

## Caring for Older Patients: Current Attitudes and Future Plans of Family Medicine Residents

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**Background and Objectives:** *As the US population ages, more physicians will be needed to provide care for older patients. We characterized family medicine residents' plans to include care of the elderly and to patients in nursing homes in their future practices. We also assessed whether residents' plans were related to their attitudes toward the elderly and the professional and financial satisfaction they foresaw in providing care to the elderly. We further examined the obstacles and incentives they perceived for providing nursing home care. **Methods:** A written survey of residents in the seven residency programs of the Department of Family Medicine of the University of North Carolina. **Results:** In total, 116 of the 139 residents responded (83.5%). Residents generally reported positive attitudes toward elderly patients. Nearly all residents (92.1%) planned to care for geriatric patients in their office, but only two thirds (68.1%) anticipated that older people will comprise a significant percentage of their practice. Interns were more interested in care for the elderly than were second- and third-year residents. Most residents did not anticipate that they will be professionally or financially satisfied with or enjoy nursing home care, and only 26.1% planned to provide care in nursing homes. Time constraints and financial concerns were often cited as obstacles to nursing home care. **Conclusions:** Family medicine residents have limited interest in nursing home care and may generally underestimate the influence of an aging society on their future practice. Meeting the health care needs of an aging society will require innovations in reimbursement, health care delivery systems, and residency curricula.*

(Fam Med 2008;40(10):707-14.)

According to US Census Bureau projections, the elderly population will more than double between 2000 and 2030, from 35 million to 72 million individuals,<sup>1</sup> a demographic reality for which the physician workforce is unprepared.<sup>2</sup> Although geriatrics is a recognized specialty within medicine, there are currently fewer than 7,000 certified geriatricians, which translates to only about one geriatrician per 5,000 Americans ages 65 and older.<sup>3</sup> Only 1% of graduates from US medical schools choose geriatrics as a career focus, assuring a central role for rank-and-file family physicians and general internists in caring for older persons.<sup>4,5</sup>

Despite these realities, many primary care physicians do not enjoy providing care for older patients, citing

the chronic, complex, and often-worsening nature of medical conditions in the elderly, the need for frequent communication with family members, time pressures and administrative burden in carrying out the work, and their perceived ineffectiveness.<sup>6</sup> A recent survey found that fewer than six of 10 primary care physicians accept all new Medicare patients, with family physicians significantly less likely to do so than internists.<sup>7</sup>

As the number of older Americans grows, the number of nursing home residents is also projected to increase.<sup>2</sup> With fewer than one in five primary care physicians involved in nursing home care, there will likely be too few physicians willing to meet the needs of populations living in long-term care settings.<sup>8</sup> The role that family physicians will play in the care of this population remains to be determined. Little is known about family medicine residents' plans regarding geriatrics and nursing home care or about the factors that may influence their plans.

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The goals of our study were to (1) characterize the extent to which family medicine residents in our state (North Carolina) plan to include geriatric and nursing home care in their future practices, (2) assess associations between residents' plans to include geriatric and nursing home care with their current attitudes toward older people and impressions of the professional and financial satisfaction they will receive from care of the elderly, and (3) identify the obstacles and incentives they perceive to including nursing home care in their future practices.

## Methods

### *Subjects and Setting*

We surveyed all current residents of the seven residency programs of the Department of Family Medicine of the University of North Carolina. These programs vary in size from six to 24 residents and are located across the state in small towns (Hendersonville, Monroe), small cities (Asheville, Greensboro, Chapel Hill, Wilmington), and one larger city (Charlotte). Six of the seven programs are based in community hospitals, ranging from small to large, and the seventh is based in a large academic medical center. The study protocol was submitted to the University of North Carolina Office of Human Research Ethics and determined to be exempt from formal review.

