From the Association of Family Medicine Residency Directors

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CORE CHARACTER TRAITS FOR FAMILY MEDICINE

Family medicine residency programs spend a lot of time and energy formulating their rank order lists for the National Match. Faculty, staff, and residents spend many hours carefully scrutinizing dean's letters, transcripts, USMLE scores, letters of recommendation, and interview data. Each ERAS file has lots of data, but ironically, in this information age, there is precious little overt information about the applicant's character. It is left to each program to assess character based on brief interview experiences and the ERAS file. Yet, character is likely the core quality without which a resident may never master family medicine. As one Board member put it, "Character is the trump card. It doesn't matter what your USMLE scores are if you lack the character to be a family physician."

What are the character traits that make a good family physician? The AFMRD Board came up with the following:

1."Excellent interpersonal skills, compassionate, good work ethic, enthusiasm to learn, maturity, honesty, and a sense of humor."

2. "Character traits for a good FP: trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, reverent; actually that's what I memorized to be a good Boy Scout, but most of it applies to family medicine as well."

3. "There are 2 bottom-line principles of character that relate to work ethic: commitment to patients and commitment to colleagues. Representing the 'view from the trenches,' nothing is more infuriating to residents than colleagues who don't carry their weight. Whatever we can do to filter out weak/questionable commitment during the screening process is time well spent."

4. "Character is what you do when the lights are off and no one is looking."

The AFMRD Board created a resource tool that shares the Board's wisdom and experience in finding answers to these important questions:

1. How do you judge character from ERAS and your computer?

2. How do you assess character during an interview?

3. What can you discern about character from the applicant's behavior during the interview experience?

Answers to these questions and other useful ways to assess character may be found in this resource that is available at http://www.afmrd.org/cms/files///Resource_library/AFMRD_resources/Core%20Character%20Traits%20Final%20Version%202-29-08.pdf.

Not infrequently it is character traits or personality disorders that contribute to residents who are dismissed from programs, a very painful process for both parties. Although it is quite possible for certain personality and character traits to remain latent during medical school, they almost certainly become overt during the stress and demanding workload of residency. Is it time to use some of the well-validated psychological tools to help students match their character and personality with the specialty for which those traits are a good fit? There are clearly some personality and character traits that are not a good fit for family medicine.

In closing, here are 5 1-liners on character from James Hunter's monograph on servant leadership[1]:

- "Personality deals with style while character deals with substance."
- "Character is what we are beneath our personality."
- "Our character is our level of commitment to doing the right thing."
- "You can judge people's character by how they treat people who can do nothing for them."
- "Character is knowing the good, doing the good, and loving the good."

The AFMRD Board
Mark Robinson, MD; Paul Callaway, MD; Elissa Palmer, MD; Stan Kozakowski, MD; Sam Jones, MD; Sandra Carr, MD; Peter Carek, MD; Steve Cobb, MD; Joe Gravel, MD; Shirish Balachandra, MD

Reference

1. Hunter JC. *The World's Most Powerful Leadership Principle: How to Become a Servant Leader.* New York, NY: Crown Business; 2004.

