Fewer U.S. Seniors Enter Primary Care Residency

BY MARY ELLEN SCHNEIDER

Medical student interest in primary care continued its gradual slip, according to the latest data from the National Resident Matching Program.

In the 2009 resident match, the percentage of U.S. medical school seniors choosing residencies dropped slightly in both internal medicine and family medicine.

This year, 4,922 internal medicine residencies were offered and 98.6% were filled. Of those, 53.5% were filled by U.S. medical graduates. Last year, 97.8% of the 4,858 positions were filled, with 54.8% filled by U.S. medical graduates. This is the third consecutive year in which interest in internal medicine has dipped among graduates of U.S. medical schools.

Family medicine residency programs experienced a similar trend: Of the 2,535 family medicine residencies that were offered, 91.2% were filled, with 42.2% of those filled by U.S. medical graduates. Last year, 90.6% of total positions were filled, with 43.9% going to U.S. medical graduates. Family medicine experienced a small increase in U.S. seniors matching to its residency programs last year, but dropped back down this year.

In raw numbers, only 2,632 U.S. seniors matched to an internal medicine residency program this year, compared with 3,884 in 1985, according to the American College of Physicians. The decline is compounded, the ACP said, because currently only 20%-25% of internal medicine residents ultimately choose to practice general internal medicine, compared with more than 50% in 1998.

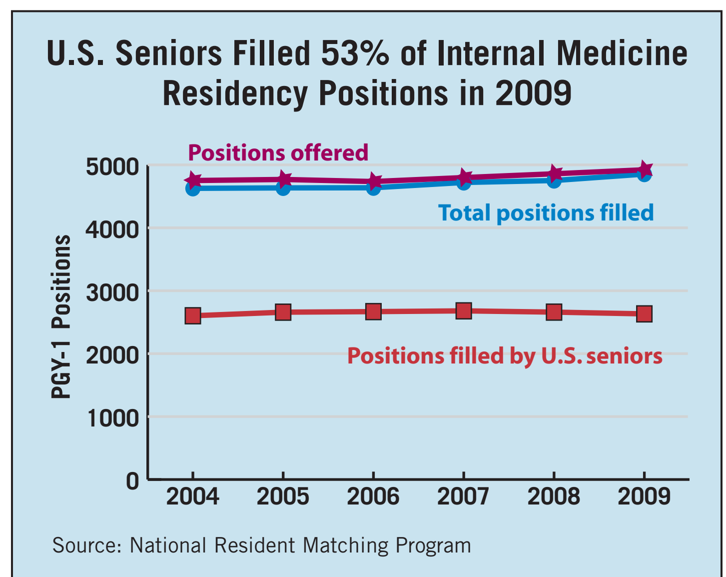
"We are witnessing a generational shift from medical careers that specialize in preventive care, diagnostic evaluation, and long-term treatment of complex and chronic diseases, to specialties and subspecialties that provide specific procedures or a very limited focus of care," said Dr. Steven E. Weinberger, senior vice president for medical education and publishing at the ACP.

The problem for society as a whole, Dr. Weinberger said, is that this shift is happening at the same time that demand for primary care physicians is growing rapidly with the aging of the U.S. population. But Dr. Weinberger added that he is "cautiously optimistic" that efforts to enact comprehensive health reform in the coming years could help make primary care more attractive to medical students.

Match Day data show that interest continues to be strong in medical specialties with a heavy procedural focus, such as dermatology, neurologic surgery, orthopedic surgery, and otolaryngology.

Overall, this was the largest Match Day in history, with 29,890 participants, up 1,153 from last year and up more than 4,500 positions from 5 years ago, according to the National Resident Matching Program (NRMP). The increase included 400 more U.S. medical school seniors and 570 more international medical graduates. In addition, more students with osteopathic degrees participated in this year's match, as did more physicians who had graduated from medical school prior to this year.