### *Survey Instrument*

The survey instrument was designed by the primary investigator and tested with eight family medicine interns in September 2006. The instrument was refined by family medicine educators with an interest in geriatrics at a state-wide faculty meeting in October 2006. Within the questionnaire we included a bank of questions—developed and validated by Rueben in a study of primary care residents—that measures attitudes toward older people.<sup>9</sup> This validated instrument assessed attitudes toward the social value of the elderly, their medical care, compassion for the elderly, and appropriate distribution of resources for the elderly. Additionally, we assessed residents' future practice plans with questions that asked their level of agreement with the statements, "I plan to see geriatric patients in my office," "Older people will comprise a significant percentage of my practice," and "I will include nursing home care in my future practice." Responses to these questions were reported on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Residents expressed the professional and financial satisfaction they anticipate deriving from the care of nursing home patients by indicating their agreement with three statements: "I will feel professionally satisfied providing nursing home care," "I will enjoy nursing home care," and "I will be satisfied with the financial compensation from my nursing home work." Responses were provided on the same 5-point Likert scale.

Through open-ended questions, residents were asked to list three obstacles they foresaw would influence the likelihood that they would include nursing home care in their future practice. They were also asked to list three incentives they foresaw that would increase the likelihood that they would provide nursing home care.

### *Data Collection*

In November 2006, the questionnaire was sent electronically to one faculty contact at each of the seven residency training programs. Each contact then distributed paper copies of the questionnaire to the residents of their program. Completed questionnaires were returned to the faculty contact who, in turn, mailed them to the primary investigator.

### *Data Analysis*

Simple descriptive statistics were used to characterize respondents in terms of gender, race, and year of training. For most analyses, we defined residents who anticipated providing care to older patients in their practices, to substantial numbers of older patients, and to patients in nursing homes as those who responded "agree" and "strongly agree" to each of the three relevant items. We considered those who responded "neutral," "disagree," and "strongly disagree" to these items as not anticipating these futures. We compared first-, second-, and third-year residents' group mean response values on these three items addressing anticipated future practice using *t* tests.

We performed factor analysis on the responses from our family medicine residents to the items in the Reuben questions of residents' attitudes toward the elderly. Regardless of the factor rotation method used, we could not regenerate the four-factor solution found in a prior study of internal medicine residents and geriatrics fellows.<sup>10</sup> Consequently, we analyzed data from the individual Reuben items separately. We dichotomized responses to the Reuben items into groups reflecting agreement with each attitude statement (responses of "agree" and "strongly agree") and non-agreement with each attitude ("neutral," "disagree," and "strongly disagree"). We tested for associations between residents' agreement versus disagreement with each attitude statement and their plans for whether or not elderly patients will constitute a significant portion of their future practices and if they will provide nursing home care. Attitudinal responses were also compared for residents across years of training. Group differences in attitudes were assessed with chi-square tests.

Residents' ratings on the three items reflecting the professional satisfaction, financial satisfaction, and enjoyment they anticipate receiving from nursing home care were also dichotomized, combining responses of "agree" and "strongly agree" versus "neutral," "disagree," and "strongly disagree." We tested whether those who foresaw professional satisfaction, financial

satisfaction, and enjoyment from nursing home care were more likely to anticipate that geriatric care would constitute a significant proportion of their future work, using chi-square tests.

From residents' open-ended responses about obstacles and incentives they felt influenced their decisions to include nursing home care in their future practice, the investigators created categories of perceived obstacles and incentives. The primary investigator and a medical student then independently coded each response, and coding differences were reconciled through discussion and mutual agreement. We reported the percentage of residents who mentioned each type of obstacle and incentive, and we assessed if those who did versus did not plan to provide care in nursing homes differed in their likelihood of mentioning each type of incentive and obstacle.

Analyses were performed using SPSS 15.0 (SPSS, Chicago). *P* values of .05 or less were considered significant.

## Results

Questionnaires were returned from 116 of 139 eligible family medicine residents, for a response rate of 83.5%. Sixty-one percent of the respondents were women, and the respondents' average age was 30.1 years. Eighty-two percent described themselves as white, 13% black, 3% Asian, and 2% Native American. The residents were equally divided across training levels, with 31.3% in their first year, 33.9% in their second year, and 34.8% in their third year.

