How to Cite this article: Julia Hopkins, Juan Carlos Velez, John Arthur, and Michael Janech, Are Undergraduates Familiar with Nephrology as a Medical Specialty? – A Single Site Survey of Undergraduate Students, Kidney360, Publish Ahead of Print, 2022, 10.34067/KID.0002472022

Article Type: Original Investigation

Are Undergraduates Familiar with Nephrology as a Medical Specialty? – A Single Site Survey of Undergraduate Students

DOI: 10.34067/KID.0002472022

Julia Hopkins, Juan Carlos Velez, John Arthur, and Michael Janech

Key Points:
*There is a discrepancy in the undergraduate population's ability to recognize the word, nephrology, compared to other medical specialties.

*The number of U.S. fellowship applicants in 2020 were related to medical specialty name recognition in the undergraduate population.

Abstract:
Background: Over the past decade, nephrology has experienced a 43% decline in the number of fellowship applicants. Previous studies examining why residents choose a fellowship program cite lack of exposure as a main factor having an impact against a career in nephrology; however, no studies have surveyed the undergraduate population to inquire whether they recognize nephrology as a medical specialty compared to other medical specialties. We conducted a survey at a primarily undergraduate institution in the southeast United States to test whether undergraduate students identified the word "nephrology". Methods: A total of 274 undergraduates responded to a survey that requested them to select every medical specialty that they recognized by name (15 real specialties/1 fictitious). Demographics regarding sex, race, collegiate level, high school location, premedicine track, and household income were collected. Correlations between survey findings and rates of application and average salary per specialty were assessed. Results: Out of 15 medical specialties, nephrology (29%) and pulmonology (40%) were the least recognized. pediatrics (97%) and surgery (97%) ranked highest. Sex, race, collegiate level, and household income were not different between those students that recognized "nephrology" versus those who did not. Premedicine students were about twice as likely to have recognized nephrology versus non premedicine students (49% vs. 22%, respectively, p<0.001). STEM majors were about twice as likely to identify nephrology versus non-STEM majors (40% vs. 20%, respectively, p<0.001). The proportion of undergraduate students who recognized a specific medical specialty significantly correlated only with the number of U.S. applicants per fellowship position across different medical specialties in year 2020 (p<0.05). Conclusions: Based on word association alone, nephrology is the one of the least recognized specialties by undergraduates. The discrepancy between nephrology and other specialties highlights a gap in name recognition at an early career stage, even amongst premedical students.

Disclosures: J. Velez reports the following: Consultancy: Mallinckrodt Pharmaceuticals, Bayer, Travere, Caliditas; Honoraria: Mallinckrodt Pharmaceuticals, Bayer, Travere, Caliditas; and Advisory or Leadership Role: Mallinckrodt Pharmaceuticals, Bayer, Travere, Caliditas. J. Arthur reports the following: Consultancy: Travere Therapeutics; Honoraria: Travere Pharmaceuticals; and Advisory or Leadership Role: Kidney360. The remaining authors have nothing to disclose.


Author Contributions: Julia Hopkins: Data curation; Formal analysis; Investigation; Methodology; Writing - original draft; Writing - review and editing Juan Carlos Velez: Funding acquisition; Investigation; Methodology; Writing - review and editing John Arthur: Conceptualization; Methodology; Supervision; Writing - review and editing Michael Janech: Conceptualization; Data curation; Formal analysis; Funding acquisition; Methodology; Supervision; Writing - review and editing

Data Sharing Statement: All data is included in the manuscript and/or supporting information.

