Family Practice Residency Graduates As Faculty Members

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The demand for teachers of family practice is being met in part by recent residency graduates. The background of these individuals would not predict that they would become teachers, and a major role adaptation is required of them. Yet a number of factors lead them to elect to become faculty members. They possess several qualities different from faculty members coming from practice backgrounds and are, therefore, able to make unique contributions. A combination of recent graduates and practice-experienced faculty members may represent the ideal mix for the further development of academic family practice.

The rapid growth of family practice in the past few years has caused a great demand for teachers in the specialty. As general practice in this country had never in the past achieved academic status, there has been no pool of trained personnel available for this job. Therefore, the majority of the current teachers of family practice have come from practice backgrounds.[1] This is entirely appropriate, and most programs place high priority on practice experience as a credential for faculty membership. Nevertheless, recent graduates of family practice training programs, for the most part without practice experience, are finding their way into faculty ranks in small but significant numbers. Of the 1976 graduates of family practice residencies, 23 (3.5 percent) entered teaching.[2]

The issues faced by the practitioner turned faculty member have been previously discussed,[3-6] and are the topic of a series of workshops offered by the American Academy of Family Physicians. The experience of the recent residency graduate who becomes a teacher has not been described. The issues faced by this group are significantly different from those of physicians entering teaching from practice. In addition, some of the characteristics and potential contributions of this group are different. This paper describes them, drawing on the authors' experience, that of acquaintances in similar circumstances, and the current literature.

Reapproaching Academia

Family practice residents have been shown to be more idealistic than their peers in other specialties.[7] A previous report suggests that medical students choosing family practice do so, at least in part, out of a rejection of the traditional roles represented in the academic center.[8] A career in a new specialty does not offer the security inherent in traditional paths of training. Identity crisis among residents who find themselves in surroundings ignorant of or even hostile to their goals has been described.[9] For such individuals at the end of their training to turn and join the faculties of some of these same institutions may give rise to feelings that they have betrayed the ideals which led them to choose family practice in the first place. Prominent among these feelings is the commitment to the direct care of patient families, motivated by a belief in comprehensive, continu-

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ous care, and by the enjoyment of experiencing relationships with patients. Currently, teachers in family practice report a strong desire to continue practicing medicine.[1] Yet a resident observing his teachers can see how administrative, teaching, and research duties erode the time available for practice. One readily recalls the dismay felt by students interested in primary care when they surveyed their medical school faculty and found that many, perhaps most of them, had never practiced medicine. The recent residency graduate who becomes a teacher of family practice must feel himself to be an impostor in the role of model for future practitioners, for he has no real experience base for the philosophies, methods, and interventions which he promotes.

Why Teach?

The organization of medical education requires that those on one level teach those below them. Thus, all residency graduates have had some opportunity to try their hand at teaching. The overwhelming majority of family practice faculty report the desire to teach as a prime factor for becoming a faculty member.[1,5] It is gratifying to discover that one does possess valuable skills and knowledge which can be shared with others; it can be particularly exhilarating to be part of the forefront of an expanding, challenging field such as family practice.

Indeed, it is the desire to carry forward the training of the specialty which leads recent graduates to join faculty ranks. They have often been very active in curriculum development and evaluation as residents and desire to continue these interests. The motivation to improve and refine the residency experience is a significant factor in their decision to take academic positions. It is a manifestation of the idealism that leads many into the specialty of family practice.

More practical considerations also play a role. A resident's expectations of a practice setting may be difficult to fulfill. Data bases, disease indexing, health-screening protocols, dictated notes, and problem-oriented records are not commonly used by established practitioners. The graduate's strong desire to limit his practice may be viewed as a lack of commitment or unwillingness to work.[10] At best, he will be received with at least some wonder by his new colleagues, curious as to what this new breed is all about.[10] The resident who desires a group practice arrangement, but who cannot find a setting consistent with his goals, may be attracted by the opportunity to work among faculty members who share and understand the same goals.

A sense of incompleteness of knowledge base at the conclusion of residency is another reason for the recent graduate to choose academic family practice. This does not necessarily connote insecurity with basic medical skills, but rather a desire to expand into new areas and new approaches in medicine. As new techniques are developed and new personal interests emerge, academic family practice offers opportunities for growth through personal experience and research which a busy private practice would not allow.