From the American Academy of Family Physicians

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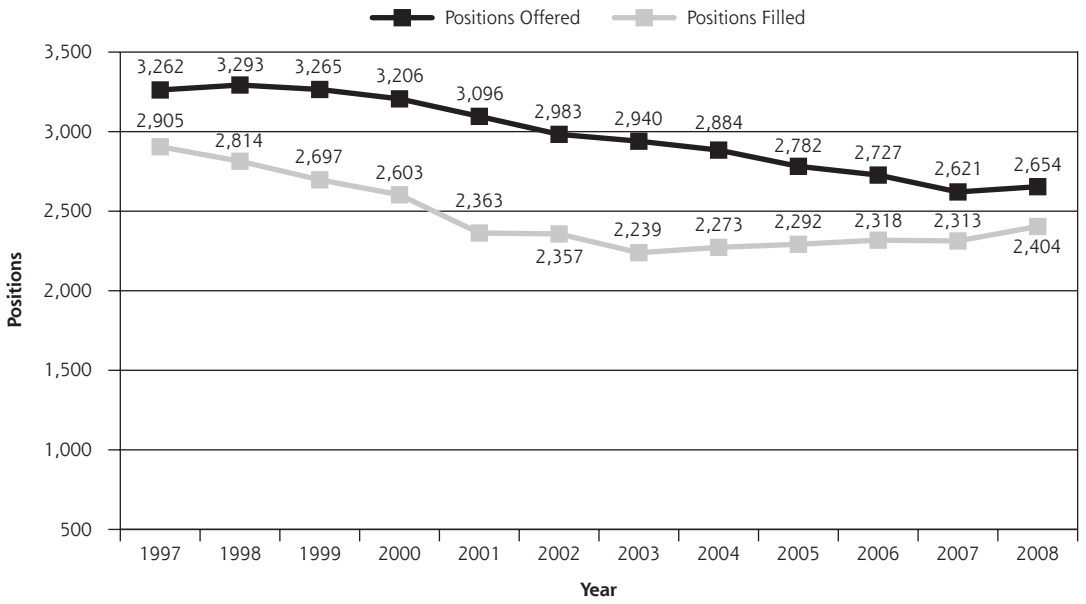
MATCH RESULTS SHOW RESURGENCE IN FAMILY MEDICINE INTEREST

Preliminary information from the 2008 National Resident Matching Program, or NRMP, indicates that 1,172 US medical school graduates—65 more than in 2007—chose family medicine for their careers, and 2,404 of 2,654 family medicine residency positions were taken, for a fill rate of nearly 91%.

Figure. Family medicine positions offered and filled in March 1997-2008.



"We're extremely pleased with this year's Match," said AAFP President Jim King, MD, of Selmer, Tennessee. "It's significant on several levels: More US graduates chose family medicine, we increased the number of positions offered through the Match, and—because students are recognizing the value of family medicine—we set a 10-year record with the percentage of positions filled."

The increase in students choosing family medicine could not come at a better time, according to physician workforce studies and national physician recruitment reports. All agree the nation is grappling with a deepening shortage of primary care physicians.

Family medicine and other primary care specialties have ranked tops in the number of recruitment requests fielded by Merritt Hawkins, a national physician recruitment firm. The company's report, 2007 *Review of Physician and CRNA Recruiting Incentives*, showed an 84% increase in demand for family physicians since 2003-2004 and an 11% increase in FP compensation offers from 2005-2006 to 2006-2007. Moreover, signing bonuses for primary care physicians are virtually universal, the report said.

The need for family physicians is expected to skyrocket by 2020, when the nation will need 139,531 family physicians, according to the AAFP's 2006 Physician Workforce Report.

"That means our residency programs must be graduating more than 4,400 new family physicians each year," said King. "At the rate that we are training family physicians with this year's Match, we are halfway there. So this year's Match does not mean that the national shortage of primary care physicians is in any way solved. We need a major increase in both the number and distribution of family physicians if we're to end this shortage. Although this year's increase in interest in family medicine is very encouraging, we have a long way to go."

This year's turnaround likely reflects medical students' awareness that family medicine is seeing impressive growth in demand, according to Perry Pugno, MD, MPH, director of the AAFP Division of Medical Education. He said efforts during the past 4 years to reach out to medical students are beginning to pay off. The AAFP and its sister organizations in family medicine have implemented a coordinated student outreach plan designed to communicate the values of family medicine, the specialty's importance to the health care system and the rewards of a career in family medicine.

"Medical students are smart," said Pugno. "They can see the escalating demand and the growing recognition of our critical need for primary care physicians, especially family physicians."

King agreed, adding, "Tomorrow's family physicians have excellent career opportunities ahead of them, and today's medical students realize that."

The AAFP, in collaboration with other family medicine organizations, points out these positive developments to medical students as part of its current evidence-based student interest initiative. The initiative began planting seeds among medical students 4 years ago; 2008 marks the first graduating class to benefit from that approach.