Clinical Trials Registration:
The information on this cover page is based on the most recent submission data from the authors. It may vary from the final published article. Any fields remaining blank are not applicable for this manuscript.
Are Undergraduates Familiar with Nephrology as a Medical Specialty? – A Single Site Survey of Undergraduate Students

Julia Hopkins¹, Juan Carlos Q. Velez²,³, John Arthur⁴, Michael Janech¹#

Affiliations for authors
¹Department of Biology, College of Charleston, 66 George Street, Charleston, SC 29424, U.S.A.
²Department of Nephrology, Ochsner Medical Center, 1514 Jefferson Hwy, New Orleans, LA 70121, U.S.A.
³Ochsner Clinical School, The University of Queensland, Brisbane, QLD, Australia
⁴Division of Nephrology, University of Arkansas for Medical Sciences, 4301 W Markham St, Little Rock, AR 72205, U.S.A.

# Corresponding author: Michael Janech, Ph.D., Department of Biology, College of Charleston, 66 George Street, Charleston, SC 29424, U.S.A. Tel. 843 460 9788 janechmg@cofc.edu
Key Points

- There is a discrepancy in the undergraduate population's ability to recognize the word, nephrology, compared to other medical specialties.
- The number of U.S. fellowship applicants in 2020 were related to medical specialty name recognition in the undergraduate population.

Abstract

Background: Over the past decade, nephrology has experienced a 43% decline in the number of fellowship applicants. Previous studies examining why residents choose a fellowship program cite lack of exposure as a main factor having an impact against a career in nephrology; however, no studies have surveyed the undergraduate population to inquire whether they recognize nephrology as a medical specialty compared to other medical specialties. We conducted a survey at a primarily undergraduate institution in the southeast United States to test whether undergraduate students identified the word “nephrology”.

Methods: A total of 274 undergraduates responded to a survey that requested them to select every medical specialty that they recognized by name (15 real specialties/1 fictitious). Demographics regarding sex, race, collegiate level, high school location, premedicine track, and household income were collected. Correlations between survey findings and rates of application and average salary per specialty were assessed.

Results: Out of 15 medical specialties, nephrology (29%) and pulmonology (40%) were the least recognized. pediatrics (97%) and surgery (97%) ranked highest. Sex, race, collegiate level, and
household income were not different between those students that recognized “nephrology” versus those who did not. Premedicine students were about twice as likely to have recognized nephrology versus non premedicine students (49% vs. 22%, respectively, \(p<0.001\)). STEM majors were about twice as likely to identify nephrology versus non-STEM majors (40% vs. 20%, respectively, \(p<0.001\)). The proportion of undergraduate students who recognized a specific medical specialty significantly correlated only with the number of U.S. applicants per fellowship position across different medical specialties in year 2020 (\(p<0.05\)).

Conclusions: Based on word association alone, nephrology is the one of the least recognized specialties by undergraduates. The discrepancy between nephrology and other specialties highlights a gap in name recognition at an early career stage, even amongst premedical students.
Introduction

Over the last decade, nephrology has experienced a 43% decline in fellowship applicants according to data within the National Resident Matching Program. The applicant per position ratio for this fellowship program has dropped from 1.6 applicants per fellowship position in 2009 down to 0.7 applicants per fellowship position in 2020. In the 2020 appointment year, 291 individuals matched with a position in a nephrology fellowship program, leaving 38% of the available positions unfilled. The decline of applicants for adult and pediatric nephrology fellowships has led to concerns regarding shortages of Nephrologists in the future.

In order to understand the lack of medical graduates pursuing a career in nephrology, perceptions of the field have been examined. In a 2020 focus group study, Beck et al. determined that the 6 main barriers to medical residents choosing to pursue a career in Nephrology were: lack of exposure, low monetary compensation, low prestige, lack of advances in the field, high complexity, and lack of role models. Results from this study emphasized lack of exposure as one of the more significant barriers to choosing a career in nephrology. Internal Medicine residents are reportedly only exposed to limited aspects of the whole spectrum of inpatient and outpatient practices that falls within the scope of a nephrology career.

