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ing two-handed knot tying and instrument tying, and knowing the names and use of the needle holder, tissue forceps, and scissors. By the end of the dog laboratory session, it was clear that all seven residents could actually do the procedural skills, including, but not limited to, cutdowns, chest tube insertion, division of tissues, endotracheal intubation, skin incisions, suturing, and suture ligation.

All seven residents acknowledged that these

three teaching sessions greatly improved a large number of their basic surgical skills. All residents indicated that these teaching sessions, especially the animal laboratory experience, should be included in any future first-year resident orientation.

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Entry Into Practice: Problems in Making the Transition

M. Julian Duttera, MD, Gerard R. Hummel, MPH,
E. Evan Brown, PhD, and H. Max Miller, PhD
LaGrange and Athens, Georgia

Physicians who recently entered practice in Georgia were surveyed by mail to determine the degree of psychological stress encountered on entry into practice, the sources of information available to help them in making the transition, and the kinds of problems they encountered.

Methods

A list of all practicing primary care physicians was obtained from the Composite Board of Medical Examiners. The entire population of 828 physicians was surveyed, with 481 questionnaires returned, constituting a response rate of 58 percent.

The design of the survey instrument was based on available literature¹⁻⁶ and contained questions related to such physician background characteristics as age, sex, primary and secondary specialty, community size, medical school and year of graduation, year of starting practice, and practice

arrangement such as solo practice, group practice, or partnership. These background characteristics were analyzed with regard to specific areas producing difficulty for the physician during his or her first two years in practice.

Results

The degree of stress of the transition from the residency training program to the practice setting was assessed from two different perspectives. The first perspective involved rating the stress of the transition into practice as none, moderately stressful, or very stressful. Of those physicians responding to the questionnaire, 68 percent reported experiencing a moderately or very stressful transition.

Another perspective was obtained by comparing the psychological stress of the first year in practice with that of the internship year, with 37 percent rating the stress of the transition equal to or greater than the stress of the internship year.

Only a small percentage (11 percent) of physicians cited training programs as being a source of assistance when making the transition from training to practice. The principal source of help cited was a physician in the practice setting (49 per-

From the Southeastern Institute for Community Health, LaGrange, and the Department of Agricultural Economics and Rural Sociology, University of Georgia, Athens, Georgia. Requests for reprints should be addressed to Dr. M. Julian Duttera, The Southeastern Institute for Community Health, Inc, PO Box 1708, LaGrange, GA 30241.

Table 1. The Ten Most Frequent Problem Areas Reported by Specialty

Rank	Family Practice	Internal Medicine	Pediatrics	Obstetrics/ Gynecology	Surgery
1	Adequate time off	Adequate time off	Personalities and practice styles within group	Personalities and practice styles within group	Availability of professional colleagues
2	Opportunities for professional education	Limited need and demand for services	Adequacy of hospital facilities	Adequate time off	Isolation
3	Medicaid, Medicare, other insurance	Personalities and practice styles in medical community	Personalities and practice styles in medical community	Opportunities for professional education	Adequacy of hospital facilities
4	Isolation	Special needs of spouse and family	Adequate time off	Medicaid, Medicare, other insurance	Availability of consultants and associates
5	Personalities and practice styles in medical community	Opportunities for professional education	Special needs of spouse and family	Isolation	Compatibility with hospital staff
6	Billing and collections	Medicaid, Medicare, other insurance	Emergency room coverage	Special needs of spouse and family	Personalities and practice styles in medical community
7	Special needs of spouse and family	Billing and collections	Willingness of colleagues to assist in transition to practice	Hospital by-laws	Billing and collections
8	Emergency room coverage	Coverage of practice	Opportunities for professional education	Overall group philosophy	Art and cultural activities
9	Availability of medical associates	Employing personnel	Education system of community	Willingness of colleagues to assist in transition	Medicaid, Medicare, other insurance
10	Coverage of practice	Isolation	Isolation	Billing and collections	Community size

cent). Surprisingly, only 5 percent cited a literature source and 18 percent cited no source at all. All sources were rated moderately or very helpful by greater than 88 percent of physicians, except literature sources, which were rated moderately helpful or very helpful by 59 percent.

The problem area encountered most frequently by physicians new in the practice setting was the category of financial problems. These problems were encountered with greater frequency among solo practitioners than among those in partnerships or group practices. For both groups, other general problem areas identified, in descending order, were community problems (51 percent), hospital facilities (42 percent), the spouse and family (39 percent), and geography (29 percent).

Table 1 represents the top ten specific problems for each of the specialty areas. There were consid-

erable differences in the order of specific problems among the specialties. Items from the practice-related business problems section range from 22 percent for pediatrics to 70 percent for internal medicine. Adequate time off is among the top four problems for four specialties, but it does not appear in the top ten for surgery. Limited need and demand for physician services is second on the internal medicine list but does not appear on the list for the other four specialties. Special needs of the spouse appear on all lists except for that of surgeons.

