Fourth Year of Medical School May Need a Redo

BY M. ALEXANDER OTTO

FROM THE ANNUAL CONGRESS OF DELEGATES OF THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

DENVER – The fourth year of medical school needs a curriculum brush-up to better prepare students for residencies, based on discussions raised at the congress.

"In many meetings over the past 2 years, I've heard residency directors say first-year residents today are less well prepared than in the past. If it's true, this is a serious matter for all of us," said Dr. Douglas Henley, the CEO of the AAFP, who noted that his group's education committee plans to look into the issue.

A recent study of 30 residency directors in 10 fields – including family medicine and pediatrics – said that common problems with interns include the need for greater medical knowledge, professionalism, self-reflection, and organizational skill (Acad. Med. 2009;84:823-9).

With health care delivery evolving toward patient-centered medical homes and other newer models, the concerns are particularly pressing, Dr. Perry Pugno, director of the AAFP's division of medical ducation, said in an interview.

The changes will place a premium on teamwork, solid primary care skills, and good communication skills – all skills that could be fostered in the fourth year.

Instead, "many medical schools allow a large portion of the fourth year to be elective, and students use it to hone their resumes for specialties, not their skills. They [develop] an extensive knowledge base of esoteric stuff, but don't learn how to talk to people," Dr. Pugno said.

With so much emphasis on technology and careerism, the arts of diagnosis and patient communication are not valued, he said.

The study's senior author, Dr. Michael Harper, observed in an interview that "there's a lot of medical tourism in the fourth year." Students often end up acting as "an appendage to in-patient consult services. They often are not integrated. The primary care role [of students' making decisions under supervision] seems to be missing."

Dr. Harper of the department of medicine and director of the geriatrics fellowship program at the University of California, San Francisco, said that UCSF is brainstorming solutions.

One possible step is extended ambulatory care rotations – in which students are typically more involved with patients – to "allow for ongoing authentic roles in patient care." Another fourth-year concept is individual learning plans that are tailored to fill gaps in students' skills. ■

INDEX OF ADVERTISERS