While numerous studies have been conducted regarding the reasons why medical students and residents choose to enter a specific fellowship program, very few studies have focused on the premedical undergraduate student cohort. Many students spend their formative undergraduate years exploring career interests and developing opinions that are shaped by a
combination of premedical advising, professionally moderated internet content (e.g. Association of American Medical Colleges), job shadowing opportunities with practicing physicians, peers, popular media, and even high school programs. Somewhat surprising, very strong opinions are developed early amongst the premedical cohort which are based on misconception and can lead to a lasting negative perception of specific careers.

Although scientifically unexplored, if a student has never been exposed to a field of study or even the term used to describe the field of study, the chances of that student developing an early interest in the field is probably very low. Early exposure to fields of study can impact career choices later in life.

The purpose of this study was to determine whether the name “nephrology” is a recognizable medical specialty compared to other medical specialties among an undergraduate student population from a mid-sized, primarily undergraduate institution. We tested two hypotheses based on declining nephrology fellowship applications: 1) nephrology will be the least recognized specialty in an undergraduate student population, and 2) early career recognition will correlate with the number of applicants per position ranking.
Methods

This study was approved by the Institutional Review Board at the College of Charleston. Survey responses were anonymous.

Survey

A QualtricsXM survey containing 11 questions was created and sent to professors from multiple departments at the College of Charleston (CofC), a public liberal arts and sciences university. Professors in Biology, Chemistry, Art History, Economics, Geology, Public Health, and Communications were requested to distribute the survey in their class between November 15th, 2020, and December 14th, 2020. This included a potential of 3,892 enrollees as determined by course enrollment quantities provided in enrollment records. It was not possible to determine enrollment redundancy (one student enrolled in multiple courses) due to the anonymous nature of the survey. No personal identifying information was not collected. Within the survey, participants were asked to select every medical specialty they recognized by name from a list of 15 real specialties: anesthesiology, cardiology, dermatology, endocrinology, gastroenterology, gynecology, hematology/oncology, pediatrics, pulmonology, radiology, rheumatology, surgery, nephrology, neurology, urology; and 1 fictitious specialty: diasymptomology. The fictitious specialty was included to estimate response error.

Demographic questions regarding sex, race/ethnicity, collegiate level, high school location, and household income were included. Respondents were asked to self-identify as belonging to the premedicine track or not. At the conclusion of the study, data were manually inspected for
duplicate responses based on the last 4 digits of the respondents’ phone number. When two or more responses contained the same four digits, all but one response was removed. After this inspection, 274 out of 287 responses were kept for statistical analyses.

Statistical Analysis

Minitab® statistical software was used to conduct all statistical analyses. For each medical specialty, 95% confidence intervals were calculated for one proportion using the Exact method and differences between specialties were assumed when confidence intervals did not overlap. Chi-square test was used to conduct subgroup analyses. These analyses examined differences between premed/non-premed students, Science, technology, engineering, and math (STEM) vs. Non-STEM majors, sex, race/ethnicity, collegiate level high school location, and household income for each specialty. A significant chi-square value was considered when p<0.05. Data regarding the number of applicants per specialty fellowship program were extracted from the National Resident Matching Program, Results and Data: Specialties Matching Service 2019 and 2020 appointment year. Data regarding U.S. fellowship applicants per position were extracted from the National Resident Matching Program.¹ Dermatology, neurology, and urology were excluded from the correlations because data for the specialties could not be gathered from the National Resident Matching Program. For non-internal medicine specialties listed within the National Resident Matching Program classification¹, subspecialties were grouped together under a single classification (e.g. gynecology included all subspecialties under the category “Obstetrics & Gynecology”). Tests for correlation were made using the Spearman-Rank test. Correlations were considered significant when p<0.05. The following comparisons were made:
1) number of positive responses per specialty vs. the number of applicants per specialty (year 2019 or year 2020), 2) number of positive responses per specialty vs. the number of U.S. applicants per specialty (year 2019 or year 2020), and 3) number of positive responses per specialty vs. the average salary for each specialty. Data for year 2020 salaries for each specialty was gathered from Medscape.¹⁸
Results

