Educating Students for the Future

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Declining Numbers of Students Entering Primary Care

During Match season, family medicine residency program directors and medical school department chairs alike contemplate who will choose careers in family medicine and will the numbers continue to decline. We, as do educators in other disciplines, face changing priorities in our student bodies and worry about the future of the profession we hold dear. Educators in primary and secondary schools are also perturbed, and their worries extend to the media and the legislatures in communities across the country.

At a national education summit held in Washington, DC, at the end of February, Virginia Governor Mark Warner noted that three out of 10 students who enter high school in the United States do not graduate. Four out of 10 students who do graduate lack the skills and knowledge to go on to college or to succeed in the workforce. Meanwhile, the chair of Microsoft Corporation, Bill Gates, commented that “Our schools were designed 50 years ago to meet the needs of another age.” He called for a restructuring of US high school education so that students could be equipped to meet the needs of growing global competition.

As in our primary schools, so in our schools of higher education, the environment influencing our students has changed and so have the choices of these students. The steady decline in students entering careers in family medicine began in the mid-1990s and continues. As we strive to slow and even reverse this decline, we must be vigilant in identifying the environment in which we serve so we can appropriately address the situation.

Reasons for Declining Numbers

The priorities of admissions committees have shifted in the past 10 years. No longer does there seem to be the same quest for students seeking primary care careers that was evident in the late 1980s and 1990s. It is clear that the choices of admissions committees shape the student body. The last report of the Council on Graduate Medical Education (COGME) on Minorities in Medicine, published in 1998, noted that when the numbers of women on admissions committees increased, so did the number of women matriculating into medical schools. A similar, but much weaker, trend was seen for the numbers of minorities seen on admissions committees and those matriculating into first-year classes.

Those in leadership in medical education in family medicine—both at the medical school and the residency level—must prioritize attending to the student pipeline. A Health Resources and Services Administration-funded, Association of Departments of Family Medicine study noted that the majority of departments of family medicine cite residency training as the primary mission of their department. Medical student education is the mission with the second-highest priority. Further, chairs perceive a mismatch between their primary missions (residency and medical student education) and those of their deans, hospital CEOs, and university stakeholders. The percentage of underrepresented minority faculty in departments of family medicine is low but still higher than those seen in academic medicine in general.

Generational differences exist among family medicine faculty, residents, and our current medical students that drive patterns of behavior and expectations of professional careers. Our residents are likely members of Generation X, born between 1963 and 1981 and are described as less likely to consider themselves Democrats and more likely to be Independents and considered somewhat politically apathetic.

These millennia have been raised in a different environment than their faculty, who usually represent the baby-boomer generation. Millenials are thought to be a highly nationalist and communitarian generation. They are powerfully engaged in their communities, often volunteering in local agencies, and are highly goal oriented. Millenials have been called the Internet Generation, Echo Boomers, the Boomlet, Nexters,
Generation Y, the Nintendo Generation, the Digital Generation, and, in Canada, the Sunshine Generation. They are optimistic, talented, well educated, collaborative, open minded, influential, and achievement oriented. Our challenge as old-timers is to understand the goals and motivating forces for both of these younger generations and combine them with the powerful motivating forces that created our discipline, so that they can assist us in moving forward with energy, enthusiasm, and focus in the 21st century. So how do we do this?

Preclinical Medical Student Instruction

Exposing medical students not just to the concept of family medicine early in their medical careers but to the many components of our way of practice is the first step.

Devoting energy to the educational mission of a required third-year clerkship is necessary but not sufficient to renewing our discipline. Medical students must see family physicians in medical interviewing, physical diagnosis, and ethics courses. They must see family physicians precepting problem-based learning groups. Family physicians must serve as their advisors and be leaders of special groups interested in rural medicine, international health, and integrative medicine. Only then will the discipline appear relevant to the areas they find stimulating.

Financial Constraints and Resource Management

All of the above cannot be considered absent recognition of the dramatic changes in the financial situation of the Generation X and millennial professionals in our pipeline. They will begin their careers with substantially greater debt than did the baby boomers who precede them. Mutual understanding between the generations is needed to achieve mutual solutions. Though the debt load was less among the boomers, there were also fewer family resources available. The boomers recognized the need to work long hours to provide basics for themselves to achieve greater gains than had their parents. Generation Xers and millennials entering medicine are less likely to represent the underserved in the United States today. Therefore, they are more likely to have been raised with more family financial resources and, thus, to expect more for themselves and at earlier stages of their careers. Boomers in leadership must not hide the realities of where finances in medicine are compared to 20 years ago and join their younger colleagues in describing the reality and crafting solutions. In such a fashion will this intergenerational team build the future of family medicine.

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References