

79 years were randomized to receive calcium (1000 mg/d) and vitamin D₃ (400 IU/d) or placebo.¹¹ During 7 years of follow-up, there was no difference in the rate of myocardial infarction, coronary heart disease, death, or stroke in the calcium/vitamin D₃ group compared with the group receiving placebo.

Therefore, we do not support the use of vitamin D supplementation for either the prevention or the treatment of PAD or other cardiovascular diseases until large-scale randomized, controlled studies demonstrate efficacy.

Jeffrey W. Olin, DO
Brett Sealove, MD
Mount Sinai School of Medicine
New York, NY

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Changes in the Visiting Medical Student Clerkship Program at Mayo Clinic

To the Editor: Implementation of a policy described by Mueller et al¹ for the Mayo Clinic Visiting Medical Student Clerkship Program appears to have had unanticipated consequences. New requirements that international visiting medical students pass licensing and language examinations were expected to increase the fraction of visiting students

who apply to Mayo residency positions, on the basis of the rationale that students who passed would likely pursue US residencies. As predicted, the policy change precipitated a decline in the international applicant pool to the visiting student program that was accompanied by a similar decrease (from 82 to 34 during the 3-year observation period) in the number of international participants who applied for Mayo residency positions. However, the fraction of participating students applying for Mayo residency did not increase as expected but nominally decreased (82/464 [18%] before to 34/205 [17%] after implementation). The authors correctly note that, among participants in the visiting clerkship, international students who apply for Mayo residency program positions are just as likely as US students to be appointed to Mayo residency program positions, but they neglect the fact that before implementation, international students were more likely to be appointed than US students (39% vs 31%). Overall, these data suggest that this policy substantially decreased the international applicant pool without increasing the fraction of seriously interested students or the quality of applicants, as reflected by their lower frequency of appointment to residency. To the extent that such changes are causally related to the policy change, it is interesting to speculate why the consequences were opposite of those predicted. Could it be that a policy that discouraged applications and decreased participant number affected the culture of the program to the extent that these students concluded that the environment was not optimal for their educational needs?

Michael R. Bubb, MD
University of Florida
Gainesville

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In reply: We appreciate Dr Bubb's feedback. It is true that we expected an increase in the percentage of our international visiting medical students (VMSs) who apply for residency positions at our institution as a result of our VMS program's new requirements that international medical students successfully complete the US Medical Licensing Examination (USMLE) Step 1 and Test of English as a Foreign Language (TOEFL) before being considered for our VMS program. Also, as we stated in the article, a corollary reason for the new requirements was our desire to reduce "the number of elective and clerkship slots taken by VMSs who did not intend to apply for [Mayo] residency program positions" in order to make these slots available to VMSs who did.¹ Like other VMS programs,² residency recruitment is a major objective of ours.