Among 3,892 course enrollees who were targeted, 274 students responded to the online survey (7.0%). Of these 274 students, 72 (26%) identified as belonging to the premedicine track and 124 (46%) identified as being a STEM major. The majority of respondents were female (81%) and caucasian (79%). The largest survey population were freshmen (42%) followed by sophomores (30%), juniors (21%), and seniors (7%). Of the 15 medical specialties, Pediatrics and Surgery had the highest student recognition rate at 97 ± 0.02% (Figure 1). nephrology had the lowest student recognition rate at 29 ± 0.05%. The second lowest recognized specialty, Pulmonology (40 ± 0.06%), had a 95% confidence interval that overlapped with nephrology.

Sub-group Analysis

For the 72 self-identified premed students, Pediatrics, Surgery, and Cardiology had the highest student recognition rate at 94 ± 0.06% (Figure 2). Rheumatology had the lowest student recognition rate among the premedicine cohort at 43 ± 0.06%, followed by nephrology at 47 ±0.06%. Rheumatology and nephrology had overlapping 95% confidence intervals and response rates were not different from each other. Premedical students were about twice as likely (p<0.001, Chi-squared test) to recognize nephrology versus non-premedical students (49% versus 22%, respectively) (Figure 3A). STEM majors were about twice as likely (p<0.001, Chi-squared) to recognize nephrology versus non-STEM majors (40% versus 20%, respectively) (Figure 3B). Sex, race, collegiate level, and household income were not found to be different between students that recognized nephrology versus those that did not (Figure 3C-E).
Correlation with Applicant Rate

There was no correlation between student recognition for a specific specialty and the overall number of applicants [i.e., U.S. and international medical graduates (IMG)] per fellowship position in both 2019 ($R^2=0.020$, $p=0.66$, Spearman-Rank, Supplemental Figure 1A) and 2020 ($R^2=0.021$, $p=0.65$, Spearman-Rank, Figure 4A). When only U.S. applicants were examined, there was no correlation between student recognition for a specific specialty and the number of US applicants per fellowship position in 2019 ($R^2=0.23$, $p=0.12$, Spearman-Rank, Supplemental Figure 1B), but data from 2020 were correlated ($R^2=0.38$, $p=0.03$, Spearman-Rank: Figure 4B). When the average salary for each specialty was examined, there was no correlation between student recognition for a specific specialty and the average 2020 salary for each specialty ($R^2=0.048$, $p=0.431$, Spearman-Rank: Figure 5).
Discussion

Our study revealed that the majority of undergraduates do not recognize the word “nephrology”. Eight out of 15 medical specialties were recognized by more than 80% of the undergraduates with only four out of 15 specialties being recognized by less than 70% of students. Not surprisingly, most students recognize words such as “pediatrics”, “surgery”, and “gynecology”; however, these specialties are not suffering a major decline in fellowship applicants.

Realizing that most undergraduates will not choose a career in medicine, a subgroup analysis was conducted for those students that self-identified as being premedicine. Even for the premedicine group, only half of respondents recognized the word “nephrology”, which was also the least recognized of the 15 specialties included in the survey. These results are alarming because the pool of future physicians for the U.S. nephrology workforce appear to be blinded to nephrology at the entry level portion of their career path. Over the past decade, the number of applicants to medical schools has steadily increased. In 2020 alone, there were approximately 47,920 undergraduate students who applied to medical school in the United States. Despite the rise in medical school applicants, nephrology fellowship program fill rates have declined and currently remain lower than 2011 rates. The number of nephrology fellowship programs with unfilled positions continues to this day and cannot simply be explained by the addition of newly created fellowship positions outpacing applicants.
Concerns regarding the nephrology workforce were voiced more than a decade ago, leading to the development of the American Society of Nephrology Task Force to address a foreseen shortage in the nephrology workforce. Focus was placed on strategies to enhance mentorship, educational rotations, and social media awareness as a means of publicizing to internal medicine graduates, to name a few. Nine years later, in a survey of internal medicine residents at the University of Colorado, medical residents continued to highlight lack of mentorship and exposure as reasons negatively affecting their choice to enter a nephrology fellowship program.