Residents' future practice plans are summarized in Table 1. Nearly all residents (92.1%) plan to provide care to geriatrics patients in their office, but only two thirds (68.1%) anticipate that older people will comprise

a significant part of their practice. Further, only 26.1% plan to include nursing home care in their practices, and only 14.7% expressed an interest in pursuing a certificate of added qualification in geriatrics. Mean response scores indicated that compared to more senior residents, those in their first year more strongly agreed that they would be providing some amount of care for the elderly in their offices, substantial amounts of geriatric care, and nursing home care.

The residents generally report positive attitudes toward elderly patients (Table 2). They expressed positive attitudes toward the societal value of the elderly, a sense of compassion and empathy for the elderly, and the importance of medical care and expending societal resources for the elderly. Attitudes toward the elderly were generally positive whether or not residents anticipated that geriatrics would constitute a significant proportion of their future practice or anticipated that they would provide care in nursing homes. The exceptions were that those who anticipated providing little geriatric care and not providing nursing home care more often indicated that they preferred to see younger rather than older patients ( $P < .05$ ).

Group means for the Reuben attitude items did not differ significantly between first- and upper-year residents (findings not presented in tables); therefore, changes in these attitudes over residents' training do not appear to underlie falling expectations to include substantial geriatric care and nursing home care in future practice. Among the attitudinal items for first-year residents, only one view was associated with anticipating that one would provide a substantial amount of geriatric care in the office—the attitude that it is society's responsibility to provide care for its elderly persons.

Table 1

Residents' Career Plans Regarding Care for the Elderly (n=116), by Year of Training

Future practice plans	Responded affirmatively <sup>†</sup>	Mean Item Response <sup>††</sup>			
		All Residents	First-year Residents	Second-year Residents	Third-year Residents
Plan to see geriatric patients in the office	92.1%	4.13	4.33*	4.08	4.00
Plan to include a significant amount of older patients in future practice	68.1%	3.68	3.94*	3.54	3.58
Plan to include nursing home care	26.1%	2.90	3.19**	2.67	2.85
Interested in pursuing a CAQ in geriatrics	14.7%	2.56	2.61	2.49	2.58

CAQ—certificate of added qualification

<sup>†</sup> Those responding "agree" or "strongly agree"

<sup>††</sup> Scale values are 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree

\*  $P < .05$  difference between means response values of first- versus second- and third-year residents

\*\*  $P < .01$  difference between means response values of first- versus second- and third-year residents

Table 2

## Residents' Attitudes About the Elderly, by Their Plans to Include or Not Include Geriatric and Nursing Home Care in Their Future Practice

Domain	Item	% Who Agreed With Each Attitude Statement				
		All Respondents (n=115)*	Plan for Geriatrics to Be a Significant Portion of Their Practice		Plan to Provide Nursing Home Care	
			Yes (n=79)	No (n=36)	Yes (n=30)	No (n=85)
Social value	In general, old people act too slow for modern society.	1.7%	1.3%	2.8%	0%	2.4%
	Old persons don't contribute their fair share toward paying for their health care.	5.2%	5.1%	5.6%	3.3%	5.9%
Medical care	Taking a medical history from elderly patients is frequently an ordeal.	56.5%	55.7%	58.3%	53.3%	57.7%
	If I have the choice, I would rather see younger patients than elderly ones.	41.7%	34.2%	58.3%**	16.7%	50.6%**
	Treatment of chronically ill old patients is hopeless.	2.6%	2.5%	2.8%	3.3%	2.4%
Compassion	Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.	53.9%	57.0%	47.2%	53.3%	54.1%
	I tend to pay more attention and have more sympathy toward my elderly patients than my younger patients.	28.7%	27.8%	30.6%	33.3%	27.1%
	Most old people are pleasant to be with.	87.0%	87.3%	86.1%	90.0%	85.9%
	It is interesting listening to old people's accounts of their past experiences.	94.8%	96.2%	91.7%	100%	92.9%
Resources distribution	The federal government should reallocate money from Medicare to research on AIDS or pediatric diseases	3.5%	2.5%	5.6%	3.3%	3.5%
	It is society's responsibility to provide care for its elderly persons.	83.5%	86.1%	77.8%	80.0%	84.7%
	Medical care for old people uses up too many human and material resources.	20.0%	20.3%	19.4%	20.0%	2.0%
	Old people in general do not contribute much to society.	0.9%	0%	2.8%	0%	1.2%

\* One resident did not complete the attitudinal scale nor the questions regarding future practice plans.

