
Family Practice Forum

On the Importance of Practice Management Training

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In the early development of training programs, practice management training was given more lip service than real emphasis. There were logical reasons for this state of affairs. Early in the evolution of family practice residency programs, there were many things to implement just to start the operation. Practice management teaching was not one of them. Most faculties felt that practice management was something the residents would not need early on and would not be interested in until their third year of training. It is probably true that most residents are not deeply interested in practice management until they are thinking about going into practice. However, in this author's opinion the real reason for the lack of emphasis on practice management is the lack of interest in the subject by the faculty. If one were to examine the motives of former practitioners who have entered teaching, one might discover the desire to avoid some of the business aspects and pressures of practice.¹

There is no official position of the Residency Review Committee of Family Practice on the inclusion of practice management training in the curriculum. Unofficially, they feel that it should be part of every resident's training, and if a program does not have a written curriculum and allocated time in this subject area, together with a faculty

member specifically responsible for practice management education, the program may be considered at risk.

There is some evidence of a recent increased awareness and emphasis on this subject. In the last several months, the Society of Teachers of Family Medicine has begun to offer workshops in curriculum design in practice management. At the Family Practice Residency Directors' Meeting in June 1978, in Kansas City, one of the eight workshops offered was in practice management. In response to this new emphasis, the role of practice management in our programs must be reassessed.

One of the major problems in developing any curriculum is including adequate teaching from the various and numerous disciplines that constitute the broad base of knowledge in family practice. Practice management should be taught from the very beginning of a resident's matriculation. To do this the model units must be operated in an efficient and well-structured way. From his/her earliest experience the resident must learn good recordkeeping, efficient and effective time management, billing, and disease indexing, as well as the role played by third parties and how to make the best use of paraprofessionals and physician extenders. An area of special emphasis early in a resident's training should include some discussion with him about long-term life goals. Waiting until the last three to six months of his residency is too late. As the resident progresses through his training, experiences should be offered to him in the areas of accounting, data retrieval, budgets, personnel management, and other general aspects

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of operating a family practice. He should also be introduced to estate planning, banking, credit, personal and business insurance, practice site selection, real estate, pensions, profit sharing, and many other aspects of sound financial planning. It would be desirable to include the resident's spouse in these latter areas.

There is a great abundance of source material available from many courses, journals, and management consultants. We are remiss if we do not give the residents the tools and skills to better manage this critical area of their professional and personal lives. A recent editorial by Stephens addressed the insecure feeling common among residents in this area.²

To properly prepare the residents, each program should have a faculty member responsible for this area of the curriculum. The program director and all faculty members must be strongly supportive of practice management or the resident will conclude that it is unimportant. The responsible faculty member must have real expertise in this area and not merely be assigned to it as an extra duty because he/she is the last person

aboard. The same use of outside sources where necessary should be made as in any other area of the curriculum.

The necessary ingredients for a good practice management curriculum are the same as in any other discipline. There must be a dedicated, enthusiastic, knowledgeable faculty. There must be time set aside in the resident schedule, an adequate budget, and experts in the areas where expertise is not available within the program's faculty. The answer is not a two-day course offered in the resident's second or third year. This latter approach is used by some programs, but residents need and deserve much more in a comprehensive, three-year continuum. Giving a high priority to this facet of training will bear rich dividends for the graduates of family practice residency programs.

References

1. Longenecker DP, Wright JC, Gillen JC: Profile of full-time family practice educators. *J Fam Pract* 4:111, 1977
2. Stephens GG: What model of practice for new family physicians. *Continuing Educ* 7:19, 1977

