

Profile of Full-Time Family Practice Educators

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This paper presents the first study of characteristics of full-time family practice educators in the United States. The majority of family practice educators entered the teaching field within the 1972 to 1975 time period, having done so after a period of ten to 20 years in the private practice of family medicine. Group practice (124) marginally outnumbered solo practice (102) with internal medicine and pediatrics representing the greatest percentage of patient care in all previous practice settings. A large majority of family practice educators have had two years of graduate training and are diplomates of the American Board of Family Practice. The respondents expressed a high degree of personal and professional satisfaction in their present positions, but many desired continuation of personal patient contact.

To date there has been no study reported of the characteristics of full-time teachers of family practice in the United States. This study was carried out in order to establish a profile of family practice educators in university family practice departments and community hospital family practice residency programs throughout the United States. Numerous aspects of full-time family practice teaching were investigated, including motivation, age, years in previous private practice, formal training to enter the field of education, prior teaching experiences, and satisfaction with current position.

Methods

Six objectives were established at the outset of this study. They were as follows:

1. Identification of present teaching position and teaching responsibility with respect to medical students and family practice residents.
2. Identification of the professional background of full-time family practice educators.
3. Identification of preparation for academic role undertaken by full-time family practice educators.

4. Identification of the personal motivation for becoming a full-time family practice educator.

5. Identification of other factors contributory to leaving private practice to become a full-time family practice educator.

6. Determination of the degree of self-satisfaction in present position.

During mid-1975, a survey was conducted throughout the United States to establish a profile of family practice educators. Questionnaires were distributed to all residency programs listed by the American Academy of Family Physicians and to all American medical schools having established departments of family practice.

The 240 replies received represented information from 220 family practice residency programs and 76 departments of family practice in the medical schools. In addition to gathering statistical data pertaining to age, length of service, preparation for teaching careers, motivation, etc, comments of family practice teachers with regard to individual experience were sought. The numerical discrepancies result from incomplete questionnaires.

Results

Of the physician-educators replying to the questionnaire, 206 are em-

ployed by universities and 171 have duties in non-university family practice residencies. Some have dual teaching activities. Thirty-four are chairmen of university departments and 94 are directors of hospital family practice residency programs. The vast majority interact with both students and residents, although resident teaching constitutes the greatest amount of effort.

Of the respondents, the earliest family physician to enter full-time teaching did so in 1956. Peak years for entering into family practice education were 1972 through 1975, as represented in Figure 1.

The length of time in private practice antedating the entry into family practice education is summarized in Table 1.

The specialties represented included general/family practice (202), internal medicine (18), pediatrics (8), surgery (3), and one each in neurology, psychiatry, preventive medicine, anesthesiology, obstetrics/gynecology, pathology, endocrinology, community medicine, and emergency medicine.

The average age of the physicians surveyed is 45 years, with the age distribution being 27 to 68 years.

The patient care distribution while in private practice, as estimated by these physicians, is summarized in Table 2.

The community size of previous private practice is outlined in Table 3, but may be summarized by stating that the greatest number of physicians entering family practice education came from areas of greater than 100,000 population (90) or less than 25,000 population (64).

The graduate training of the reporting family practice educators is shown

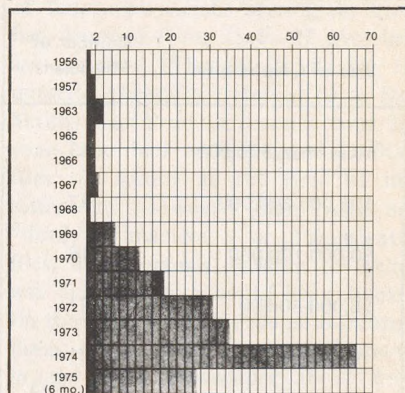


Figure 1. Number of Physicians who Entered Full-Time Teaching.

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Table 1. Years Full-Time Family Practice Teachers Engaged in Private Practice

Years	Number of Physicians
Less than 5	40
5-10	28
10-15	34
15-20	48
20-25	37
More than 25	25

Table 2. Patient Care Distribution

Internal Medicine	35%
Pediatrics	17%
Obstetrics	5%
Gynecology	12%
Surgery	12%
Psychiatry	12%
Other	7%

Table 3. Size of Community From which Full-Time Family Practice Educators Came

Size of Community	Number of Physicians
More than 300,000	43
100,000-300,000	47
50,000-100,000	18
25,000-50,000	21
10,000-25,000	31
5,000-10,000	24
Less than 5,000	9

in Table 4. The physicians specifying type of residency training include the following: 58 from family practice residencies, 41 from general practice residencies, and 40 from general internal medicine residencies. Among the remainder, some had training in pathology, preventive medicine, neurology, psychiatry, and obstetrics/gynecology.

Two hundred and thirty-four (234) responding physicians are board certified. Of this number, 84 percent are diplomates of the American Board of Family Practice. Further delineation of board certification is depicted in Table 5.

In preparation for the educator's role, 28 respondents had received

Table 4. Years of Graduate Training of Full-Time Family Medicine Educators*

Years	Number of Physicians
2 Years of Internship	10
1 Year of Residency	44
2 Years of Residency	53
3 Years of Residency	40
4 Years of Residency	7
5 Years of Residency	3

*Fellowships not included in above table

Table 5. Board Certification by Full-Time Family Medicine Educators

Certification	Number of Physicians
Family Practice	197
Internal Medicine	16
Pediatrics	8
Surgery	2
Other (Pathology, Preventive Medicine, Neurology, etc)	11

formal educational degrees, while 86 reported no specific preparation, and the remainder had participated in various workshops and seminars to prepare them for entering into family practice education.

A significant number of physicians reported teaching experience prior to entering full-time employment as educators. Of the full-time teachers answering the survey, only 39 had no prior experience. One hundred and thirteen participated in medical student education and 90 had been instrumental in resident instruction. One hundred and twenty-two had participated in hospital continuing education programs or similar endeavors. The overwhelming majority, 178 of the 240 replying to the specific questionnaire on motivation, reported a genuine interest in teaching as the prime factor in their career change. Twenty-three reported family persuasion or practice pressures as the reason for change, while 54 physicians listed a variety of other reasons.

Discussion

It is interesting to note that 151 physicians replying had accepted full-time teaching appointments within 100 miles of their former office locations, 101 of these within a ten-mile radius. Only 35 physicians had ventured more than 500 miles from their previous homes.

Of 237 physicians answering the query as to the basic satisfaction with their current positions, only 13 are dissatisfied. One hundred and eleven are particularly satisfied and 113 feel that their title and rank are appropriate. Less than 12 percent of the physicians answering intend to leave the teaching profession in the near future.

Many physician educators cite a desire to continue the private practice of family medicine along with their teaching responsibilities. Several of these remarked that their private practice activities are necessarily greatly curtailed, but they indicated their desire to continue a limited practice of family medicine as being essential for continued educational proficiency. Others, however, were quick to specify that private practice is not the sole avenue into the field of family practice education. They cite careers in public health service and military family practice as being examples of alternate methods.