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 certificates 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-

ciation that represents the GPs and FCM in all states of the Brazilian Federation.[1] SBMFC is the official Brazilian member representing FCM in the World Organization of Family Doctors (Wonca) and in the Wonca Iberoamericana Region (CIMF) and has more than 3,000 members. The Certification of Family and Community Medicine (TEMFC) examination given by the SBMFC is the only examination in FCM authorized by the AMB.

For many years in Brazil, the discipline of FCM was restricted to a few educational institutions, including the State University of Rio de Janeiro (UERJ) and the Federal University of Rio Grande do Sul (UFRGS). There are still few departments and teachers of family medicine in Brazilian medical schools, and many students and faculty do not understand that family medicine is a comprehensive and complex discipline in its own right, nor do they realize that postgraduate training in FCM is required.[1]

Since 1994 the top priority of Brazil´s Ministry of Health has been to develop primary care through the Family Health Strategy (FHS), which was designed to reorganize primary care and reorient the health system. More than 30,000 Family Health Teams have been set in the last 16 years, and each team takes care of up to 4,000 people in the community. The advent of the FHS and the National Curricular Guidelines for Medical Education approved by the Ministry of Education in 2001[1] have since improved the teaching of undergraduate medical students about PHC and FCM. The guidelines highlight professional competencies, self-directed learning, communication, social accountability, leadership and empathy, and recommend curriculum integration and institutional partnerships to assist students to train in a variety of settings in the Brazilian National Health Care System (SUS) network. Medical students are expected to absorb concepts of the "whole person" and "humanized health care," by focusing on community-based learning and primary health care in an integrated national health system. Based on these guidelines, most of the 178 medical schools in Brazil have recently made or are making curriculum reforms, and almost every medical school has activities from the first year of medical training based on the FHS.

Although the situation is improving for FCM in Brazilian academic medicine (the most recent document published by the Ministry of Education and Ministry of Health highlights FCM as one of the fundamental specialties in the medical curriculum), there are still wide variations in implementation in medical curricula and in the qualifications of those identifying themselves as GPs, both in government and academic settings.[1]

Until standards are well established, disseminated, and enforced, there will be wide variations in the skills required and confusion about the identity and the value of FCM in Brazilian academic medicine. The SBMFC and the Brazilian Association of Medical Education (ABEM) have launched a partnership since the beginning of 2009 to develop national guidelines[2] on PHC and FCM in undergraduate education at each medical school. ABEM is recognized nationwide, and one of its main objectives is to support medical schools to improve their curricula according to the National Curricular Guidelines. SBMFC has organized workshops and symposia to review the teaching of FCM at medical schools during the last few years, bringing together professors and health professionals involved in medical education to developing documents to support the introducing of PHC and FCM in the medical curriculum and with a focus on assessing core knowledge, professional attitudes, skills, and behaviors.[3] Through this process the SBMFC/ABEM partnership can exert considerable influence on medical curricula by establishing minimum requirements and core competencies for PC and FCM in Brazil.

Although the teaching and training of FCM in undergraduate medical education in Brazil is still under development, it is incorrect to say that FCM is not taught in Brazilian medical schools and that family medicine faculty are absent in academic settings. Academic family medicine in Brazil has great opportunities for further development and has strong support from the Ministry of Health, the Ministry of Education, and the SBMFC/ABEM partnership.

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