

# Educational Professionals in Family Practice Residencies

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From its inception, family medicine has concerned itself with maintaining and improving the educational quality of its programs.<sup>1,2</sup> There are many indicators of this commitment to quality, including activities at the programmatic, association, and federal levels. Concern for quality and willingness to monitor its own development led family practice organizations to the development of the Residency Assistance Program. Recently, faculty development activities have proliferated in family medicine programs.<sup>3</sup> A recent federal funding cycle encouraged the development of "offices of scholarly activities" within departments of family medicine.

Having observed the long-standing commitment to educational quality in family medicine, the authors sought to investigate the degree to which family medicine residency programs provide internal assistance in the various activities of education. The authors were interested in discovering the degree to which programs support faculty and staff to promote, assist, and encourage educational endeavors within programs.

## Methods

A pilot tested questionnaire was mailed to the program director at each of 355 family practice residency programs in existence at the time of the

study (early 1979). The questionnaire took about 15 minutes to complete, asking for information about program type, faculty composition, residency size, educational personnel employed, and the values of ten educational services typically provided by educational professionals, services such as resident evaluation, curriculum development, and administrative research.

The data were analyzed using the *Statistical Package for the Social Sciences* version 8.0. Since this questionnaire was administered to the entire population of family practice residencies, inferential statistics were considered inappropriate. Descriptive statistics, however, are reported where they clarify understanding.

## Results

A total of 224 responses was received after two follow-up reminders for a response rate of 63.09 percent. This rate is considered acceptable for the purposes of this study since some programs may not have received accreditation at the time of the survey.

Table 1 depicts the number and kinds of educational personnel used by different program types for those programs which employ such personnel. Of the 224 programs, 84 employ their own educational resource groups.\* This result is distributed across all programs except Type 5 (military) in which no educational personnel were reported as employed. Type 3 programs (community based,

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\*A group, for these purposes, is one or more individuals

**Table 1. Educational Professionals Employed by Family Practice Residencies**

Program Type	Educational Resource Personnel		
	Faculty* Average/Program	Graduate* Average/Program	Staff* Average/Program
Type 1 (community based) n=9	.47	.18	1.20
Type 2 (community based, n=32 university affiliated)	1.06	.23	1.27
Type 3 (community based, n=16 university administered)	4.83	.36	2.30
Type 4 (university based) n=23	4.00	.53	5.86
Type 5 (military) n=0	-0-	-0-	-0-
Types 2 and 3 (both) n=1	3.00	-0-	10.00
Types 3 and 4 (both) n=2	2.00	.50	10.00
Types 2 and 5 (both) n=1	.40	-0-	-0-
<b>All Programs</b> n=84	2.56	.33	3.01

\*All are expressed in full-time equivalents (FTE) for programs employing educational professionals *only*

university administered) and Type 4 programs (university based) tend to have the largest educational resource groups. Groups include faculty, graduate assistants, and staff (secretarial, clerical).

Table 2 displays the average rating of importance assigned to ten services typically provided by educational personnel. As in Table 1, importance ratings are shown by program type for programs which employ educational professionals. This finding gives an idea of the relative value of services provided by these groups.

Overall, program directors rated evaluation of residents and evaluation of the curriculum as the two most important services their educational resource groups provide. Evaluation of residents was rated consistently highest across each type of program as well, though this service was rated slightly lower by Type 2 (community based and university affiliated) programs. Evaluation of cur-

riculum was again rated high across each type of program, and again rated slightly lower by Type 2 programs.

The most consistently low rated services were test analysis and construction, administrative research, and educational research. These areas were rated lowest by Type 2 programs. In general, Type 2 programs tended to rate educational services as lower in importance than did other program types. The only exceptions to this trend are in the areas of evaluation of preceptors and evaluation of faculty which were rated somewhat higher than Type 1 (community based) programs.

Given the variety of program types, it is interesting to note that all areas were rated at least "somewhat important." No area was rated as "not at all important."

When the relationship between number of residents and number of educational personnel em-

**Table 2. The Importance of Ten Educational Services to Programs Employing Educational Personnel**

Service	All	Type 1	Type 2	Type 3	Type 4	Type 5	Type 2/3	Type 3/4	Type 2/5
Evaluation of Residents	1.21	1.14	1.37	1.00	1.14	—	1.00	1.50	1.00
Evaluation of Faculty	1.37	1.63	1.48	1.13	1.32	—	1.00	1.50	1.00
Evaluation of Preceptors	1.53	1.86	1.65	1.29	1.42	—	2.00	1.50	1.00
Evaluation of Services	1.60	1.43	1.71	1.58	1.47	—	2.00	2.00	2.00
Evaluation of Curriculum	1.28	1.13	1.39	1.13	1.24	—	2.00	1.50	1.00
Test Analysis and Construction	1.81	1.67	2.00	1.80	1.59	—	2.00	2.00	2.00
Formulation of Written Objectives	1.60	1.50	1.70	1.40	1.67	—	2.00	1.50	1.00
Administrative Research	1.89	1.83	2.00	2.00	1.78	—	1.00	2.00	—
Instructional, Curricular Development	1.50	1.50	1.54	1.53	1.38	—	2.00	1.50	2.00
Educational Research	1.83	1.60	2.00	1.77	1.74	—	2.00	1.50	2.00
	n=84	n=9	n=32	n=16	n=23	n=0	n=1	n=2	n=1

Scale:  
1=Very Important  
2=Somewhat Important  
3=Not At All Important

ployed was tested, a weak relationship emerged ( $r=.23$ ). A more promising relationship was evident between faculty size and number of educational personnel employed ( $r=.48$ ).

### Comment

Over one third (37.5 percent) of responding programs employ educational resource groups, and all of these value the importance of educational services.

Apparently, most program directors feel that evaluation is a more important activity for educational professionals than developmental activities, such as curriculum development and writing objectives. These activities may be important to the program, but not for educational professionals. This point of view seems to be less true for university based programs, where curriculum development was rated higher than by other types of programs. This may be due to the influence of educational activities in the undergraduate programs, where educational professionals have facilitated curriculum development for some time.

The lowest rated activities were test analysis and construction, administrative research, and educational research. It is not clear why these activities were rated low except for test construction which is not a typical residency training activity. The two research areas, administrative and educational, may have been rated lower because they may not be perceived as high priority activities. With the emerging emphasis on research in family practice, one would expect this to change over time.

### References

1. Geyman JP: A competency-based curriculum as an organizing framework in family medicine residencies. *J Fam Pract* 1(1):34, 1974
2. Bland CJ, Houge DR, Hofstrand HJ, et al: Developing an objective based curriculum for a family practice residency. *J Fam Pract* 4:103, 1977
3. Bland CJ: Faculty Development Through Workshops. Springfield, Ill, Charles C Thomas, 1980