Letters to the Editor

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Editor, Letters to the Editor Section

Editor’s Note: Send letters to the editor to vneale@med.wayne.edu or to my attention at Family Medicine Letters to the Editor Section, Wayne State University, Department of Family Medicine, 101 East Alexandrine, Detroit, MI 48201. 313-577-7680. Fax: 313-577-3070. Electronic submissions (e-mail or on disk) are preferred. 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

Potential Bias in Study on Career Choice?

To the Editor:

In their retrospective cohort study, Gazewood et al examined the effect of generalist preceptor specialty in third-year clerkships on medical student career choices. They found that there was no significant relationship between medical student decision to enter general internal medicine or family medicine and whether the assigned preceptor was a general internist or a family physician.1

Compared to the national average, the University of Virginia has 10%–15% fewer of its medical students choosing internal medicine. This potential bias toward accepting the null hypothesis was not mentioned as a possible limitation. Further, while the vast majority of medical students who fulfill a family practice residency remain primary care doctors, the same cannot be said of those who matriculate through internal medicine residency; many of them later choose to specialize.

The introductory sentence of this article harkens to a maldistribution of physicians, which implies significance to physician choice of practice location (urban, rural, suburban, etc) and specialty (primary care versus specialty care), not necessarily to eventual physician choice within primary care (internal medicine versus family medicine). Would simply having more primary care doctors fix this maldistribution? Or would it specifically have to be more family physicians? In 1990, there were about 505,000 physicians2 for a US population of 249 million—about one physician for every 494 people. In 2000, there were about 772,000 physicians3 for a US population of 281 million—one physician for every 364 people. The issue is not the number of doctors. The issue is the patient populations or diseases for which this number choose to provide care, which may be affected by the increasing number of physicians who choose to work part-time, along with medical student trends to choose more fixed-hour, less-hour, low(er)-call, higher-pay career paths.

It would be of interest, and of potential practical value, to see what the medical students in this study were actually doing after residency. The analysis point for effect may have been too early in the process of medical education.

Stephen A. Wilson, MD
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REFERENCES

Author’s Reply

Dr Wilson raises interesting issues in his letter. He correctly points out the lower-than-national average rate of University of Virginia medical students selecting internal medicine as potentially biasing the results of our study. However, it is not clear that this potential bias favors the null hypothesis. One could argue that a selection rate lower than the national average makes selecting family practice residency training more likely than selecting internal medicine training.

Dr Wilson also points out, as we discuss in our Limitations section, that measuring specialty choice at graduation may not accurately reflect eventual career choice and that students selecting internal medicine are less likely to enter a primary care career than are students selecting family medicine. Although our assignment of generalist career choice for students selecting inter-
nal medicine at graduation included a positive response to a question regarding intent to enter primary care, it is likely that some of these students will not enter primary care careers. There are many factors that may occur in residency training that may influence eventual career choice, and, as such, our measure of generalist career choice at the end of medical school may be a more accurate, albeit less important, reflection of the effect of a 4-week, third-year preceptorship than would measurement of eventual career choice at the end of graduate medical training. We agree with Dr Wilson’s assertions that family physicians are more likely to distribute themselves in accordance with the population. This issue was beyond the scope of our study.

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Appropriate Use of Funds

To the Editor:

Chen and colleagues have performed an important service by surveying residency programs regarding their knowledge of how graduate medical education funds are allocated. They point out a serious lack of accountability in many hospitals. For a variety of historic reasons, there is considerable variation among hospitals in both direct medical education (DME) and indirect medical education (IME) allocations. Regardless of the amount, it appears that at times these funds may not be credited to programs in the manner for which they were intended. In the case of family medicine, it is likely that many borderline programs could develop exemplary educational programs if the DME allocation was budgeted to offset the time devoted by faculty for teaching residents. The impact on the family medicine movement as well as on other primary care-oriented residency programs would be considerable, especially since primary care physicians are limited in generating revenue compared to the more procedurally oriented specialties and thus have more difficulty covering the expenses involved in teaching residents. In addition, undue pressures are sometimes applied to residents to see large numbers of patients to generate income, even though their salary is already substantially covered by DME payments. This emphasis on patient volume detracts from other resident education activities. This critical problem was recognized by the American Medical Association’s (AMA) Rhode Island and New England Delegations when they submitted the following resolution, titled “Accounting for Graduate Medical Education (GME) Funding” that was approved by the 2001 House of Delegates:

Our AMA encourages (1) department chairs and residency program directors to learn effective use of the information that is currently available on Medicare funding accounting of GME at the level of individual hospitals to assure appropriate support for their training programs and publicize sources for this information, including placing links on our AMA Web site and (2) hospital administrators to share with residency program directors and department chairs accounting and budgeting information on the disbursement of Medicare education funding within the hospital to ensure the appropriate use of those funds for graduate medical education. (Citation: Sub. Res. 302, I-00).

We hope that this resolution and the information available on the Robert Graham Center Web site, reinforced by scholarly surveys such as the one performed by Chen et al., will enhance transparency in the use of DME and IME appropriations and collegial negotiations between hospital CEOs and residency directors regarding the most appropriate use of these funds—thereby assuring society that they are being used in a manner that is compatible with national priorities, education of family physicians, the needs of the underserved, and the integrity of teaching hospitals. Perhaps STFM and AAFP can increase their advocacy for this cause, since it can be difficult for individual program directors and department chairs to challenge institutional leaders who exert substantial control over their budgets and facilities.

