Family Medicine Updates

From the Association of Departments of Family Medicine

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THE CURRENT STATUS OF MEDICAL STUDENT EDUCATION IN FAMILY MEDICINE

To assure safe, effective, patient-centered, timely, efficient, and equitable health care for all Americans, the Future of Family Medicine Project concluded that family physicians should practice evidence-based care over a continuum, utilize the biopsychosocial model to create effective physician-patient relationships, measure outcomes, and incorporate information technology. The STFM Curriculum Resource Project recommended teaching prevention, acute and chronic illness management, and population-based medicine in family medicine clerkships.

This agenda translates to medical school curriculum through interdisciplinary responsibility for physical diagnosis and interviewing and nearly total responsibility for clerkships. Family medicine clerkships are intense, mostly outpatient experiences in the third year. All medical students learn the importance of personalized care that addresses patient needs throughout the life cycle; students decide whether their talents, skills, financial goals, and personalities match up to a career centered on disease management or the broader responsibilities of patient management.

Clerkship students are expected to absorb concepts of "whole person" and "humanized health care," along with differential diagnosis and management from community physicians who may be intuitively talented but not trained in teaching. Infusing proficiency in behavioral and family management while teaching hard-core skills of disease management and assuring consistency across sites is an educational challenge. The Medical College of Georgia and others have standardized the experience by assuring students experience a mix of medical problems, ethnic backgrounds, age, and gender through repeated interaction between faculty, students, and community preceptors.

Standardizing instructional quality has been the goal of the MedED IQ, which assesses outpatient experiences from the learner's perspective. It has shown that the clinical environment, learner assimilation into the office, and progressive independence at a pace that allows reflection, are markers for instructional quality.[1,2] MedED IQ confirms that teaching in community offices is on par with other medical center locations even though more patients are seen and practical management skills are emphasized.

The costs of education in the community are substantial. A 4-week clerkship can cost an office between $959 and $2,713.[3] Efficient preceptors add 1 minute per patient when hosting a student, but many preceptors' workdays are lengthened by 1 hour or more. Electronic health records add challenges. Medical schools recognize the contribution of preceptors in part by bestowing faculty appointments, providing Internet access, supporting faculty development, and offering reduced CME tuition. Some schools pay a limited stipend.

Given the scope and complexity of medical student education, departments of family medicine are uniquely responsible for recruiting medical students into family medicine. Exposure to competent family medicine faculty predicts selection of a family medicine residency. At the same time, departments must educate all students.

Chairs play a critical role in the process, ensuring that redesigned curricula fit the realities of the future of family medicine and assure comparability across sites. More broadly, chairs must also ensure that larger issues are being addressed: cost-effective teaching, preceptor support, and measurement and improvement of clerkship outcomes. Finally, chairs need to ensure that faculty have the resources and the incentive to lead innovation in teaching, evaluation, and community-based learning.

Inevitably, departments must make hard choices: should we continue relatively minor adjustments of our present model— or should we be much more proactive in monitoring experiences for weaknesses, testing for achievement, and creating better physicians in all specialties? Are the pre-doc divisions in our departments afforded the importance that our residency divisions are? Will we need to choose between adding another researcher or paying preceptors? These questions are fundamental as we create the future of family medicine.

Thomas C. Rosenthal MD; Joseph Hobbs, MD; Paul James, MD; Warren Newton, MD, MPH
The Association of Departments of Family Medicine

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From the Association of Family Medicine Residency Directors

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SCHOLARLY ACTIVITY AND RESIDENCY TRAINING: SEEKING STRATEGIC PARTNERSHIPS

The American Academy of Family Physicians (AAFP) and the Accreditation Council for Graduate Medical Education's (ACGME) program requirements for residency education in family practice acknowledge the importance of research and other scholarly activity in residency training.[1] Included in the core competencies of medical knowledge, practice-based learning and improvement, and systems-based practice, the ACGME requires formal scholarly activity to occur in residency programs. While not directly stated, scholarly activity is often used as an umbrella term under which research is included as a separate entity.

While some research is often included in the residency curriculum, research is often but not consistently a required component of training. In a survey of family practice residency program directors, Neale[2] found that 48.6% of responding programs required a resident research project. The top reasons for requiring resident research were to develop critical thinking and patient care skills and to promote an understanding of the medical literature. The top reasons for not requiring resident research were an attitude that it was not necessary and lack of faculty or time.

Overall, family medicine residency directors are supportive of scholarly activity in their programs. In a survey by DeHaven,[3] more than one half of family medicine residency directors felt that their training program actively promotes research. Furthermore, 3 of 4 survey respondents indicated that involving residents in research was a goal of the program.

To successfully integrate research and scholarly activity and to overcome acknowledged barriers, residency programs require enthusiastic faculty that possess the skills, expertise, experience, and success in this area. Faculty involvement has been a reported characteristic of programs that are successful in research.[1] Currently, only 12.9% of family practice residency programs require faculty to engage in research or scholarly activity.[2] As such, program directors may need to seek assistance outside of their residencies in order to produce a successful scholarly activity curriculum.

In addition to promoting excellence in family medicine residency training, the Association of Family Medicine Residency Directors (AFMRD) and its Board of Directors is committed to the following goals:

- To represent family medicine residency program directors at a national level and provide a political voice for them in appropriate areas
- To develop the art and science of resident education in family medicine
- To improve the quality of education of family physicians
- To promote the ethical behavior in all aspects of residency operation
- To promote communication and cooperation between family medicine residency programs and other members of the family medicine family
- To provide a network for mutual assistance among family medicine residency directors
- To enhance the administrative operation of family medicine residencies

Consistent with these goals and to assist with overcoming acknowledged barriers, the AFMRD is committed to serving as a resource for residency directors in their efforts to incorporate formal scholarly activity curriculum into their residency programs. AFMRD seeks strategic partnerships with fellow family medicine organizations to assist in these efforts. For instance, the AFMRD will partner with the North American Primary Care Research Group (NAPCRG) to integrate both research and quality improvement as recognized scholarly activities and to develop a scholarly activity curricula that provides a structure as well as flexibility for program directors. In addition, the organization seeks to develop partnerships between NAPCRG members and specific residency programs to provide the research experience and expertise not always present in family medicine residency faculty members.

In terms of other key organizations, the AFMRD seeks the assistance of peer-reviewed publications such as the *Annals of Family Medicine*, *Family Medicine*, the *Journal of the American Board of Family Medicine* and others to actively seek, promote, and publish work produced by residency faculty and family medicine residents. In particular and as an encouragement to future researchers, the promotion and publication of the products of resident research should be a priority. As an example, these publications could sponsor a resident research competition and publish the results in a special edition