\*\*  $P < .05$  by chi-square testing

Only 34.2% of all residents predict they will be professionally satisfied by providing care in nursing homes, only 32.1% think they will enjoy nursing home care, and an even lower proportion (16.5%) expect to be satisfied with the financial compensation for their work in the nursing home (Table 3). Residents who plan to include a significant amount of geriatric care in their office practices were just as likely to have negative impressions of the professional and financial rewards of nursing home care as those who do not plan to provide much geriatric care.

When asked what obstacles they perceive to including nursing home care in their future practices, more than half of the residents (57%) spontaneously reported lack of time within their workday, and 37% mentioned limited financial reimbursement (Table 4). Residents who plan on including nursing home care were signifi-

cantly more likely to list deficits in their training as an obstacle than those who do not plan to provide nursing home care (29% versus 11%,  $P < .05$ ).

Forty-four percent of residents reported that better financial compensation for nursing home work would encourage them to include this care in their future practice (Table 5). Those who plan to include nursing home care were significantly more likely to report that having adequate time would be an incentive, compared to those who do not plan nursing home care (50% versus 18%,  $P < .05$ ).

## Discussion

The family medicine residents in our study plan to include care for geriatric patients in their practice and are compassionate toward older adults. But, only two out of three of them believe that care for the elderly will

Table 3

Comparison of Anticipated Satisfaction With Nursing Home Care for Residents Who Do and Do Not Anticipate That the Elderly Will Constitute a Significant Part of Their Practice

	% Who Respond "Yes" to Each Satisfaction Question			
	All Respondents (n=115)*	"Older people will comprise a significant percentage of my practice"		P Value
		Those Who Agree (n=79)	Those Who Do Not Agree (n=36)	
I will feel professionally satisfied providing nursing home care.	34.2%	39.2%	22.9%	.059
I will enjoy nursing home care.	32.2%	36.7%	22.2%	.217
I will be satisfied with the financial compensation from my nursing home work.	16.5%	20.2%	8.3%	.236

\* One resident did not answer questions involving future plans.

Table 4

Percentages of Respondents Who Identified Various Perceived Obstacles to Including Nursing Home Care in Their Future Practice, by Residents' Intent to Provide Nursing Home Care

	All Respondents (n=107)	Plan to Include Nursing Home Care	
		Yes (n=28)*	No (n=79)**
<b>Time (lack thereof)</b> "Time considerations," "Time out of daily schedule"	57%	61%	56%
<b>Reimbursement limited</b> "Compensation," "Money," "Reimbursement"	37%	46%	34%
<b>Negative nursing home environment</b> "I can't stand the smell and usually inadequate treatment of residents in the nursing home," "Most nursing homes provide a level of care that I do not want to be associated with."	18%	11%	20%
<b>Unclear opportunities</b> "Depends on location," "I don't know how I would find out about openings"	16%	14%	16%
<b>Deficits in training</b> "I don't know much about how physicians perform nursing home care," "I need further training," "Little experience"	16%	29%	11% <sup>+</sup>
<b>Medical problems too complex</b> "Too many medical problems," "Complexity of care," "Polypharmacy"	10%	4%	13%
<b>Depends on their practice</b> "Fitting this in with office-based practice"	9%	18%	6%
<b>Plan to limit practice and will not include geriatrics</b> "Sports medicine," "Plan outpatient integrative health," "Interested in maternity care"	7%	4%	9%
<b>Too sad and depressing</b> "Nursing homes are depressing environments," "Sad to have patients die," "Depressing to see such incredible people with incredible histories living in an environment like a hospital"	8%	7%	9%
<b>No interest</b> "Doesn't seem very interesting"	7%	0%	10%

\* Two of the 30 residents who planned to provide nursing home care did not respond to this item.