"We saw an across-the-board increase in match applicants this year, particularly among U.S. medical school seniors," said Mona M. Signer, NRMP executive director. "This is likely the result of medical school expansion across the nation in anticipation of a future physician shortage. Existing medical schools have increased their class sizes and new medical schools are in development." ■



LAW & MEDICINE

Communication and Malpractice

Question: Doctors who are most subject to lawsuits:
A. Are ultrabusy practitioners.
B. Have poor interpersonal skills.
C. Talk down to patients.
D. Are often in high-risk specialties such as neurosurgery and obstetrics.
E. All of the above.

BY S.Y. TAN, M.D., J.D.

Answer: E. All choices are correct. The first three speak to hasty evaluations, poor communication, and arrogance. These behaviors predictably get doctors into trouble. Option D describes doctors who must inevitably deal with catastrophic and tragic injuries, with potentially huge awards for the plaintiff who successfully alleges negligence.

What prompts a lawsuit are poor communication and the perception that the physician is uncaring and at fault for an unfavorable outcome. Yet quality of medical care correlates poorly with malpractice lawsuits. In one study, the quality of treatment as judged by peer review was not different in frequently sued versus never-sued doctors (JAMA 1994;272:1588-91). In another study on the relationship between malpractice and patient satisfaction, patients of doctors with prior malpractice claims reported feeling rushed, feeling ignored, receiving inadequate explanations or advice, and spending less time during routine visits, compared with patients of doctors without prior claims (JAMA 1994;272:1583-7). Communication problems exist in more than 70% of malpractice cases (Arch. Intern. Med. 1994;154:1365-70).

In another study, the authors asked 160 adults to view a videotape of a clinical encounter that resulted in complications. In one scenario, the doctor used positive communication behaviors such as eye contact and a friendly tone of voice, and in another scenario, negative communication behaviors such as not smiling (West J. Med. 1993; 158:268-72). The videotape viewers were then asked whether they would be inclined to sue the doctor.

The viewers expressed increased litigious intentions when the physician used negative communication behaviors. These results prompted the authors to state: "Positive communications would result in less litigiousness because the physician is viewed as having cared about the patient and thus having acted in good faith. … Long before there is any medical outcome to be concerned about, the patient may believe that the physician has already done something 'wrong' simply by relating in what is perceived to be an uncaring manner. This may set the stage for later retaliation if something does go wrong."

The authors offered this advice: "To lower litigation risk by using extra medical procedures and tests, consultation, and extensive documentation, often known as 'defensive medicine,' may miss the point. Defensive medicine is not so much a tool to prevent lawsuits as it is to win them if they do occur. But if the intention is to prevent a lawsuit in the first place, forging a physician-patient bond that can effectively resist the pressure of our litigation-crazed and socially antagonistic society seems indispensable."

Good advice, indeed. Every effort should be made to communicate effectively, with empathy and tact. Communicating well begins with active listening. Patients want their doctors to listen to them and to explain their conditions and treatment plans in simple, understandable language. The physician should give patients ample opportunity to tell their story and to ask questions. In one well-publicized study, only 23% of patients were able to complete their opening statement before the doctor interrupted, which occurred an average of 18 seconds after the patient began to speak (Ann. Intern. Med. 1984;101:692-6).

Do not hesitate to call the patient or family members at home to remind, reassure, or clarify. This is especially important if the treatment or test procedure had lasted longer than usual, was traumatic, was complicated, or may result in posttreatment complications. Answer or return all patient phone calls in a timely fashion. It is usually best to make the call yourself rather than relegate it to an assistant. Patients appreciate a doctor who has taken the time to personally return a phone call, and appreciative patients usually do not sue. Regarding phone conversations, note the four basic rules: listen and instruct carefully; insist on seeing the patient or have the patient go to the emergency department if there is any doubt; ask the patient (or pharmacist) to repeat your instructions or orders to minimize miscommunication; and document everything in writing. Risk managers warn in particular of calls concerning abdominal or chest pain, high fever, seizures, bleeding, head injury, dyspnea, tight orthopedic casts, visual complaints, and onset of labor (www.thedoctors.com/KnowledgeCenter/PatientSafety/articles/CON_ID_000334). Finally, don't forget that a doctor-patient relationship may be formed as a result of a phone conversation, with an attendant legal duty of care. ■

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