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New Research

How US Departments of FM Conduct Grand Rounds

To the Editor,

Few aspects of medical education are as enduring as grand rounds. In spite of this, there is little scholarship on this topic; rather, the literature is dominated by case reports and a few lamentations about the manner in which grand rounds has become informal and has shifted away from a focus on the patient.

Three surveys describing grand rounds in departments of internal medicine have been published, but no studies have examined how US departments of family medicine
conduct grand rounds. We conducted a study of all US departments of family medicine regarding the objectives, practices, and attitudes toward grand rounds.

We mailed a survey to the chairs of 128 departments of family medicine from a list provided by the Association of Departments of Family Medicine. A total of 115 surveys were returned, for a response rate of 90%. Eighty of the respondents (70%) conduct a grand rounds conference, and this number was the denominator for analysis of other questions. There was no statistically significant predictor of which departments were more likely to hold grand rounds.

Of particular interest to us was the linking of grand rounds to education. Grand rounds was felt to be an important or a very important part of the educational mission of the department by 87.2% of respondents. Educating residents was the primary objective of grand rounds among 52%, and 97% either agreed or strongly agreed that educating residents was at least a secondary objective. Further, 67.1% of those departments who hold grand rounds connect the topics to the resident curriculum. The vast majority of departments (94.6%) excuse residents from other obligations to attend grand rounds, and resident attendance is monitored by 90.7%.

In contrast, the reported value of grand rounds in the curriculum is not manifest in the way grand rounds is structured and evaluated. The educational efficacy of grand rounds is monitored merely by audience evaluation of the speaker in 84.4% of the departments. Faculty members from within a department present on average only 33.7% of the time, and residents from within the department present 18.7% of the time. Non-family medicine faculty (internal or external to the institution) are responsible for presenting slightly more often than departmental faculty (37.4% versus 33.7%). Lewkonia, in one of the few papers dedicated to the evaluation of the educational contributions of grand rounds, described this same paradox.1 In his 1995 survey of teaching hospitals in Canada, grand rounds was highly valued for its educational role. However, little attention was given to evaluating its effectiveness.

The lack of family medicine faculty who assume responsibility for presenting grand rounds is concerning given the importance this conference plays in the educational process. It may be unavoidable for small programs who may have insufficient numbers of family medicine faculty with sufficient expertise to present a weekly conference. For larger programs, it may be a manifestation of how faculty development is provided. In our survey, only 25% of responding programs require family medicine faculty to present at grand rounds.

As family medicine departments mature and grow, it may be important for them to consider applying their educational expertise to the structure and evaluation of grand rounds if this educational venue is to remain an important aspect of resident education. Similarly, it may be beneficial to find a way to assume more responsibility for presentation of this conference from within our own specialty.

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Web Site Disseminates Information About Sun Protection Program

To the Editor:

The development of potentially useful interventions that prevent disease and promote health is a high national priority, but responsibility for disseminating effective preventive interventions is less centralized. The ultimate responsibility for applying effective preventive clinical and educational services lies with individual clinicians, local governments, and, in the case of child health, with schools.

When a controlled, randomized trial of the SunSafe intervention found that it increased observed sun protection behavior among children,1,2 we established a Web site (www.dartmouth.edu/dms/sunsafe) to make these proven intervention materials widely available. The Web site included Adobe Acrobat files of the SunSafe curricula and primary care practice aids, along with citations and links to project publications. Despite promotion of the Web site through links, list-serves, and journal articles, the total number of registrants was quite small. Over the 15 months in which registration was required to download files, the site averaged seven registrants per month. The peak in monthly site registrants during this period was 15 and appeared to be linked to the recommendation of the site on the Sun Protection Mail Listserve of the US Environmental Protection Agency (EPA).

Fifteen months after establishing the Web site, we surveyed all previous site registrants with valid e-mail or postal addresses (n=96) to evaluate the impact of the Web site in disseminating SunSafe materials and to learn how the materials were subsequently used. A total of 72% (n=69) of site registrants with valid e-mail addresses responded to the survey, and two thirds of those who reported downloading SunSafe materials reported that they had used these materials to influence sun protection.

While the total number of site registrants who downloaded SunSafe materials was low, respondents to our survey reported that more than 7,000 people, mostly children, parents, or caregivers, were provided with sun protection
information via the SunSafe Web site. While establishment of the Web site did take staff and consultant time, once in place, the site provided materials to interested parties from around the world with minimal resources. Many site registrants, particularly teachers, caregivers, and physicians, can be expected to bring the SunSafe message to a still wider audience through their continued contact with children. We are hopeful that the improved and streamlined site (which no longer requires registration) will reach still greater numbers of individuals and that our materials will continue to result in increased sun protection behavior among children.

Web sites can be effective methods to disseminate evidence-based materials for use in primary care practice and education, and promotion of sites through listserves and links to other sites provides an important multiplier effect. Future Web dissemination efforts should strategically plan these linkages both in advance and in an ongoing manner. Development of appropriate evaluation methodologies for Web site dissemination is a challenge. Requiring registration, as we originally did, provides a means for evaluating the site but creates a potential obstacle, while also raising concerns about confidentiality.

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REFERENCES