\*\* Six of the 85 residents who did not plan to provide nursing home care did not respond to this item.

<sup>+</sup> P<.05 using chi-square

constitute a substantial part of their future practice. Residents may be unaware of the impending demographic realities and how large a role geriatric care will play in their future practices, perhaps because the competing demands of the residents' curriculum lead them to provide care for uncharacteristically few older patients.<sup>11</sup> Or perhaps they are well aware of the aging population but simply plan to limit their involvement with the elderly, raising the concern that the growing demand for geriatric services in the foreseeable future will not be met or at least will not be met with enthusiasm.

If family physicians are to play a large role in the care of the older adult, geriatric practice needs to be made more appealing. Accomplishing this is, in part, ensuring that family physicians have adequate skills to care for the elderly.<sup>12</sup> The majority (96%) of family medicine training programs have a required geriatric medicine curriculum, although there is wide variability in the amount of clinical and didactic time required.<sup>11</sup> Current training requirements in family medicine regarding geriatrics and nursing home care are fairly unstructured with guidelines only stating that residents must learn about, and practically apply, a multidisciplinary approach to the care of the older patient, including those in long-term care facilities.<sup>13</sup> Residents are required to follow only two nursing home patients as a continuity experience over a minimum of 24 consecutive months. This does not seem like adequate training to create knowledgeable and confident practitioners for the elderly.

In addition to skills training, it may be helpful for residents to be exposed to physicians who enjoy geriatric practice. Previous research has shown that exposure to faculty with a strong interest in obstetrics increased the likelihood that family medicine residency graduates included obstetrics as part of their practice.<sup>14</sup> One study found no significant association between exposure to an attending physician doing nursing home rounds during residency and graduates' later involvement in nursing home practice, but the authors of that study hypothesized that many of their study's family medicine faculty role models were not enthusiastic about nursing home care or well prepared to teach in this setting.<sup>15</sup> Further, 32% of programs do not have a faculty member with geriatrics certification.<sup>11</sup> It is reasonable to conclude that family medicine training programs should expose residents to physician role models who have an interest in and enthusiasm for geriatrics and nursing home care. Enthusiastic faculty can demonstrate that care of older patients is both challenging and fulfilling and demands strong clinical skills and sensitivity to its unique ethical and legal issues. Faculty should demonstrate to residents why geriatricians have the highest likelihood of career satisfaction among all medical specialties.<sup>16</sup>

Still, none of these educational interventions are likely to succeed in inducing residents to practice geriatrics and nursing home medicine unless there are changes in the delivery system and financial compensation for this care. Residents do not perceive professional and financial rewards from nursing home care especially. The fact that only 26% plan to provide care

Table 5

Percentages of Residents Who Identified Various Perceived Incentives to Including Nursing Home Care in Their Future Practice, by Residents' Intent to Provide Nursing Home Care

	<i>All Respondents</i>	<i>Plan to Include Nursing Home Care</i>	
		<i>Yes (n=24)*</i>	<i>No (n=76)**</i>
<b>More money</b> "Better reimbursement," "Increased compensation"	44%	42%	45%
<b>Better training/more experience</b> "More time in residency doing this," "Follow a geriatrician for a week," "What is the best way to work efficiently, and what are the keys to enjoying your time there," "I would like to do this but need to learn more about how to integrate this into my practice"	28%	33%	26%
<b>Adequate time</b> "Protected time away from practice"	26%	50%	18%***
<b>Better nursing homes</b> "A high-quality facility that gives excellent care—they are hard to find," "If they were cleaner, not as foul smelling, and the patients received better care," "Better trained staff"	25%	29%	24%

\* Six of the 30 residents who planned to provide nursing home care did not respond to this item.

