Family Medicine Updates

From the Association of Departments of Family Medicine

FROM TURF WARS TO COMMON GROUND: THE SHIFTING DYNAMICS OF MEDICAL STUDENT EDUCATION

Is the primary mission of medical school departments to teach students about the disciplines? Not long ago, the answer would have been obvious. Each clinical department was engaged in an unending war for curriculum turf, with success measured by weeks and classes gained and by the numbers of students going into each discipline. For faculty in several disciplines, including family medicine, psychiatry, and pediatrics, the turf wars held special significance, as faculty felt (and still feel) a mission to ensure that an adequate number of students enter disciplines where there is unmet need.

Such considerations are being supplanted by a growing concern that the turf fights have diverted attention and resources from the fundamental responsibility of providing medical students with a broad training in the profession of medicine. As each discipline has focused on providing training within its domain, there has been less attention paid to professionalism, ethics, and communication skills, which transcend departments.

Although no "cease-fire" is in sight, especially with the declining number of students going into family medicine and psychiatry, broader educational strategies are starting to emerge. In many schools control of curriculum time and funding is shifting from the departments to the dean's office and is being allocated based on an overarching curricular plan. Increasing numbers of family medicine faculty, who once taught primarily within their own clerkships, are teaching courses in interviewing skills, physical examination, medical decision making, medical ethics, and reading the medical literature. Programs to teach research skills, once the sole province of bench researchers, now include faculty who conduct qualitative studies, epidemiologic studies, and survey research. Even faculty development programs, once within the purview of family medicine programs, are now found within dean's offices with the same departmental faculty teaching a wider and more diverse audience.

For instance, at Michigan State University, faculty develop and implement courses in information management, physician-patient relations, communication/interviewing, physical diagnosis, international health, underserved medical needs, nutrition, and geriatrics.

Faculty at the University of Utah lead required courses in social medicine, patient in the community, and a fourth-year public health rotation. The dean's office is now directly hiring and firing faculty from courses rather than working through the department.

At the University of North Carolina, faculty have led an institutional initiative to develop the role of professional service in medical student education. The cornerstone is a student-run clinic, which has expanded to include a mobile clinic, an outreach dental clinic, and a women's shelter. The initiative includes clinical rotations and research opportunities.

An Ohio State family medicine faculty member is director of the "Patient-Centered Medicine" course, which teaches students about communication, domestic violence, human sexuality, and ethics. Department faculty also teach the professionalism course, direct the physician development program, and direct the 3-month ambulatory clerkship.

At Brown Medical School, the Associate Dean for Education is a family physician, and 4 other family physicians have joined the dean's office as associate deans. The generalist skills and broad approach of family medicine training and experience and the ability to collaborate and work across disciplines were defining advantages in their selection.

At the University of Texas at San Antonio, a faculty member directs the first-year "Clinical Integration" course. In the third and fourth year, 3 faculty play leading roles in the medical school's Regional Academic Health Center.

Finally, at Duke, the assistant dean and director of the 3-year training program in physician-patient relationships is a family physician, as is the faculty member who is the lead writer of the new curriculum, while the past family medicine residency program director is now the associate director of graduate medical education. The department faculty development program has also had a rebirth as an institutional training program.

Faculty continue to have their primary appointments (and often their primary loyalties) within their disciplines and departments. Departments are still charged with ensuring that students are well trained in the disciplines and can safely practice as interns after graduation. But the previously strident tones of interdisciplinary fighting are starting to mute, as faculty recall that the primary obligation of medical school

faculty is to the students. Whether this new focus will translate into more students going into areas of need remains to be seen. We will be training students to be members not just of a discipline, but of a profession.

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From the Association of Family Practice Residency Directors

BEING SUCCESSFUL WITH FAMILY MEDICINE RESIDENCY RESEARCH: LESSONS LEARNED FROM OTHERS

The American Academy of Family Physicians and the Program Requirements for Residency Education in Family Practice acknowledge the importance of research during residency training.[1] The Accreditation Council for Graduate Medical Education requires formal scholarly activity to occur in residency programs through their core competencies of medical knowledge, practice-based learning and improvement, and systems-based practice. Finally, Stange et al[2] recommend that the generation of relevant knowledge should be supported through incorporating the pursuit of new knowledge as a central feature of training programs and policy.

Despite these recommendations, Mainous and colleagues[3] found that research appears to have a minor role in academic family medicine. Of a potential rating of 5, research was ranked fourth in a survey of chairs of institutional members of the Association of Departments of Family Medicine. Approximately 10 peer-reviewed articles per year were published per department. Departments in less intense institutions published a median of 0.7 articles, whereas those in research-intense institutions published 0.5 ($P = .30$).

Although research is often included in the residency curriculum, it is not always a required component. In a survey of family practice residency program directors, Neale[4] found that 48.6% of respondents reported requiring a resident research project, but only one fourth linked annual resident promotion to progress on the project. The top 2 reasons for requiring resident research were to develop critical thinking and patient care skills and to understand the medical literature. The top 2 reasons for not requiring resident research were the attitude that research isn't necessary and lack of faculty or time.

Residency programs can further integrate research into their curriculum and make scholarly activity a priority. Residency directors model research behavior and should look to successful researchers as they develop their curriculum. Gonzales et al[5] noted several key elements of a successful research program for medical students. A development program (eg, the Family Medicine Scholars Program), financial support for student research, a core of faculty mentors, a strong coordinating effort by the predoctoral office, and research agendas geared to student schedules increased the number of students involved in primary care research, presentations, and publication.

In a survey of community residency faculty and nonfaculty family physicians who published at least 1 article during a 2-year period, Hueston and Mainous[6] found that 60% of community faculty and nonfaculty family physicians reported previous research experience in the undergraduate, medical school, or residency level. The respondents noted several keys to their success: a mentor, a supportive infrastructure, and an inherent enjoyment of research. Interestingly, research training received during residency was evaluated as poor.

In a follow-up interview, Dr. Hueston said curiosity is a key element in being a successful researcher. "While some people are just born curious, I think we can train our learners to be curious through modeling traits, such as the reliance on evidence-based information and challenging expert opinions, that should be part of the approach of any successful teacher."

On a cautionary note, Dr. Hueston notes that "the mistake that most people make in choosing a research topic is biting off more than they can swallow. Usually, residents have to hone down their initial idea into smaller component projects that are essential to finding out the answer and, more importantly, are feasible."

Family medicine programs should be able to learn from lessons of successful researchers as they further implement research into the curriculum. To be successful, the programs need to have research as a priority. As noted by Stange et al, "we cannot let the competing demands and threats of the current environment dissuade us; they make the need and opportunity even stronger."

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