

Letters to the Editor

Comment

Discordance of Self-reported Career Goals of First-year Medical Students During Admission Interviews and Prematriculation Orientation

To the Editor:

The Commonwealth Medical College in northeastern Pennsylvania is a new private, not-for-profit, independent, community-based medical school with a distributive model of medical education and three regional campuses in Scranton, Wilkes-Barre, and Williamsport. Recently, we noticed an unexpected discordance among responses given by our charter student class members regarding career choice during their admissions interview process and after acceptance.

Our charter class began studies in August 2009 and during a 1-week orientation students responded to a self-administered questionnaire designed to survey their opinions over time regarding future career choices and factors influencing their decision making. The questionnaire was designed to be administered on three occasions during their first 2 years of study: (1) at orientation prior to the start of classes, (2) at the end of Year 1, June 2010, and (3) at the end of Year 2, June 2011. Questionnaire items cover demographic details, specialty and subspecialty career options, work type, work-time distribution, anticipated location of future practice, and factors influencing career choice.

Changes in student attitudes, perceptions, and career choices will be assessed over time, and descriptive statistics will be applied. During our first admissions interviewing season (November 2008–March

2009), a major goal was to select charter class candidates who fit the demographics and mission of the college. Almost 70% of the accepted candidates were Pennsylvania residents, and an overwhelming majority of these and out-of-state accepters proclaimed their interest in a primary care physician pathway. In promulgating their interest in primary care in both their interviews and secondary admission applications, candidates consistently cited a predilection for small towns, as well as a desire to become “part of the community” and to eventually practice locally or regionally. Our interviewers, in turn, typically highlight the relevant regional shortage of generalist physicians while describing our new institution’s commitment to training future subspecialists as well. As a new community-based medical school serving a region in which a majority of its 16 counties are currently designated as Health Professional Shortage Areas (HPSAs),¹ TCMC is focused on recruiting and training medical students who are likely to remain in the region after graduation and thereby allowing patients to stay locally for care. Our college Web site and informational brochures all emphasize this institutional purpose.

Analysis of the first prematriculation survey disclosed an unexpected and concerning finding. In contrast to our students often-stated primary care proclivity before matriculation, results of the orientation survey just 3–6 months after medical school acceptance and before their first class disclosed that seven (12.5%) students cited general surgery and orthopedic surgery, respectively, as their first career choice, and four (6.2%) students listed emergency medicine. Only 15 (23%) students indicated

a preference for general internal medicine (eight students), obstetrics-gynecology (four), family medicine (two), or pediatrics (one).² Graduating medical students that are focused on a career in primary care is difficult, and our experience indicates that even accurately identifying medical school candidates with this interest can be fraught with error. The best approach to recruiting would still seem to rely on the strength and innovation of a school’s primary care curriculum and faculty.

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Academic Family Medicine: New Perspectives in Brazil

To the Editor:

We write on behalf of the Brazilian Society of Family and Community Medicine (SBMFC) to present a new perspective about the status of Brazilian academic family medicine. In Brazil, programs to train general practitioners (GPs) started in the late 1970s, and the Brazilian National Committee of Medical Residency (CNRM—the committee of the Ministry of Education that regulates and certifies all medical residency programs in Brazil) recognized the specialty of “general and community medicine” in 1981. In 2001, the name of the specialty was changed to “family and community medicine” (FCM), but the training program remained the same. FCM is one of the 52 specialties recognized by the Brazilian Medical Association (AMB) and the Federal Medical Council (CFM). The Brazilian Society of Family and Community Medicine (SBMFC), launched in 1981, is the official scientific medical asso-