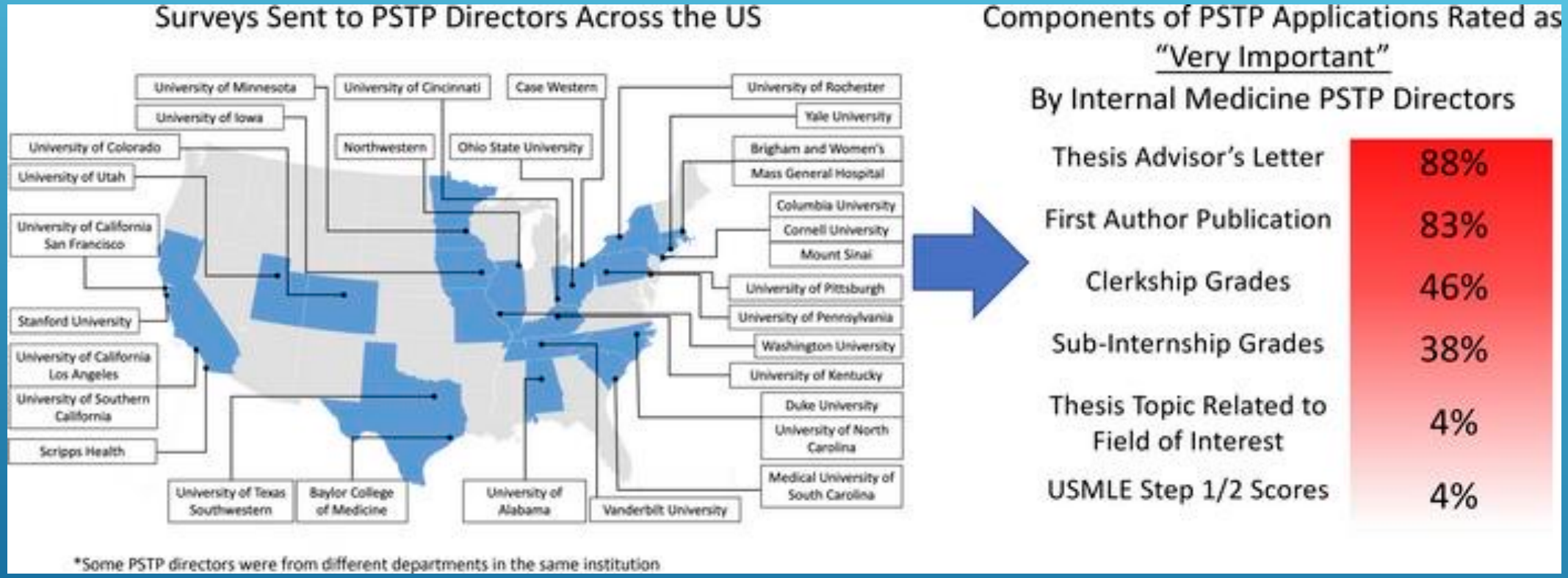
- Research trajectory evaluated deeply
- Mentor letters heavily weighted
- Clinical readiness still critical
- Subspecialty alignment may matter



- Clerkship Grades
- Subl Grade
- USMLE (Step 2) Score
- First Author Publication
- Research was in same topic as field of interest
- Research mentor's letter of support

WHICH OF THE FOLLOWING DO YOU THINK RESEARCH PROGRAM DIRECTORS THOUGHT WAS MOST IMPORTANT IN AN APPLICATION FOR A RESEARCH RESIDENCY TRACK?

PROGRAM DIRECTORS SURVEY RESULTS



CASE STUDIES

- Honors clerkships
- One first-author original publication
- Top letters
- Plans for physician-scientist career

CASE #1
MD/PHD STUDENT APPLYING FOR RESIDENCY

Research during residency vs R38 vs PSTP?

How should you decide on which programs to apply to and signal “gold”?

Should they ask for a guaranteed fellowship position?

Should they ask for a research technician?

Should they stay at own medical school affiliated program?

DISCUSSION

- 2 First author original publications
- Top letter from research mentor
- High pass in IM clerkship
- Plans for physician-scientist career

CASE #2
MD/PHD GRADUATE WITH LOWER CLINICAL GRADES

DISCUSSION

- Research during residency vs R38 vs PSTP?
- How should you decide on which programs to apply to and signal “gold”?

IMPORTANT QUESTIONS TO CONSIDER

Clinical readiness

Longitudinal mentorship needs

Exam performance risk

Institutional infrastructure support

- Two case reports, one review article
- Top letter from clinical faculty, average letter from research mentor
- Honors in all clerkships
- Unsure about physician-scientist career

CASE #3
MD/PHD GRADUATE WITH TOP CLINICAL GRADES AND NO PUBLICATIONS

IMPORTANT QUESTIONS

REASON FOR LACK OF PUBLICATIONS?

LONGITUDINAL CAREER GOALS?

- Multiple secondary dataset analyses, 15 abstracts, 2 publications
- All LoR from clinical faculty
- Wants "prestigious academic center"
- Wants to do cardiology fellowship

CASE 4
MD WITH MULTIPLE PUBLICATIONS

CASE 4 DISCUSSION

What additional information do you need?

Research during residency vs R38 vs PSTP?

What assumptions might mislead the advisor?

PITFALLS WE SEE NATIONALLY

- Underestimating PGY1 clinical intensity
- Poor mentor alignment
- Assuming all “research tracks” are equivalent
- Leadership not familiar with physician-scientist career path


ADVISOR TOOLKIT

A STRUCTURED ADVISING FRAMEWORK: FOUR CORE QUESTIONS

01

Does the student want a physician-scientist career?

02

Is there a sustained research trajectory?

03

Do they need structured protected time?

04

Are they clinically ready for accelerated pathways?

EVALUATING RESIDENCY RESEARCH ECOSYSTEMS

Assess:

- **Research Ecosystem**
  - NIH funding density (R01, T32, K awards)
  - Active physician-scientist faculty
  - Track record of K and K → R transition
- **Mentorship Structure**
  - Formal research track?
  - Early mentor pairing?
  - Protected time enforced?

Fellowship Alignment

- Research-active subspecialty leadership
- PSTP → fellowship integration
- Clear transition planning

STRUCTURED ADVISING QUESTIONS

- “What does your career look like in 10 years?”
- “Are you committed to a physician-scientist path?”
- "What percentage of your professional time do you intend to devote to research in the long run?"
- “Do you need structured protected time?”
- “Are you clinically ready for an accelerated pathway?”
- “What risks do you foresee?”

CAUTIONS

- STUDENT PRIORITIZES PRESTIGE AND OFFERS (E.G. TECHNICIAN) OVER FIT
- PUBLICATION COUNT OUTWEIGHS DEPTH OF INQUIRY
- NO FIRST (OR CO-FIRST) AUTHOR PUBLICATIONS
- NO CLEAR LONG-TERM RESEARCH VISION
- CLINICAL READINESS IS MARGINAL BUT RESIDENCY PATHWAY IS ACCELERATED
- RESEARCH MENTOR LETTER LACKS STRONG ADVOCACY

- Clarify advising ownership
- Build UME–GME communication pathways
- Connect advisors with PSTP / R38 directors
- Create shared advising language
- Provide centralized pathway resources
- Track long term outcomes

OPPORTUNITIES AT YOUR INSTITUTION

THREE TAKE-HOME PRINCIPLES

1. Institutional Fit > "Prestigious" offers
2. Substance of Research Experiences > Publication Count
3. Structure Determines Success

Advising at this stage shapes research careers

THANK YOU