
Family Practice Forum

On Training Residents for Careers in Academic Family Medicine

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Family medicine has grown incredibly quickly in the past several years. This has resulted in a need for large numbers of faculty. The majority of faculty positions have been filled by those who have returned from the private practice of family medicine. Though this has been necessary for practical reasons, it is not an ideal solution to the problem for several reasons. There is a growing demand for an academic base in family medicine. Few physicians who have been practicing for several years have the orientation or the skills to perform clinical research. In addition, the skills necessary to become an effective practitioner are

vastly different from those required to be an effective teacher. Finally, in order to expand our academic base, there needs to be an emphasis on the study and understanding of the principles which form the basis of family medicine. These include the study of the family as a social unit and as a unit of health care, and the principle of continuity of care. Since these areas are just developing as a focus of the education of family medicine residents, physicians returning to academia are sometimes unable to teach these concepts effectively.

Therefore, how can programs encourage the development of residents into teachers as well as practitioners of family medicine? Several programs have begun, or are developing, fellowships in family medicine. These programs continue within the perspective and framework of family medicine while developing additional expertise in related areas. However, there is an alternative to extending one's training for two years. It involves early recognition of potential teachers and effective curriculum planning during residency training.

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In most family practice programs sufficient flexibility exists for a resident to effectively use elective time to prepare for the goal of becoming a teacher. If a particular resident, on entering a program, is inclined toward academic family medicine, an advisor should be sought as early as possible. This person would remain the resident's advisor throughout the residency years. The resident and advisor would meet on a regular basis to establish and coordinate a curriculum. In addition, assistance would be provided to help sort out academic and professional priorities, help seek and obtain the most suitable teaching position, and help provide stimulation in areas of research and innovative teaching methods. Certainly, a prerequisite to such a program is the availability of an appropriate advisor. This person should have considerable skill in the educational process and ample behavioral and communicative skills. Following this, the resident's academic curriculum should be planned. The areas of special emphasis might include social psychology, research, manuscript preparation, administration, conference preparation, speaking, teaching skill (one-to-one), peer review, utilization review, academic "system orientation," epidemiology, data gathering, and practical teaching experiences.

The crucial question is whether this is feasible within the context of a residency training program. It will remain a hypothesis until it is tested; however, as 2 third year residents in an "academic" training program, the coauthors of this paper are certain that a sounder, more comprehensive preparation for teaching careers could have been accomplished with earlier and more efficient planning. In going through the present three-year curriculum month by month, there are many rotations in which one or more half-days per week could be devoted to development in the areas referred to above. An examination of other programs revealed similar flexibility.

A nationwide need exists to promote and support the development of teachers of family medicine. It is our belief that widespread departmental support for the ideas presented here will result in more and better teachers of family medicine. The key elements in making this program work are the early identification of the "future academician" and the development of a sound, formal resident/advisor relationship. This would leave the resident ready to join the ranks of family medicine teachers and able to make a significant contribution to the advancement of this new and exciting discipline.

