Family Practice Forum

The Residency Graduate and Education in Family Practice

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The year I finished residency training there were 220 graduates of family practice residency programs around the country. In July 1978, over 1,800 physicians graduated from residency programs. This speaks to the ability of programs to increase significantly the number of family physicians being trained. It would be a mistake, however, to assume that completion of a three-year residency program and subsequent board certification is an index of future quality in a family physician or the confirmation of his/her education as a good one. Most traditional training and education programs are built on this premise, and family practice has uncritically adopted it as well.

Current information from the American Academy of Family Physicians (AAFP)[1] about residency graduates includes the size of the community in which graduates are practicing and the percentage of graduates electing various types of practice—from solo to multispecialty groups. But what is important is what we do *not* know about graduates, namely, the composition and functioning of their practices. Marsland et al[2] compared teaching and nonteaching practices in Virginia and found them to be similar in both rank order frequency of diagnoses and the age-sex distribution of the practices. This suggests that the general composition of teaching practices reflects that of practicing family physicians. They infer that the composition of a resident's future practice should be similar to that in which he/she trained.

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However, until we know more about whether residency graduates are doing obstetrics or surgery in their practices, the type and amount of individual and family counseling, the extent of the integration of allied health care personnel, the number of patients seen and the amount of time spent seeing them, and the management or referral of various inpatient problems, we can only speculate about the real nature of the practice of the "new style" family physician. Then we can say what, if anything, is new. The ability of the "new" family physician to live a professionally and personally fulfilled life in the context of the delivery of primary medical care will, in the long run, improve the overall health of his patients. The extent to which practicing graduates are able to live fulfilled lives has to do with three major areas—their practice, their continuing education, and the quality of their lives.

I have heard discussion of residency graduates and their practices as if they are a generic entity, as if "family physician" means the same thing in Vermont as it does in the Bronx, in Kansas as it does in Miami. We all know that, for reasons ranging from malpractice issues to availability of specialty consultation, this is not so. Until we have more extensive data about the practices of graduates, when we speak about what a family physician *does* we should realize that we are really dealing in regional anecdotes.

Michael Balint pointed out in 1969[3] that continuing medical education was structured almost exclusively along the lines of the traditional teacher/pupil relationship. He went on to comment, "A permanent inequality between teachers and pupils is established; learning can take place only after

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the teacher's superiority and the pupils's comparative inferiority have been accepted all around." Certainly most of the continuing medical education programs in this country reflect this teacher/pupil inequality. Stern,[4] Geyman,[5] and others have discussed this problem and made suggestions for correcting current deficiencies. There is a need, however, to create a strong sense of worth in the practicing physician such that there is a greater feeling that we can teach each other. Residency graduates have great potential for developing a group responsibility among practitioners and, hence, the mutual interdependency between residency programs and their graduates should be fostered and formalized. This relationship may well be the source of change in the structure of continuing medical education from "_____for the family physician" to a more clinically relevant and responsible means of education.

McWhinney has stated, "the source of the [family physicians'] fulfillment is the experience of human relations that medicine has given them."[6] This intense relationship with patients is at the center of the intellectual and personal satisfaction experienced by the family physician. William Carlos Williams composed some of the most important American poetry of this century between patients and after hours in his office. His comment was that general practice and poetry "amount for me to nearly the same thing."[7] But the intensity of daily person-to-person interaction in a broad therapeutic context with often unfulfillable expectations of both physician and patient might contribute to the exhausted physician syndrome. Young physicians have recognized the need for a balance between personal growth, professional satisfaction, and the demands of the system on them. It is up to us to see that they have assistance in walking the fine line between satisfaction and exhaustion.

To establish effective ways of meeting the needs of practicing graduates in the areas I have outlined above, we must look beyond what currently is available to them.

First, residency programs must make a real effort to formalize the role of practicing graduates in residency training. There must be a structural commitment to practicing graduates—an Office of Postgraduate Education. The primary tasks of this office would be the integration of practicing graduates into formal teaching in the residency program and the development of education and research jointly between the graduates and the department. This office would work closely with third year residents to assist in the transition from resident to practicing physician.

Secondly, practicing graduates need a forum where they can meet and discuss issues which are uniquely theirs. At present, the American Academy of Family Physicians sponsors meetings around program development and medical student teaching. Program directors also meet together under the auspices of the Academy. Perhaps the Academy should create a section for residency graduates to aid their transition into practice, to speak to their special needs, and to establish a framework for feeding their experience back into the educational system.

Finally, practicing graduates need to gather together into self-learning groups instead of continuing to rely on special courses, annual meetings, or university departments for their education. Whether in the context of the American Academy of Family Physicians or regional groupings along education and research lines, graduates will organize for their own emotional support, continuing education, and political security. By formal commitment to meeting in groups, practicing graduates can continue much of the learning process of the residency experience.

Practicing graduates have the potential for freedom from the constraints of academic pettiness so frustrating for those who left practice to become academicians. This freedom of practicing graduates to pursue what Einstein called the "holy curiosity of inquiry" makes them an invaluable educational resource. For their mutual benefit, departments of family practice and practicing graduates must become allies in the restructuring of postgraduate medical education.

References

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