High school and undergraduate students who are exposed to a profession or career field may spend more time researching and connecting with a specific field. Early exposure can provide an individual with additional time to seek immersion experiences such as job shadowing and volunteering. These experiences allow an individual to witness and gain a greater understanding of their field of interest. Many undergraduates are in the exploration stage of their career development, making early exposure a crucial factor for which careers they decide to pursue. For the medical field, early exposure to mentors and the experiences of medical professionals can give undergraduates insight into the responsibilities of a career in the field.

Although not formally studied, one can assume that students who cannot even recognize the name of a job or career are probably not likely to make an early connection with that career. This idea is somewhat supported in this study where a weak correlation between the number of
U.S. applicants per fellowship position was related to the ability of the students to recognize a medical specialty (Figure 3). It is highly likely that additional factors play major roles in final career training decisions for medical residents as previously described\(^4,6\), but these data support the idea that prestige is an important factor to consider when introducing a medical specialty to early career students. Prestige was previously identified in a smaller survey of undergraduate students conducted to assess their view of primary care physicians.\(^{14}\) Negative perceptions had a significant influence on early career decisions on whether or not to pursue a given area of medicine well before students were accepted to medical school.

Financial compensation is recognized as a driver of specialty competitiveness for the National Medical Residency Match Program\(^{22}\) and identified it as a factor affecting the decision of internal medicine residents to choose a nephrology fellowship.\(^6\) However, the ability to recognize a medical specialty did not correlate with annual salary, suggesting college students are less focused on future income with regards to medical specialty (Figure 5). These findings are in opposition to those from undergraduate students’ perceptions of primary care, which cited compensation with respect to student debt as a negative influence on perception of primary care.\(^{14}\)

Social media presence was one target area identified in the 2011 American Society of Nephrology Task Force.\(^4\) Social media is one form of exposure that is gaining popularity among many fellowship programs to improve their online presence and send information to a wide range of individuals in a short amount of time. Nephrology fellowship programs with social
media are four times as likely to fill than those without\textsuperscript{23}, further suggesting exposure is a critical factor in program selection for those who have already chosen nephrology as a specialty. However, this data was collected from nephrology fellowship programs and did not include cohorts of students at an early point in their career training. Social media platforms that are targeted to medical students and residents may not reach the pre-medical cohort, especially if the premedical cohort does not recognize the word “nephrology”. There has been much attention given to developing social media presence in nephrology\textsuperscript{24} for the purposes of developing resources for physicians, fellows, residents, and medical students, but there exists an unrecognized terminus between the premedical student pool and medical student pool.

Televised popular culture also plays a major role in framing student opinion with regards to career path choices. As early as junior high school (middle school), students develop aspirations based on role models through media such as television\textsuperscript{25}. Anecdotally, and perhaps somewhat troubling, undergraduates often mention television programming as a positive influence on their decision to aspire to a medical career. Television dramas do impact health perceptions\textsuperscript{26} and many programs are targeted to 18-49 year olds. Media, especially television programs, has been recognized as playing a major role in occupational socialization amongst younger people\textsuperscript{27}. Case in point, popular forensic television series have led to an increase in undergraduate enrollment in forensic science\textsuperscript{28}; however, nephrologists are rarely portrayed in media as an important contributor to patient care. In fact, television programming has not been considered as a focus area for promoting nephrology or increasing exposure to a wider audience of students.
Finally, the word nephrology may be confusing to patients and the general population according to a recent report from the KDIGO Consensus Conference29. Based on Google trends comparison (2004 – present) the word kidney is searched 23 times more than the word nephrology and four times more than the word renal. The search frequency for kidney compares closely to the search frequency for the word pediatrics. Although not assessed here, the idea that word popularity may influence student recognition is also a reasonable consideration.