Family pressure for a more predictable schedule, shelter from the current malpractice turmoil, and attraction to the qualities of living unique to a university setting are other reasons for a recent graduate to join a family practice faculty. In addition, for the more politically minded, an academic position may provide access to forums in which a crusade for family practice can be pursued.[3]

Unique Contributions

While family practice faculty and their residents tend to be similar psychological types, it has been shown that they differ in significant ways.[11] If these differences persist beyond completion of residency training, recent graduates may be expected to bring somewhat different styles of thinking and problem-solving into the faculty mix. Specifically, current program directors and established faculty tend to place great importance on imagination and new ideas. They rely heavily on personal values and intuition when solving problems.[11] This style seems well suited to the formulation of broad concepts and basic philosophies

which have characterized the development of family practice thus far. Residents are more likely to be practical, realistic, and observant, and to use logic as a basis for judgment.[11] These qualities seem very appropriate to the development of a research base and to the definition of the academic discipline of family practice. These challenges have been identified as the tasks of the second phase of the development of the specialty.[12,13]

New programs in particular may welcome a faculty member who has intimate experience with record systems and morbidity coding schemes unfamiliar to those coming out of practice backgrounds. Rotation scheduling and evaluations, hospital interspecialty training program politics, conference design, and model unit workings are aspects of program development to which the recent graduate may offer considerable insight, having just lived through them.

Most recent graduates have familiarity with the concepts and realities of the team delivery of health care. Physicians trained in an environment where mid-level practitioners are integral members of the delivery system understand the use and abuse of these professionals. Many older physicians may feel less comfortable than recent graduates in organizing and managing the health-care team.

Residency-trained physicians should be accustomed to digesting rapidly large numbers of journal articles and may be more familiar with research methods. Indeed they may already have some research experience. The mutual complement of their familiarity with recent scientific advances, coupled with the wisdom and experience of faculty members coming from a practice background, can provide a highly desirable teaching base of skills and knowledge.

Role Change

The most challenging task of a recent graduate is to define and become comfortable in his faculty role. His own educational needs are no longer his primary concern. Rather, he now shoulders responsibility for the training, competence, and ultimate certification of residents graduating from the program. This necessarily involves making demands, setting limits, and passing judgments on people to whom he may still feel more akin than to the faculty which he has joined.

Yet at the same time, the residents often select him as their advocate, believing that he will be sympathetic to their grievances because of his closeness to the residency experience. Conflict about roles is compounded if he is thrust into the position of mediator between the residents and the faculty members who expect the recent graduate to convince, persuade, or palliate the residents using his status as a recent alumnus of their peer group. The duality of roles and the subsequent ambivalence that often develops is a difficult tightrope to walk.

A second issue involves the credibility problem mentioned earlier. Residents look critically upon the recent graduate's lack of "real world" experience. They do not attribute to him the qualities of wisdom and clinical judgment which older faculty members possess. They would more likely assign him the role of extended chief resident than of mentor. The resulting eagerness of the recent graduate to demonstrate his expertise may cause him to offer help too quickly and provide answers too readily, thereby detracting from the residents' opportunity to think through problems for themselves.

The recent graduate faculty member finds himself being both advocate and judge, caretaker and taskmaster, different without being recognizably so. Out of this he must emerge confident in his ability to make important contributions to resident education, balancing his unique opportunity to perceive resident personal needs with the goals of the whole program.

Conclusion

Program directors in search of faculty may find recent residency graduates to be attractive candidates. Their predominant personality type and ex-

perience allow them to offer certain important contributions. However, they will probably manifest some degree of ambivalence toward becoming a faculty member, and an initial long-term commitment to teaching is not likely. A strong concern with getting practice experience and a desire to devote a significant amount of time to direct patient care responsibilities can be anticipated.

The change to the new role of faculty member represents a major adaptation for the recent graduate. Yet he may find teaching attractive for a number of reasons. Program directors must recognize the attributes and issues unique to recent graduates if they wish to attract these younger colleagues to faculty positions and capitalize on their potential.

A combination of recent graduates and practice-experienced faculty members may represent the ideal mix for the current tasks in the evolution of the specialty of family practice.

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