

Commentary

"Thou Dost Protest Too Much": Lessons From the Last ASPN Convocation

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Last year, I escorted five third-year medical students to the final meeting of the Ambulatory Sentinel Practice Network (ASPN), a large practice-based research network (PBRN). The students' reaction to the meeting was disappointing. This article is a brief account of our experience.

I invited the medical students, who were enrolled in a 4-week family medicine clerkship at Washington University in St Louis, to attend the meeting with me. As their course master, I wanted to expose these bright students to both clinical and research opportunities in primary care.

I hoped that some of them would become family physicians and that none would ignore family practice because of a perceived lack of interesting problems or leadership opportunities. The ASPN convocation could show students primary care research in progress and let them mingle with academic, research, and political leaders in our field.

Did the experience promote primary care aspirations in these students? Probably not.

ASPN members welcomed the students warmly, of course. They engaged in long conversations about family practice, evidence-based medicine, and PBRNs. Unfortunately, no student was more intrigued by family practice or PBRNs after attending the meeting, by the students' reports. In fact, most of the students now view family practice with more skepticism than they did before the meeting. There were several reasons for this.

Criticizing the Tertiary Care Perspective

The first important problem was that the PBRN members were critical of Washington University and its tertiary care perspective. Some comments implied that the university's faculty and its tertiary-care research were out of touch with the practice of medicine in most communities. The students, who had worked hard to successfully reach their third year at this medical school, were scarcely prepared to hear or believe that their school's faculty might be out of touch. Instead, students noted that some tertiary care research results obviously do apply to some populations, including primary care populations, and that biological insights apply to people everywhere, even if clinical or policy implications do not.

Critiquing Other Specialties

Second, the students were turned off by criticisms of other specialties. The students said that they had never observed a specialty devote so much effort to defending itself and bashing others. Only one student could recall any specialist (one surgery resident) deriding any family physician (a reference to a doctor in a strip mall). The students reacted to the bashing at the ASPN meeting like middle-class African-American children bored with their parents' tales of the struggle for equal opportunity. Our fights are not part of their experience. Students intuitively respect us as professionals, even at Washington University. It is odd that we should be the first to raise their suspicions that the respect is not deserved.

I have heard this story before. A surgery resident once described his encounters with an academic department of family practice in his first year of medical school. The family medicine faculty usually introduced themselves by defending the importance of their discipline, a unique preamble. The resident had no preconceptions regarding family practice prior to these encounters. Faculty insistence on respect soon raised suspicions, which he summarized by saying, "Methinks thou dost protest too much." I think we can entice students to our specialty and its research without being self laudatory or critical of colleagues.

(Fam Med 2000;32(6):422-3.)

Students listened intently to calmly articulated reasons to test referral centers' research findings and recommendations in a PBRN. Perhaps we should view tertiary care research and even the most extreme expert pronouncements as a hypothesis-generating activity of our specialist colleagues. We should admit that they are good at exploring the physiologic, molecular, and genetic details of their domains. Our work is to test their findings in practice-based settings and then widely implement those that benefit our patients. Science and practice are complementary and interdependent, each adding value and providing insight to the other.

Leadership Aspirations

The next problem was my overestimation of students' current interest in medical leadership roles. Had they been interested, the students could have learned about management of organizations, development of research agendas, and design of individual research projects, but these topics did not capture the students' interest. Re-

garding the research agenda, leaders stated concerns about the importance of PBRN research to date. Although it often demonstrates that family physicians deliver good care, this is not the same as developing research findings that change and, in particular, improve our practice of medicine. The resolve to do increasingly important research was encouraging, but it seemed lost on students at this stage in their careers. Discussions of planned research were dominated by thorny design issues rather than clinical insights. Clinical insights from nearly completed research proved the most interesting topics for the students.

Lessons Learned

Like my colleagues, I have been too defensive of family practice when interacting with students. My interactions may be more profitable if I focus on how often students see and do interesting things during the clerkship. Perhaps I should not say anything about leadership or research opportunities in primary care. I will try exposing students to PBRNs by citing the results of clini-

cally interesting studies and mentioning the distributed, collaborative machine that produced those data.

I hope to send medical students with expressed interests in primary care research to future PBRN meetings. I will try to teach them more about PBRNs before the trip, warn them of relevant historical schisms in medicine, and place the activities of PBRNs in the broader context of medical research activities. I know that the family medicine research community will welcome them warmly and will bear witness to the need for PBRNs as one of many facets of medical research. I hope that the PBRN members will query the students early in their conversations to discover their current perceptions of us. And I hope that none of us will protest too much.

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