Limitations

Results from this study were based on willing participants at a single 4-year primary undergraduate college in the Southeastern United States. A majority of the respondents were female (81%), Caucasian (79%), graduated high school from South Carolina, and were from a middle to upper middle-class family. This survey utilized “Nephrology” as the only term to gauge recognition of the specialty among undergraduate students. Other terms, such as, renal disease or kidney disease, could be included in a subsequent question to gain a greater understanding of undergraduate students’ knowledge of the specialty. Lastly, no questions regarding family history of kidney disease were presented in the survey. Future studies may wish to consider examining whether the percentage of students that were familiar with nephrology were impacted or had family members impacted by kidney disease to implicate additional correlates for those students who recognized the word nephrology.

Conclusion
This is the first study to reveal an unrecognized deficiency in undergraduate word association related to medical specialties. The word “nephrology” appears to be unrecognized by most undergraduate students, but significantly more recognized than a fictitious specialty. Future efforts to increase nephrology fellowship applicants may wish to consider addressing this wide gap between nephrology and more popular medical specialties.

Disclosures

J. Velez reports the following: Consultancy: Mallinckrodt Pharmaceuticals, Bayer, Traver, Calliditas; Honoraria: Mallinckrodt Pharmaceuticals, Bayer, Traver, Calliditas; and Advisory or Leadership Role: Mallinckrodt Pharmaceuticals, Bayer, Traver, Calliditas. J. Arthur reports the following: Consultancy: Traver Therapeutics; Honoraria: Traver Pharmaceuticals; and Advisory or Leadership Role: Kidney360. The remaining authors have nothing to disclose.

Funding

Funding for this study was provided in part through a grant from NIH/NIDDK (1R15DK124846-01).

Acknowledgements

We wish to thank the faculty and students at the College of Charleston for their participation in this study. We also wish to thank the two anonymous reviewers for their suggestions and contribution to the discussion. Portions of this work was presented as a poster at Kidney Week, November, 2021 and as an oral presentation at the Southern Regional Meeting of the Southern Society of Clinical Investigation, New Orleans, February, 2022.
Author Contributions
Julia Hopkins: Data curation; Formal analysis; Investigation; Methodology; Writing - original draft; Writing - review and editing. Juan Carlos Velez: Funding acquisition; Investigation; Methodology; Writing - review and editing. John Arthur: Conceptualization; Methodology; Supervision; Writing - review and editing. Michael Janech: Conceptualization; Data curation; Formal analysis; Funding acquisition; Methodology; Supervision; Writing - review and editing.

Data Sharing Statement
All data is included in the manuscript and/or supporting information.

Supplemental Material
Survey Questionnaire
Supplemental Figure 1, correlation analysis between the fraction of undergraduate students who recognized a medical specialty and applicants per fellowship position across all medical specialties included in the survey.
Literature Cited

1. National Resident Matching Program RaDSMS, Appointment Year. National Resident Matching Program W, DC., 2020


Table 1. Self-identified demographics of survey respondents. Absolute number of respondents (N) and percent distribution (%) of responses, excluding non-responses, is displayed for each category.

