We agree that we cannot “ignore the possibility that increased research will have some influence on numbers of students entering family medicine.” To evolve as a medical specialty, family medicine must increase its research output. Therefore, we must make sure that the influence of our research on students is positive. More research is needed to elucidate the relationship between family medicine research and student interest. In the meantime, we think it is not an accident that more than half of our graduating seniors who chose family medicine residencies did research with our department.

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REFERENCES

More on Family Medicine Research

To the Editor:
As directors of a student research program in family medicine, we read the April issue of Family Medicine with great interest. After considering South-Paul’s plea for more involvement of family medicine faculty to select and mentor medical students, Senf et al’s documentation that interest in family medicine among graduating students is strongly inversely proportional to interest in research, and Johnson’s and Duncan’s experience in working with premedical student research, we sensed an important theme. If research is essential to the future of our discipline, and we believe that it is, then changing the perception of research within family medicine needs to start at the beginning of the pipeline—at the level of medical and premedical students. We believe that reaching students with research opportunities, mentoring, and examples should be a core activity for building the future of our discipline.

In our experience, the suggestions that research in family medicine should be eclectic, interdisciplinary, and collaborative are on target. We believe some researchers spend unnecessary energy debating what kind of research we “should” or “should not” be doing in family medicine. This debate does not serve our mission. Family medicine research can include anything that adds meaningful knowledge regarding human health, in any area where family medicine contributes insight and perspective. We should commit as a profession to the large breadth of research possibilities that is our strength and direct our energy toward exposing students to this breadth of research possibilities available in family medicine.

At the University of Utah, we have had an ongoing paid summer research experience for medical students between their first and second year of medical school for more than a decade. Students greatly appreciate the exposure to research that is not restricted to bench science. Of the 66 students who participated in the program from 1994 to 2001, 33% subsequently matched into family medicine. In comparison, 22% of all University of Utah medical school graduates in the same cohort chose family medicine. Because students self-select to the summer research program, we cannot establish whether participation in the program increased the probability that these students went into family medicine, but we know from their exit evaluations that their experience positively impacted their perception of both family medicine and family medicine research.

As far as research topics and methods, our only requirement has been that the primary research mentor for the student be on faculty in our department. Interdisciplinary collaborations including faculty from other departments have usually yielded the most effective projects for student participation. Funding for this program has come from various sources, and the program has continued as a priority activity for our department.

With an open definition of the research domain for family medicine, the opportunities to improve human health are immense. We must bring that message to students in the earliest stages of training, for the future of the discipline and, more importantly, to improve the future of health and health care.

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Authors’ Response:
We welcome the opportunity to respond to Drs Stanford’s and Cochella’s letter. As Drs Stanford and Cochella state: (1) involving medical students in research in departments of family medicine will increase the attractiveness of our discipline for the next generation and (2) changing the perception of research within family medicine needs to start with medical and premedical students. These are two premises that we support and that have guided our programs here at the University of Pittsburgh.

Parchman et al and Bowman et al have suggested that there is evidence to show that the specialty choice by medical students may be influenced by their understanding and perception of the opportunity for research activity within the discipline, and this opportunity
for research was the highest-rated factor in their career choice. In response to these research findings, we have been actively engaging medical students in research, including a structured longitudinal research program at the University of Pittsburgh School of Medicine. The new medical school curriculum requires each medical student to identify a research mentor by the end of the first year who will guide the student in developing a longitudinal research experience. This longitudinal research experience includes a number of research activities, culminating in a mentored scholarly project.

Our Department of Family Medicine has been involved in this longitudinal research curriculum through engaging interested medical students in our collaborative research team, focused on community-based research projects within our Center for Primary Care Community-based Research. Our experiences during the past 2 years reveal the importance of teaching both the art and science of community-based research in a collaborative multidisciplinary environment. By instilling and promoting intellectual curiosity in a family and community environment, starting with those in medical school, we further our discipline of family medicine and promote healthy communities.

When our discipline officially began in 1967, we represented a counterculture in medicine. We promoted the patient rather than the system, relationships rather than procedures, continuity rather than episodic encounters, and comprehensiveness rather than limited specialization. Our very uniqueness attracted a cadre of bright, innovative professionals who sought a change in medical education and how health care was delivered.

Now we are facing an increasingly complex environment in academic health centers—an environment where health care leaders are questioning the traditional mission of academic health centers, and deans and medical educators are striving to adapt curricula that are less able to meet the needs of a dynamic environment. Family medicine educators took the lead on prioritizing the patient in the early 1970s, emphasizing the importance of care in the context of the family, promoting guidelines-based ambulatory care for chronic diseases, and partnering with the community.

The students entering medical school now are a new generation. They have been exposed to an explosion of new information and technology and have been challenged to develop decision-making skills earlier than their predecessors. They will embrace the investigative spirit if framed appropriately. We need their enthusiasm and creativity to help solve today’s health care problems. These problems exceed what can be explored in the lab. Departments of family medicine are challenged to balance faculty who can fulfill our research missions. We need both, encouraging collaboration among them. We would submit that the ideal program to develop future clinician researchers during medical school is one that engages medical students in established multidisciplinary collaborative teams. These teams would contain clinical and basic science researchers, guiding the medical students in shaping a balanced research question that can be studied with sound research methodology. By generating new knowledge through research, the field of family medicine is further developed as a discipline.

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REFERENCES

New Research

Current Practices in Medical Spanish Teaching in US Medical Schools

To the Editor:

Background: By 2050, an estimated 24% of the US population will be ethnically Hispanic.1 It is unknown what percentage of these individuals will speak English fluently. Current estimates suggest that only 3.1% of physicians identify their ethnicity as Hispanic,2 and many of these may not speak Spanish, since ethnicity does not equate with language skills. Thus, a potential language barrier exists between up to 25% of our future patients and the majority of physicians who will care for them. Physicians must communicate clearly with patients to deliver high-quality medical care, yet only 3% of current medical students are ethnically Hispanic,3 and we lack good national data on students’ Spanish language skills. We contend that medical schools must respond to this growing need for Spanish-speaking physicians by providing opportunities for their students to acquire skills in medical Spanish. No studies currently report how many medical schools offer medical Spanish courses from three sources: (1) Medline and ERIC from 1996 to present using the keyword “medical Spanish,” (2) CurrMit, the Association of American Medical College’s curriculum database, and 3) Web sites of 125 US medical schools.

Results: The literature search revealed no articles pertaining to