Practice Management Training in Family Practice Residencies

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Recent surveys have suggested that practice management instruction in family practice residency programs is inadequate. The majority of third-year family practice residents graduating in 1980 felt inadequately trained in nearly all aspects of practice management.[1] Thirty-five percent of these residents noted that their residency programs offered no regularly scheduled time for practice management training. Results of four family practice residency graduate follow-up surveys showed that no fewer than 25 percent and, often, 60 to 80 percent of graduates felt underprepared in most areas of practice management.[2-5]

Methods

In November and December 1981, a survey of family practice residency directors listed in the *Guide to Family Practice Residency Programs* was undertaken to determine (1) attitudes toward practice management instruction, (2) designation of a specific residency practice management education coordinator, (3) format of instruction, and (4) practice management topics considered most important for inclusion in residency training. One hundred ninety-five program directors were randomly selected to complete a brief questionnaire. One hundred fifty questionnaires were returned after one mailing for a response rate of 77 percent. Telephone calls were made to five randomly selected nonresponders to determine whether their lack of response indicated a lack of interest in practice management instruction. Four of five programs contacted included practice management instruction in their programs. These five responses were included for statistical evaluation for a total response of 155 programs, a total response rate of 79 percent. The data were entered onto punched cards and evaluated by standard statistical methods.

Results

The distribution of respondents was representative of the types of residency programs in the country. There were no significant differences in instruction based on type of program, geographical location, year the program was established, or population of the community in which the program was located.

Seventy-eight percent of respondents strongly agreed and 20 percent of respondents agreed that practice management was an appropriate content area of a family practice residency curriculum. One hundred twenty-six (81 percent) of responding programs had designated a specific educator to coordinate their practice management curriculum. Educators who were designated as specifically responsible for coordination of residency practice management training included the program director (23 percent), other faculty members (32 percent), residency business managers (31 percent), and others, such as professional business consultants and hospital administrators (9 percent).

One half (49 percent) of responding programs offered both didactic courses and "experiential" training (such as working the office front desk) as part of their training program. Thirty-six percent of the programs offered a structured didactic course only. Nine percent offered experiential training only. Five percent of responding programs offered no practice management instruction.

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Table 1. Family Practice Residency Directors' Perception of Most Important Practice Management Topic Areas (n = 138)

	Percent Response
Fees, billing systems, credit collections	75.4
Personnel (hiring and management)	73.9
Economics of starting a practice	66.7
Practice location decisions	47.1
Third-party payers (Medicare, Medicaid)	46.4
Medical record keeping systems	44.9
Patient flow schemes, scheduling, telephone use	42.0
Practice organization (solo, group, HMO, etc) and income distribution plans	37.7
Selecting professional services (accountant, attorney, business manager, etc)	34.8
Legal aspects of medical practice	33.3
Building an office, leasing, office layout	21.7
Personal finance	20.3
Career alternatives in family practice (private, academic, government service, etc)	14.5
"Building" a practice	13.0
Computers in private practice	6.5
Buying medical equipment and supplies	5.8
Insurance	5.8
Buying waiting room and business office equipment and supplies	3.6
Investments	2.9
Other	2.2

Of 132 programs offering a structured didactic course of instruction, 72 percent required resident participation and 26 percent offered the instruction on an elective basis. When offered as an elective, over 50 percent of residents chose to participate. When compared with programs offering elective participation, programs that required resident participation offered relatively more hours of didactic instruction ($P < .01$).

Only 7 percent of residency programs offering structured formats provided over 60 hours of didactic instruction. Sixteen percent offered 31 to 60 hours, 40 percent offered 16 to 30 hours, and 33 percent offered 1 to 15 hours of didactic course work. Four percent of programs did not specify the number of hours devoted to didactic instruction. Didactic instruction was most commonly provided by professional business consultants, the residency business manager, and family practice faculty members.

In programs with structured didactic instruction, participant combinations included third-year residents only (34 percent), second- and third-year residents (32 percent), and first-, second-, and third-year residents (30 percent).

Ninety programs (58 percent) offered some form of experiential training in practice management. This most commonly involved observing or working in the residency business office or a private practice office during a medical rotation. Some residencies also allow residents to participate in day-to-day decision making regarding certain residency office operations. A few residencies offer self-instructional material in practice management. Practice management seminars sponsored by the American Academy of Family Physicians, American Medical Association, and private business firms were required by 13 percent of residencies, encouraged by 49 percent, and allowed by 33 percent.

Table 1 shows the program director's perception of the relative importance of potential topic areas as indicated by the percentage of total responses. Fees, billing systems, hiring and management of personnel, and economics of starting a practice were indicated as most important in over 50 percent of responses. Less than 10 percent of responses indicated that computers in private practice, buying medical equipment and supplies, insurance, buying waiting room and business office equipment and supplies, and investments were the most important topic areas.

Comment

Results of this survey indicate that the majority of family practice residency programs offer some form of practice management training. However, there are several indications that present training is inadequate.

In its "Proposed Special Requirements for Residency Training in Family Practice" the Residency Review Committee suggests offering at least 60

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hours of instruction in practice management.* The proposed requirements do not specify that the instruction be didactic. Nevertheless, it is important to note that of programs currently offering didactic instruction, only 7 percent provide more than 60 hours of teaching.

Although the proposed requirements suggest that the family practice center should be considered the primary classroom for teaching practice management, only 58 percent of programs offer experiential training (such as working at the office front desk, insurance office, etc). Only one half of the programs surveyed offered both didactic and "experiential" training.

Family medicine has encouraged educational goals that coincide with the realistic needs of practicing physicians. Much learning occurs in the day-to-day functioning of the family practice center that will later be applicable to private office management (especially handling telephone messages and medical office record keeping). Overall, however, it appears that practice management instruction in family practice residency programs is currently underemphasized. A more structured approach to practice management training seems desirable and necessary.

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*The Residency Review Committee consists of representatives of the American Academy of Family Physicians, the American Board of Family Practice, the Council on Medical Education of the American Medical Association, and a family practice resident, and is based at the American Medical Association offices in Chicago, Illinois.