<table>
<thead>
<tr>
<th>Sex</th>
<th>N</th>
<th>%</th>
<th>STEM Major</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>53</td>
<td>19%</td>
<td>STEM</td>
<td>124</td>
<td>46%</td>
</tr>
<tr>
<td>Female</td>
<td>220</td>
<td>81%</td>
<td>Non-STEM</td>
<td>144</td>
<td>54%</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td></td>
<td>No Response</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N</th>
<th>%</th>
<th>Household Income</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>10</td>
<td>4%</td>
<td>&lt;$50,000</td>
<td>46</td>
<td>20%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>18</td>
<td>7%</td>
<td>$50,000 - $100,000</td>
<td>66</td>
<td>29%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>213</td>
<td>79%</td>
<td>$100,000 - $150,000</td>
<td>46</td>
<td>20%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>15</td>
<td>6%</td>
<td>&gt;$150,000</td>
<td>69</td>
<td>30%</td>
</tr>
<tr>
<td>Native American</td>
<td>3</td>
<td>1%</td>
<td>No Response</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collegiate Level</th>
<th>N</th>
<th>%</th>
<th>High School Location</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>114</td>
<td>42%</td>
<td>South Carolina</td>
<td>56</td>
<td>70%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>82</td>
<td>30%</td>
<td>North Carolina</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Junior</td>
<td>56</td>
<td>21%</td>
<td>Georgia</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Senior</td>
<td>19</td>
<td>7%</td>
<td>Florida</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>No Response</td>
<td>3</td>
<td></td>
<td>New Jersey</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>New York</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Virginia</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Connecticut</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tennessee</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ohio</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td>7</td>
<td>9%</td>
</tr>
<tr>
<td>Premedicine Track</td>
<td>N</td>
<td>%</td>
<td>No Response</td>
<td>194</td>
<td></td>
</tr>
<tr>
<td>Premedicine</td>
<td>72</td>
<td>26%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Premedicine</td>
<td>202</td>
<td>74%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Figure Legends**

**Figure 1.** Percentage of students (N=274) who indicated recognizing a specific medical specialty. Collated responses are expressed as a percentage on the y-axis and exact percentage displayed above each bar. Specialties were ordered left to right from highest to lowest responses. Nephrology is indicated as a gray bar. Error bars indicate 95% confidence interval of the for one-proportion test. “Diasymptomology” was included as the fictitious specialty to estimate the size of respondent measurement error. Hem/Onc = Hematology/Oncology.

**Figure 2.** Percentage of premedical students (N=72) who indicated recognizing a specific medical specialty. Collated responses are expressed as a percentage on the y-axis and exact percentage displayed above each bar. Specialty order was maintained from Figure 1. Nephrology is indicated as a gray bar. Error bars indicate 95% confidence interval of the for one-proportion test. “Diasymptomology” was included as the fictitious specialty to estimate the size of respondent measurement error. Hem/Onc = Hematology/Oncology.

**Figure 3.** Survey subgroup comparisons for nephrology: A) Pre-med versus non-Premed, Premed students were about twice as likely to have recognized nephrology versus non-pre-med students (p<0.001, Chi-squared test); B) STEM versus Non-STEM, STEM majors were about twice as likely to have recognized nephrology versus non-STEM majors (p<0.001, Chi-squared test); C) Ethnicity, D) Collegiate level, E) Household income. No differences in medical specialty recognition were detected between respondents grouped by ethnicity, collegiate level, or
household income. Error bars represent the 95% confidence interval (one-proportion test, exact method).

**Figure 4.** Spearman-Rank correlation analysis between the fraction of undergraduate students (percent recognition) who recognized a medical specialty and A) the total number of U.S. and international applicants per fellowship position across all medical specialties included in the survey, and B) only U.S. applicants for year 2020. Nephrology is indicated by a light gray marker. Data regarding U.S. fellowship applicants per position were extracted from the National Resident Matching Program. Dermatology, Neurology, and Urology were excluded from the correlations since data for the specialties could not be gathered from the National Resident Matching Program.

**Figure 5.** Spearman-Rank correlation analysis between the fraction of undergraduate students (percent recognition) who recognized a medical specialty and the average salary per specialty in 2020. Nephrology is indicated by a light gray marker. Data regarding physician compensation were extracted from the Medscape Physician Compensation Report 2020.
Figure 5

A scatter plot showing the relationship between percent recognition and average compensation for various medical specialties in 2020. The x-axis represents average compensation ranging from $220,000 to $420,000, while the y-axis represents percent recognition ranging from 20% to 100%. The plot includes points for Pediatrics, Neurology, Gynecology, Surgery, Anesthesiology, Dermatology, Cardiology, Radiology, Hematology/Oncology, Urology, Gastroenterology, Endocrinology, Rheumatology, Pulmonology, and Nephrology.
Supplemental Material
Are Undergraduates Familiar with Nephrology as a Medical Specialty? – A Single Site Survey of Undergraduate Students
Julia Hopkins, Juan Carlos Q. Velez M.D., John Arthur M.D, Ph.D., Michael Janech Ph.D.

