COMMENTS

Increasing Interest in Primary Care

The need for primary care providers is greater than ever. Unfortunately, continuity clinics, where most residents learn to be primary care doctors, leave many residents *less* likely to enter the field of primary care.[1] The June issue of the *Journal* included 2 articles that approached this conundrum in different ways. "Clinic Design, Key Practice Metrics, and Resident Satisfaction in Internal Medicine Continuity Clinics" by Francis et al[2] takes a step to answer the question of how current structures of continuity clinic may cause this decline in interest. It demonstrated that the traditional model, of a weekly half-day clinic, leaves residents the least satisfied with faculty preceptors and that the continuous healing relationship was greatest in the combined model that incorporates both weekly half-day clinics and larger blocks of outpatient time. Interpersonal factors, both with faculty and patients, have been demonstrated to be important factors in career choice.[1]

However, reviewing the current system is no longer sufficient. Luckily, this same issue proposes an innovation. "Introduction to Outpatient Medicine and the Patient-Centered Medical Home Rotation" by Kai et al[3] demonstrates what happens when there is a real focus on outpatient medicine. This concentrated time in the clinic is likely what helps the combined models in the Francis study to excel; however, by moving the block time to the first few months of their residency career, it has the potential to allow these residents to prosper in a way that has not occurred in the past.

It is wonderful to innovate at the graduate medical education level to try to create a positive learning experience in primary care that should encourage these residents hopefully to stay in the field. There should be even more of this type of innovation. However, we also need to focus on training within medical school, when students make their specialty decision.

As a primary care pediatrician, I often ask children during their annual physical what they want to be when they grow up. If they want to be a doctor, it is usually a "baby doctor." Most students start off with an appreciation for their primary care doctor and a desire to work in the communities where they grew up. While the system has started to improve, undergraduate medical education, when many students make their decision about their future careers,[4] still is conducted largely in the inpatient setting. This sets up a culture where subspecialty care and expertise are more highly valued.[5] Primary care specialties need to be prominent during introductory experiences to clinical medicine for medical students. These courses should have a generous amount of outpatient primary care (including pediatric) experiences for junior learners. It is imperative for those who lead primary care residency training to get even more involved in working with medical students at all levels of clinical training, not just in "specialty" clubs.

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References

1 Laponis R, O'Sullivan PS, Hollander H, Cornett P, Julian K. Educating generalists: factors of resident continuity clinic associated with perceived impact on choosing a generalist career. *J Grad Med Educ*. 2011;3(4):469–474.
2 Francis MD, Thomas K, Langan M, Smith A, Drake S, Gwisdalla KL, et al. Clinic design, key practice metrics, and resident satisfaction in internal medicine continuity clinics: findings of the Educational Innovations Project Ambulatory Collaborative. *J Grad Med Educ*. 2014;6(2):249–255.
3 Kai M, Clark B, Rosenberg M. Introduction to outpatient medicine and the patient-centered medical home rotation: teaching interns to thrive in clinic. *J Grad Med Educ*. 2014;6(2):365–367.
4 Freed GL, Dunham KM, Jones MD Jr, McGuiness GA, Althouse LA. Longitudinal assessment of the timing of career choice among pediatric residents. *Arch Pediatr Adolesc Med*. 2010;164(10):961–964.
5 Irby DM, Cooke M, O'Brien BC. Calls for reform of medical education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010. *Acad Med*. 2010;85(2):220–227.

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