Comment

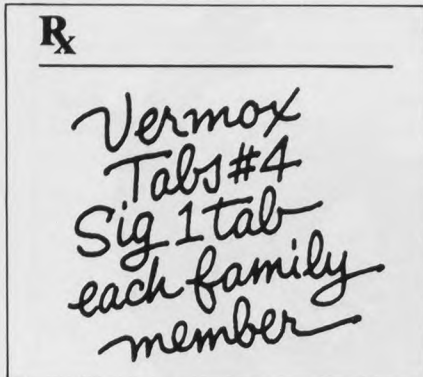
The picture that emerges from this study of entry into practice is one of the physician making

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VERMOX[®] CHEWABLE TABLETS

(mebendazole)

ENTRY INTO PRACTICE



DESCRIPTION VERMOX (mebendazole) is methyl 5-benzoylbenzimidazole-2-carbamate.

ACTIONS VERMOX exerts its anthelmintic effect by blocking glucose uptake by the susceptible helminths, thereby depleting the energy level until it becomes inadequate for survival. In man, approximately 2% of administered mebendazole is excreted in urine as unchanged drug or a primary metabolite. Following administration of 100 mg of mebendazole twice daily for three consecutive days, plasma levels of mebendazole and its primary metabolite, the 2-amine, never exceeded 0.03 µg/ml and 0.09 µg/ml, respectively.

INDICATIONS VERMOX is indicated for the treatment of *Trichuris trichiura* (whipworm), *Enterobius vermicularis* (pinworm), *Ascaris lumbricoides* (common roundworm), *Ancylostoma duodenale* (common hookworm), *Necator americanus* (American hookworm) in single or mixed infections. Efficacy varies as a function of such factors as pre-existing diarrhea and gastrointestinal transit time, degree of infection and helminth strains. Efficacy rates derived from various studies are shown in the table below:

	Whipworm	Common Roundworm	Hookworm	Pinworm
cure rates				
mean	68%	98%	96%	95%
(range)	(61-75%)	(91-100%)	—	(90-100%)
egg reduction				
mean	93%	99.7%	99.9%	—
(range)	(70-99%)	(99.5%-100%)	—	—

CONTRAINDICATIONS VERMOX is contraindicated in pregnant women (see Pregnancy Precautions) and in persons who have shown hypersensitivity to the drug.

PRECAUTIONS PREGNANCY: VERMOX has shown embryotoxic and teratogenic activity in pregnant rats at single oral doses as low as 10 mg/kg. Since VERMOX may have a risk of producing fetal damage if administered during pregnancy, it is contraindicated in pregnant women.

PEDIATRIC USE: The drug has not been extensively studied in children under two years; therefore, in the treatment of children under two years the relative benefit/risk should be considered.

ADVERSE REACTIONS Transient symptoms of abdominal pain and diarrhea have occurred in cases of massive infection and expulsion of worms.

DOSAGE AND ADMINISTRATION The same dosage schedule applies to children and adults. The tablet may be chewed, swallowed or crushed and mixed with food. For the control of pinworm (enterobiasis), a single tablet is administered orally, one time. For the control of common roundworm (ascariasis), whipworm (trichuriasis), and hookworm infection, one tablet of VERMOX is administered, orally, morning and evening, on three consecutive days. If the patient is not cured three weeks after treatment, a second course of treatment is advised. No special procedures, such as fasting or purging, are required.

HOW SUPPLIED VERMOX is available as chewable tablets, each containing 100 mg of mebendazole, and is supplied in boxes of twelve tablets. VERMOX (mebendazole) is an original product of Janssen Pharmaceutica, Belgium.

US Patent 3,657,267
December 1979

Committed to research...
because so much remains to be done.

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the transition from training to practice and facing a surprising amount of stress. When problems are encountered, there is little formal structure to help cope with the problems. The formal structure and back-up of the residency program are gone. Business problems encountered in setting up a practice are new to most physicians and generally receive little or no attention as part of the residency training program.

Certainly some of this stress is made worse by the lack of guidance a physician receives during the transition. The formal structures the physician has relied on in the past, including the physician's training program and pertinent literature, fail on entry into practice. Approximately 70 percent of the physicians entering practice received little or no guidance until the physician had made a choice of a practice site and had moved into the practice setting. Differences among the specialties with regard to the top ten specific problem areas are of interest principally because of the great variation among primary care specialties.

If physicians are to make the most of their training and talents in practice, additional attention to transition problems and the issues of selecting an appropriate practice site is needed during the residency training years.

The need for professional management assistance for business, financial, and legal problems is strongly supported by these data. Seminars on practice management are widely available, and practice management consultants may be highly desirable for those who are starting in a solo practice arrangement.

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