

cal students to our discipline. In turn, the practice of family medicine can better address the medical needs of our society and communities.

Gregory H. Blake, MD, MPH
M. David Stockton, MD, MPH
Department of Family Medicine
University of Tennessee-Knoxville

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The Length of Residency Training—Can We Be Flexible?

To the Editor:

In their commentary, Drs Saultz and David propose extending family medicine training to 4 years.¹ Recently, Duane et al surveyed a sample of family medicine residents, program directors, and practicing physicians and found significant but not definitive interest in adjusting program length and content.² The Future of Family Medicine analysis encouraged flexibility and innovation in family medicine training programs. Specific recommendations around program length and clinical focus were discussed briefly, but no clear direction was given.³

Although the rate of decline in 2004 US seniors matching to family medicine decreased, the specialty continues to not attract future physicians at the levels needed to replace those retiring or stopping clinical practice. Other primary care specialties also continue to struggle and are looking for creative solutions to their future. Recently the Society of General Internal Medicine (SGIM) has proposed increasing the flexibility of the last 2 years of general internal medicine residency training.⁴

A flexible model for family medicine training would meet the concerns addressed by Drs Saultz and David, would accommodate the

various viewpoints found by Duane et al, and would follow the Future of Family Medicine's guidelines around innovation and flexibility. An additional benefit would be increased dialogue among all primary care disciplines, an interchange that is critical as family medicine seeks to navigate the future. Merging forces within primary care brings many positive opportunities.

Current family medicine educational guidelines provide some variation in training. A variety of models could be developed to expand this flexibility. One proposal would be to begin with a relatively nonflexible internship year that includes 4 months of adult medicine, 2 months of care of children, 2 months of maternal medicine and women's health, 2 months of surgery/procedures, 1 month of emergency medicine, and 1 month of behavioral and health system exposure. Both inpatient and outpatient experiences could be included in this foundational year.

During the following training periods, residents would be allowed to pick and choose from a menu of further experiences. Following completion of each menu "block," residents could apply for certification around that block. Full family medicine certification could require completion of at least two blocks. Ongoing exposure to a continuity clinic including office behavioral medicine throughout each block would be required. Each block could have 1 month of elective and 5 months of required time. Core menu blocks could come in 6-month increments and include adult medicine—inpatient, adult medicine—outpatient, care of children, maternal medicine and women's health, procedures, emergency room, and community medicine.

Full training in all seven core areas of primary care would require a 4.5-year experience. Other blocks such as geriatrics, sports medicine, preventive medicine, and public health or research could also be developed.

Allowing residents to mix and match clinical areas of focus would ensure adequate primary care training for the core primary care areas and at the same time eliminate extra training in areas that will not be used by the resident in the future. This should in turn encourage medical students having difficulty choosing a career path to recognize that a flexible family medicine training program is an efficient and enjoyable educational option.

Although a flexible model such as this may be valuable, it does not replace the need to continue to adjust other aspects of training. Attention to systems components of practice, including the IOM recommendations around: (1) patient-centered care, (2) interdisciplinary teamwork, (3) evidence-based practice, (4) quality improvement, and (5) informatics would need to continue to be applied throughout all educational aspects of any future model.⁵

Flexible training as proposed above is a significant change from the current model. Now, however, is the time to be bold.

Wayne S. Dysinger, MD, MPH
Department of Preventive Medicine
John Testerman, MD, PhD
Department of Family Medicine
Loma Linda University

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