In Response

Clinical Interview Training for Family Medicine Residents

To the Editor:

I commend the conclusion of Moral and colleagues that communication training prior to the third year of family medicine residency is needed, which is presently not the norm in Spain. Such training can be instituted even earlier than residency. I’d like to share my experience as a teacher of a Patient Interviewing course for first-year students at the University of Pittsburgh School of Medicine as just one example of what several US medical schools offer.

Soon after the medical school commences, this 7-week course is introduced. Groups of 10 meet weekly for a 3-hour period with two small-group leaders—typically a physician and a behavioral scientist. A medical interviewing textbook assignment is initially reviewed; the remaining time is used for patient simulation encounters. Local actors portray various patient histories and personalities that become more challenging each week. Each student rotates through a 5–10 minute interview period with two simulated patients at each session. Feedback is provided by the small-group teachers, students, and actors subsequent to (and sometimes during) the simulated encounter.

Studies have demonstrated value in the use of simulated patients with interview training. Also, highly structured programs, in which specific skills are identified, demonstrated, practiced, and evaluated tend to be more effective than less-structured programs in teaching interview behaviors. When such communication training is started early and maintained, skill retention is improved. Medical training in Spain may benefit by using early communication training during medical school.

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Do Active Parents Produce Active Children?

To the Editor:

Stephens and colleagues found that children of military personnel were not more physically fit than civilian children. However, using military status as an indicator of superior parental fitness is troublesome.

First, having nonmilitary parents in the household and/or elements of military life such as availability of food choices might confound the results.

Second, I question the assumption that military personnel are more physically fit. While military standards do dictate a specific level of physical fitness, is there evidence that these standards translate into a decreased incidence of obesity in the armed forces? Graham and colleagues found that one fifth to one third of military personnel exceed weight for height requirements, and Lindquist and Bray found that, among military personnel, overweight and obesity is increasing at a rate comparable to the general public. So, it is not clear that these standards result in improved fitness compared to the civilian population.

Given these limitations, it may still be possible that active parents produce active children (or vice versa). Innovative programs designed to improve one individual’s

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Editor’s Note: Send letters to the editor to MillerKE@erlanger.org or to my attention at Family Medicine Letters to the Editor Section, University of Tennessee, Chattanooga Unit, Department of Family Medicine, 1100 East Third Street, Chattanooga, TN 37402. 423-778-2957. Fax: 423-778-2959. 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).
physical fitness might well improve the health of an entire family.

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REFERENCES

More on Family Medicine “Bashing”

To the Editor:

I imagine that most family physicians have experienced the hostile environment documented by Campos-Outcalt et al not only as students but also as residents and continuing on into their practices as well.

I have always found it curious that the same aspersions are not usually applied to the discipline of emergency medicine as well. After all, the breadth of knowledge required is almost identical. Could it be because ER physicians do not compete directly with other specialties? Or is it that medical school faculty are too insecure to admit that any primary care physician might be more intellectually adept than someone confined by the Ivory Tower?

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REFERENCE

Many Factors Involved in Career Selection

To the Editor:

I read with interest the article by Hill-Sakurai et al on the effect of preclinical courses with family physicians on career selection. We had done an earlier study that had essentially the same findings. As we noted in that study, probably the career decision process has so many factors that a reductionist approach of looking at the impact of any one factor, whether it’s a physical diagnosis course or other preclinical courses, will simply not show any substantial effect. Despite the lack of firm evidence, it seems reasonable to maintain as much involvement as possible in all preclinical medical courses.

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REFERENCE

The Family in Family Medicine

To the Editor:

One doesn’t enter without trepidation into debate with distinguished leaders in our field such as Frey and those associated with the paper by Goldschmidt and Willard in the same issue. Nonetheless, I would like to submit that our specialty name, “family medicine,” is a good one because we care for all members of the family. That we don’t often care for families as a unit is not important. I say this having had three of my patients from the same family in my office for an hour yesterday, a Saturday, working on some issues of dynamics and stress and boundary setting. Though admittedly this is not what I do mostly, I should add that this divorced mom and her two teenaged daughters trusted me with personal matters because I have provided medical care to all of them for years.

Although Dr Frey has some positive thoughts about general practitioners he has seen in other countries, the ones I’ve seen during my 13 years of teaching and practicing in developing countries are for the most part entering practice right out of medical school and are not nearly as skilled as their responsibilities require. Their patients would be better served if they got more training before entering practice and then called themselves—proudly—family physicians.

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REFERENCES