

# **GHHS Student Selection**

## **General Guidelines**

### **2025-2026**

The use of peer-to-peer evaluation has been shown to be successful in identifying physicians who serve as role models to others. A multi-institutional study led by Dr. Wayne McCormack at the University of Florida revealed that a peer nomination survey given to medical students can be used to select for student exemplars who manifest characteristics of clinical competence, caring and community service.<sup>1</sup> This survey proved to be a reliable tool to identify students for nomination to the Gold Humanism Honor Society (GHHS). One of the engaging aspects of this survey is that it highlights only students' strengths. This **GHHS Peer Nomination Survey** has recently been updated and simplified (manuscript in preparation).

As discussed in more detail in the **GHHS Chapter Toolkit**, the process for selecting new student members should include (1) an initial step that involves peer assessment and (2) a second step that involves vetting of candidates by a selection committee.

(1) Chapters should use the updated **GHHS Peer Nomination Survey** as described in more detail below. This survey asks students to identify individuals in their class who most closely fit brief real-life scenarios that exemplify a caring physician. The survey reliably identifies the top 15-20% of the class, however the initial group of nominees may include more. Other information should be used to maintain representation of the quieter humanists (see "Peer Nomination Blind Spots" below).

(2) A secondary vetting process that reviews the candidates for academic success and professional behavior is done by a selection committee, typically comprised of faculty, administrators, past Tow Award winners, and/or GHHS student and resident members. Students nominated in the primary process may be evaluated during this step on the basis of any combination of other factors, *e.g.*, academic eligibility, program director evaluations, an additional essay, interview or other indication of the nominee's willingness, interest and motivation to serve, work, and lead, as determined by your local GHHS chapter.

### **How and When To Administer the GHHS Peer Nomination Survey**

Peer nomination forms may be administered as web-based or paper forms. You may get a better return rate when administered as a paper form at a meeting of the entire class, when the purpose of the survey can be explained, instructions given, and sufficient time given to fill in names. When presented by a trusted educator/administrator in the setting of a class meeting, where the purpose and importance of the survey can be explained, nearly 100% participation can be achieved. Web-based forms are convenient to administer and have the advantages of being available at the students' convenience and data collection & reporting may be automated, but medical students often need multiple reminders to complete the form in a timely fashion. If on-line evaluation is part of your local culture, then the use of web-based forms (on a secure server) can result in good response rates (85-99%). We suggest having a target of at least 75% participation, with 90% and above as being optimal.

It is helpful to include a class roster when administering the survey. Paper surveys can be accompanied by a printed roster. Web-based surveys can use pick lists or drop-down menus that include the entire class roster.

Good peer assessment requires good prior peer interactions, so the selection process must begin after peers and clerkship directors have had ample time to observe students in clinical settings. The GHHS recommends administering the GHHS Peer Nomination Survey after at least six months of clinical rotations (clerkships). If sufficient clinical work occurs in the second-year curriculum, nomination and selection can occur during the transition into the third year. Student selection should be completed and

planning meetings scheduled in time for new GHHS members to bond as a group, to design and implement their projects and programs, preferably no later than March of their third year. It is extremely helpful to allow a period of overlap of the incoming and graduating GHHS students so that they can establish continuity of chapter goals and activities.

The survey instructions should explain briefly that the survey questions are geared at identifying multiple characteristics related to humanistic patient care, and that that other factors will also be considered by the selection committee. How the data from the survey will be used at your institution, *e.g.*, recognition for up to 15% of the class by election to the GHHS, mention in the MSPE, and/or other honors or awards, *etc.*, should be explained to the students when the survey is administered.

### **How to Analyze the Data**

The simplest method to determine rankings in order to identify a top ~15-20% is simply by counting the number of nominations that each student receives for each question. It is not necessary to ask the students to rank their nominations 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>, as it will make no difference whether you weight the nominations or simply count them. The numbers of nominations for all four questions shown below can be summed and then sorted in descending order to arrive at an initial ranking for GHHS selection.

The classmates who best personify the quote “the secret of good patient care lies in caring for the patient.”

1. The classmates who have shown exceptional interest in service to their communities.
2. The classmates you would want as the doctor for yourself or a loved one.
3. The classmates who best demonstrate that compassion is a critical clinical skill.

You may also use factor analysis to derive scores from the peer nomination data, which will result in similar rankings. Factor analysis was used to analyze relationships among survey items and to identify latent variables or “factors” that account for correlations among the survey items.<sup>1</sup> Factor analysis can be used to assign scores to individual students based on the major factors identified, using the SAS factor procedure and principal components analysis (SAS Institute Inc, Cary, NC), with an eigen value greater than one to identify major factors. Use the Harris-Kaiser rotation to determine standardized regression coefficients in order to plot rotated factor patterns for comparison to published results.<sup>1</sup> Student scores based on the SAS score procedure can be sorted in descending order to determine student rankings for each major factor.

### **Peer Nomination Blind Spots**

It is important to note that some medical students graduate with a different medical class than they started with. Such students will likely be listed in the class roster with their “new” class, depending on the timing of your selection process and when they became out of sync with their starting class. For example, MD-PhD students spend some years in a PhD program and rejoin medical school with a different class. Occasionally, a medical student may repeat a year due to personal or academic challenges.

Sometimes students may remain with their original medical school class but are less “visible” for a variety of reasons. For example, medical students with families are sometimes not able to devote as much time to service and/or social events as their classmates due to childcare responsibilities. Your GHHS selection committee should have some special consideration for any such quieter humanistic students, and may need to rely on other data to consider their candidacy.

### **What Happens If We Change the Survey Questions?**

Other survey questions were tested during development of the GHHS Peer Nomination Survey. Some displayed similar factor characteristics but were not consistent across all three medical schools. Based on those observations, the four items on the current survey were selected because they resulted in consistent results by factor analysis across all medical schools involved in the pilot-testing.

Some GHHS chapters have changed survey questions or added new ones to best fit their local culture or to get at other elements of humanism in medicine. Such modifications may change the validity of the survey, unless factor analysis is performed to ensure that new questions have the desired characteristics. Adding different questions may have less impact on the survey results than substitutions.

**Citation**

1. McCormack WT, Lazarus C, Stern D, Stevens CB, Small Jr PA. 2007. Peer nomination identifies medical student exemplars in clinical competence and caring at three medical schools. *Academic Medicine* 82(11):1033-1039. PMID: 17971688

# GHHS Peer Nomination Survey

Peer evaluation is a primary determinant of one's success in medicine and is a core professional responsibility. It will continue to be part of your medical career in the years ahead. This peer evaluation survey was developed to identify medical students who are recognized by their peers as developing an exceptionally humanistic approach to the practice of medicine in their clinical competence, interpersonal skills, and service.

The research that led to the development of this survey was funded by the Arnold P. Gold Foundation (<http://www.humanism in medicine.org/>). The outcomes of this survey and additional information will be used as selection criteria for the Gold Humanism Honor Society. Survey results typically result in recognition for ~15% of the class and harm no one.

Rather than asking you to rate each of your classmates about a series of characteristics, you will be asked to nominate classmates who best fit specific real-life situations. For each of four statements, please select three students from your class who would best fit the situations described. Try to make your choices quickly and spontaneously. Do not nominate yourself.

1. The classmates who best personify the quote "the secret of good patient care lies in caring for the patient".

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2. The classmates who have shown exceptional interest in service to their communities.

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3. The classmates you would want as the doctor for yourself or a loved one.

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4. The classmates who best demonstrate that compassion is a critical clinical skill.

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