\*\* Nine of the 85 residents who did not plan to provide nursing home care did not respond to this item

\*\*\*  $P < .05$  using chi-square

in nursing homes is consistent with reports that only one in five primary care physicians is involved in nursing home care.<sup>17</sup> Nursing home medicine as a specialty is unlikely to succeed in the United States without a guarantee of commensurate financial compensation. Only 16.5% of the resident respondents anticipate that they will be satisfied with the financial compensation from their work in nursing homes, and 44% felt that better financial reimbursement would be an effective incentive. Since these are family medicine trainees, this is a group that has already chosen a career path that offers lower incomes than nearly all other disciplines.<sup>18</sup> Our data show that this group has concerns over further limiting their relatively low-compensated chosen specialty by including nursing home care. This suggests that policy makers should address the gap in payment for these professional services. Innovative payment proposals that encourage comprehensive primary care might be especially effective in nursing home care. Patients in nursing homes clearly have a medical home and a system that shifts from piecemeal reimbursement to 24/7 physician practice responsibility would likely improve care and appeal to physicians seeking financial security, professionally satisfying careers, and pleasant practice environments.<sup>19</sup>

While geriatricians report high satisfaction with their careers, the difference between them and other specialists may be less impressive when income is taken into account.<sup>20</sup> Still, nursing home care allows for control over schedule and work hours, which are also important predictors of career satisfaction.<sup>21</sup> Nursing home care, even within current systems, provides physicians with low overhead expenses and scheduling flexibility, and if done in enough volume and in the role of medical director, may begin to provide reasonable compensation. These points are not understood by the residents but seem like information that can be usefully included in their geriatric curriculum.

Our data show that residents who plan to include nursing home care are significantly more likely to report they feel their training is inadequate in this area. It may be worthwhile for residencies to experiment with a special training track in nursing home care, similar to training models designed to accommodate the current hospitalist movement. Smaller numbers of physicians doing more nursing home care would likely improve care.<sup>22</sup> Only The Netherlands currently has nursing home medicine as a distinct medical speciality.<sup>23</sup>

It is concerning that interest in geriatric and nursing home care was lower after the first year of training. Without significant decreases in attitudes toward older people with advancing residency status, our data do not tell us why residents become increasingly less interested in care for the elderly. Most concerning would be if residents lose enthusiasm for elderly care as they experience it through their residencies or through the biases of their faculty and other residents.

### Limitations

The potential of response bias is a concern for all surveys; however, this study's 83.5% response rate makes it likely that its results are generally representative of the family medicine residents in our state. Because our study residencies are set in a range of city sizes and hospital types and sizes, findings likely hold broadly, although we cannot be certain that the views of North Carolina residents apply fully to residents of all other states.

Residents' survey statements about how the elderly and nursing homes will figure in their future work will not always prove accurate. Nevertheless, statements of anticipated behaviors are often good proxies for future actual behavior.<sup>24</sup> Future studies should assess the predictive accuracy of the questions used in this and other studies that assess residents' plans for future geriatric and nursing home care.

We do not have details on the curricula at the various residency programs or know which rotations our respondent residents had each completed. Therefore, we could not link specific attitudes and career plans with specific training experiences and approaches, and we cannot make specific curriculum recommendations. Future work should explore whether particular characteristics of faculty, curriculum, and training environments are correlated with residents' attitudes and career plans.

### Conclusions

Family medicine residents in North Carolina have generally positive attitudes toward older people. While nearly all anticipate that they will see some number of geriatric patients in the future, only two of three anticipate that geriatrics will comprise a substantial portion of their practice, and only one quarter plan to provide care in nursing homes. These family medicine residents generally have negative expectations about the professional and financial satisfaction to be found in nursing home care.

Data from our study suggest that changes are needed in the organization of services and financial reimbursement that limit interest in nursing home care. With residents' interests in geriatric and nursing home care found to be lower for more senior residents, family medicine educators should consider curricular changes and innovations that improve the quality of residents' training in the care of the elderly and that make this aspect of practice more appealing.

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