Few Residents Choose Pulmonary/Critical Care

BY DOUG BRUNK
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SEATTLE — Few internal medicine residents show interest in pursuing a career in pulmonary and critical care medicine, Scott Lorin, M.D., reported at a press briefing during the annual meeting of the American College of Chest Physicians.

In fact, there are only two subspecialties—endocrinology and rheumatology—that are chosen less often by internal medicine residents, according to a survey conducted by Dr. Lorin of the department of medicine, Mount Sinai School of Medicine, New York, and his associates.

In 2002, they surveyed 178 internal medicine and combined internal medicine/pediatric residents about their attitudes and perceptions regarding pulmonary and critical care medicine training. The residents, whose average age was 29 years, were from Mount Sinai; the Medical University of South Carolina, Charleston; and the University of North Carolina at Chapel Hill.

Although 41% reported that they "seriously considered" a fellowship in pulmonary and critical care medicine at some point during their residency, only 3.4% actually chose to pursue a fellowship in the field.

The five most common factors that would attract the residents to a fellowship in the field were intellectual stimulation (69%), opportunities to manage critically ill patients (51%), application of complex physiologic principles (45%), number of procedures performed (31%), and academically challenging rounds (29%).

The five most common factors that would dissuade them from entering the field were a perceived lack of leisure time (54%), stress among faculty/fellows (45%), management responsibilities for chronically ill patients (30%), poor match of career with resident personality (24%), and treatment of pulmonary diseases (16%).

"If they had a positive perception of faculty and fellows, they wanted to go into pulmonary and critical care medicine," Dr. Lorin said.

The survey also showed that few respondents had an interest in bench research. "The majority wanted to go into clinical practice," he said. ■

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