

79 years were randomized to receive calcium (1000 mg/d) and vitamin D<sub>3</sub> (400 IU/d) or placebo.<sup>11</sup> 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 D<sub>3</sub> 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 al<sup>1</sup> 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.<sup>1</sup> Like other VMS programs,<sup>2</sup> residency recruitment is a major objective of ours.

Indeed, before the new requirements, we observed that only a minority of our international VMSs applied for a Mayo residency position (82/464 [18%]). Dr Bubb states that, after the new requirements were implemented, the percentage of international VMSs who applied for Mayo Clinic residency positions “nominally decreased” (34/205 [17%]). However, this change was not statistically significant ( $P=.80$ ). Dr Bubb further states that we “neglect the fact that before implementation, international students were more likely to be appointed than US students (39% vs 31%).” However, this change also was not statistically significant ( $P=.16$ ).

Because of the new requirements, we expected that the absolute numbers of international VMSs applying for and participating in our VMS program as well as applying for, and being appointed to, our residency programs would correspondingly decrease. We agree that our new requirements discourage international medical students who have not taken the USMLE Step 1 and TOEFL from applying to our VMS program. As a result, it is possible that some international medical students who would be competitive for our residency programs will not visit our campus or participate in our VMS program.

Notably, during 2009, 75 international VMSs participated in our VMS program, of which 32 (43%) applied for Mayo

residency program positions and 11 (34%) were appointed to Mayo residency program positions. We are encouraged by these statistics that argue against Dr Bubb’s concern that the new requirements adversely affect the culture of our VMS program and that international VMSs “concluded that the environment was not optimal for their educational needs.”

Nevertheless, the effects of the USMLE Step 1 and TOEFL requirements deserve ongoing monitoring. Overall, we remain steadfast in our desire to attract the best and brightest international VMSs to participate in the Mayo VMS Program and recruit these students to our residency programs.

Paul S. Mueller, MD  
Linda L. McConahey, BA  
Mary J. Kasten, MD  
Mayo Clinic  
Rochester, MN

1. Mueller PS, McConahey LL, Orvidas LJ, Jenkins SM, Kasten MJ. The Visiting Medical Student Clerkship Program at Mayo Clinic. *Mayo Clin Proc* 2010;85(8):723-727.

2. Mueller PS, McConahey LL, Orvidas LJ, et al. Visiting medical student elective and clerkship programs: a survey of US and Puerto Rico allopathic medical schools. *BMC Med Educ*. 2010 Jun 7;10:41.

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## CORRECTIONS

**Incorrect axis labeling in figure in the print (but not the electronic) version:** In the print version of the Brief Report entitled “The Utility of Cardiopulmonary Exercise Testing to Detect and Track Early-Stage Ischemic Heart Disease,” which was published in the October 2010 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 2010;85(10):928-932), the y axis in the middle panel of the figure is incorrect. It should have read: **Oxygen pulse (mL/beat)**. The version on our Web site is correct and complete.

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**Typographical error in figure:** In the article entitled “Hemophilia: A Practical Approach to Genetic Testing,” published in the November 2005 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc*. 2005;80(11):1485-1499), Figure 5, on page 1491, contains a typographical error. On the right side of Figure 5, under the heading “Mother is the carrier,” the first female character is labeled “XY.” It should have been labeled “XX.”

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