The challenge now is to nurture the rising tide in

student interest revealed in the 2008 Match until it becomes a flood. Family physicians can help by:

• *Serving as preceptors*. Contact your local family medicine department, which extends its reach to medical students through volunteer preceptors.

• *Getting involved with a nearby family medicine interest group (FMIG)*. Most medical schools have FMIGs, which are always on the lookout for family physician speakers and supporters.

• *Being mentors for high-school and college students*. Each year, the National Youth Leadership Forum on Medicine seeks out family physicians and family medicine residents to speak at the forum's 23 conferences across the country.

AAFP News Now *Staff*

From the American Board of Family Medicine

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MORE FLEXIBILITY FOR MC-FP PARTICIPANTS AND FIRST SLEEP MEDICINE EXAMINATION

More Flexibility for MC-FP Participants

The American Board of Family Medicine (ABFM) is continuing its efforts to make the transition to the 'new' Maintenance of Certification for Family Physicians (MC-FP) as straightforward as possible for all Diplomates. The opportunity to gain a 3-year extension to the certificate has been welcomed by the overwhelming majority of MC-FP participants, as well as the continuous upgrades to the software and processes (many of which can be directly traced to Diplomate feedback.)

With the goal of maintaining consistency for all Diplomates, the ABFM announced the following change to the current MC-FP requirements:

• To fulfill Stage One requirements, all participants who begin MC-FP during the period 2004-2010 will have the choice of completing 2 Part II modules and 1 Part IV module OR 3 Part II modules.

This is a change to the original requirement of 2 Part II modules and 1 Part IV module for Stage One. The ABFM Board of Directors decided that all Diplomates should be allowed the opportunity to follow the same rules, and that the options available to the first 2 groups of Diplomates who began MC-FP in 2004 and 2005 should be fairly applied to all Diplomates regardless of year of certification or recertification. This option will allow for more flexibility for participants in Stage One and help ease Diplomates into the MC-FP process during the initial 7-year transition from the traditional recertification process.

First Sleep Medicine Certification Examination Administered

In November 2007, the American Board of Internal Medicine (ABIM) administered the first Sleep Medicine Certification Examination for 5 cosponsoring boards of the American Board of Medical Specialties (ABMS) to 1,882 of their diplomates. Seventy-three percent of exam takers passed the exam.

The certification exam was developed jointly by the American Board of Family Medicine (ABFM), the ABIM, the American Board of Pediatrics (ABP), the American Board of Psychiatry and Neurology (ABPN), and the American Board of Otolaryngology (ABOto). It replaces the exam given since 1978 by the American Board of Sleep Medicine.

Of the 1,882 diplomates who took the exam, 1,228 were from ABIM, 460 from ABPN, 83 from ABP, 78 from ABOto, and 33 from ABFM. The 33 ABFM candidates seeking certification in Sleep Medicine are currently certified in family medicine, and 18 of these candidates successfully passed the examination.

Certification in Sleep Medicine is designed to recognize excellence among physicians who provide specialized care to patients with sleep problems and specific sleep disorders. Sleep medicine encompasses a multidisciplinary body of knowledge regarding the diagnosis and treatment of sleep problems and disorders and the anatomy, physiology, biochemistry, and pathophysiology of sleep and wakefulness.

The next Sleep Medicine Certification Examination will be offered by the 5 cosponsoring boards in fall 2009. To certify in Sleep Medicine, candidates must fulfill these general requirements:

• Hold a valid certificate in Family Medicine issued by the ABFM;

• Provide satisfactory documentation of the requisite practice experience or completion of formal training requirements through specified practice or training pathways;

• Provide substantiation by local authorities of clinical competence, and moral and ethical behavior in the clinical setting;

• Hold a valid, unrestricted and unchallenged license to practice medicine;

• Pass the Certification Examination in Sleep Medicine.

Note: Diplomates certified by 1 of the cosponsoring boards should contact that board for specific information.

Jane Ireland, ABFM