Table of Contents:
Page 2-4: Survey Questionnaire
Page 5: Supplemental Figure 1, correlation analysis between the fraction of undergraduate students who recognized a medical specialty and applicants per fellowship position across all medical specialties included in the survey.
Survey Questionnaire

Survey Questions

1. Are you a student at the College of Charleston?
   a. Yes
   b. No

2. Are you 18 years of age or older?
   a. Yes
   b. No

If “No”, the survey will exit and the student will receive a reply: “Thank you for your participation in this survey. You are not eligible to proceed”.

3. Please enter the last 4 digits of your phone number <__ __ __>

Why are we asking this? To avoid having students accidentally submit multiple responses in the case of a mistake, the last four digits of your cell phone number will provide a unique identifier that will allow the investigators to identify multiple responses from the same person. This information will not be used for purposes other than stated above. The investigators have no interest in contacting you and will never make the last four digits of your cellphone number public.

4. What is your major?
   a. Business Administrations
   b. Communication
   c. Biology
   d. Psychology
   e. Public Health
   f. Exercise Science
   g. Chemistry
   h. Biochemistry
   i. Sociology
   j. Computer Science
   k. Other (fill in the blank)
   l. Prefer not to answer

5. What is your student classification level?
   a. Freshman
   b. Sophomore
   c. Junior
   d. Senior
   e. Prefer not to answer
6. Are you on the pre-med track?
   a. Yes
   b. No
   c. Prefer not to answer

7. What do you consider your ethnicity to be?
   a. Asian
   b. Black or African American
   c. Caucasian
   d. Hispanic or Latino
   e. Native American
   f. Native Hawaiian or Other Pacific Islander
   g. Other (fill in the blank)
   h. Prefer not to answer

8. What do you consider your sex to be?
   a. Male
   b. Female
   c. Other
   d. Prefer not to answer

9. Where did you attend high school?
   a. South Carolina
   b. North Carolina
   c. Georgia
   d. New Jersey
   e. New York
   f. Virginia
   g. California
   h. Tennessee
   i. Florida
   j. Ohio
   k. Connecticut
   l. Did not attend high school in the United States
   m. Other (fill in the blank)
   n. Prefer not to answer

10. What is your family’s household income (best estimate is fine)?
    a. Less than 50K household
    b. Greater than 50K and less than 100K household
    c. Greater than 100K and less than 150K household
    d. Greater than 150K household
    e. Prefer not to answer
    f. Do not know
11. Which medical specialties have you heard of?
   a. Cardiology
   b. Endocrinology
   c. Pediatrics
   d. Surgery
   e. Hematology/Oncology
   f. Gastroenterology
   g. Anesthesiology
   h. Diasymptomology
   i. Nephrology
   j. Radiology
   k. Gynecology
   l. Rheumatology
   m. Pulmonology
   n. Urology
   o. Dermatology
   p. Neurology
   q. Prefer not to answer
Supplemental Figure 1. Spearman-Rank correlation analysis between the fraction of undergraduate students (percent recognition) who recognized a medical specialty and A) the total number of U.S. and International applicants per fellowship position across all medical specialties included in the survey, and B) only U.S. applicants for year 2019. Nephrology is indicated by a light gray marker. Data regarding U.S. fellowship applicants per position were extracted from the National Resident Matching Program. Dermatology, Neurology, and Urology were excluded from the correlations since data for the specialties could not be gathered from the National Resident Matching Program.