Letters to the Editor

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Editor, Letters to the Editor Section

Editor’s Note: Send letters to the editor to jscherger@ucsd.edu. We publish Letters to the Editor under three categories: “In Response” (letters in response to recently published articles), “New Research” (letters reporting original research), or “Comment” (comments from readers).

In Response
Family Medicine Is Alive at Columbia

To the Editor:

We were surprised to see that there is no family medicine administrative structure at Columbia College of Physicians and Surgeons according to the table that ranks medical schools based on their 3-year percentage of graduates who were family medicine residents.1 The 2008 and 2007 Match results articles in Family Medicine identified the Columbia Center for Family and Community Medicine as a center.2,3 Our administrative structure is still here at Columbia, and our status has not changed.

Rank lists have a certain appeal. Columbia has a long way to go before we can aspire to have the best record for a medical school without a department of family medicine. Hopeful green shoots at Columbia include an active, growing student interest group, innovative community service projects,4 and a primary care clerkship that has significant family medicine leadership and teaching.5 We have an independent clinical service and residency program at the New York Presbyterian Hospital, Columbia’s primary teaching affiliate. We are collaborating to develop a practice-based research network and building promising new connections to the Community Engagement Resource of Columbia’s Irving Institute for Clinical and Translational Research—our CTSA. We write to let the academic family medicine community know we are alive and well and promoting the family medicine workforce that is so critical to the future of our nation’s health.

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References

A Point System for Resident Scholarly Activity

To the Editor:

Drs Seehusen, Asplund, and Friedman are to be commended for their innovation in family medicine education by creating a point system for resident scholarly activity.1 Other family medicine residency programs across the country are struggling to get residents to fulfill the strict ACGME program requirements.2 Few community programs have the luxury of having faculty with research experience or publications.4,5 We question the applicability of the 10-point grading system in smaller family medicine residency programs without previous research experience or faculty with research experience.

The point system strongly favors the completion of an IRB-approved research project or a well-conducted quality improvement project.1 This system may work at the 18-resident US Army family medicine program, which has a program director and other faculty who publish often as well as a track record of research and scholarly activity.3 It might be hard to replicate this specific point system in other residency programs.