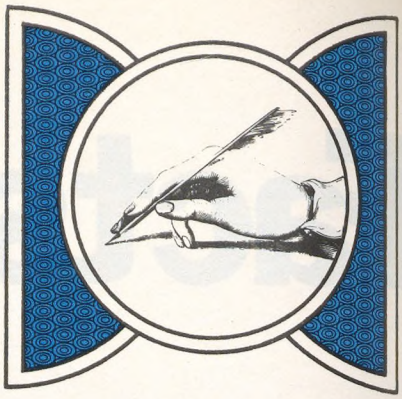
Letters to the Editor



The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Pediatric Training in Family Practice

To the Editor:

I read with interest the two articles, "Pediatric Training in Family Medicine Residency Programs" *(Rabinowitz HK, Hervada AR. J Fam Pract 11:575, 1980)* and "School Health Education in Family Medicine and Pediatrics" *(Collins TR, Graham D. J Fam Pract 11:583, 1980)*, and Dr. Geyman's editorial *(Pediatric Training in Family Practice Residencies. J Fam Pract 11: 531, 1980)* in the October issue of *The Journal of Family Practice*.

I would agree that our training in "areas of developmental disorders and learning problems of childhood" is woefully lacking. So it was in my recent residency tenure. I am happy to see this weakness pointed out.

However, I see two problems in implementation of change. The first is specific and logistical: if pediatric training only occupies about one fourth of our training time, this being taken up largely by learning in areas of general inpatient and outpatient pediatrics and neonatal care, where shall we squeeze in a new segment? As a recent residency graduate, I readily attest to the fact that my three years were quite full as it was.

Secondly, a broader problem occurs to me as I think back and recall the lack of facility with which my pediatric colleagues in my particular university program handled the "school referral clinic" and other related areas. I have the distinct feeling that they may have completed their own residency years feeling nearly as uncomfortable as I did dealing with these problems. Put another way, are there, in truth, *any* residency graduates (pediatric or otherwise) who feel really well trained in these comprehensive areas?

Notwithstanding, let us admit our shortcomings, and address and redress them as is possible.

James L. Fletcher, Jr, MD
Sparta, Tennessee

Family Practice Residents and OB/Gyn Clerkship

To the Editor:

I enjoyed reading the article by Vontver et al in the December issue of *The Journal of Family Practice (Impact of family practice residents on obstetrics and gynecology basic clerkship: Medical students' perceptions. J Fam Pract 11:10, 1980)*. This kind of educational research will help us determine the role of family practice in the overall medical education process. On initial reading, I was concerned to see that 22 percent of medical students responded that the presence of family practice residents had a negative effect on their obstetrics and gynecology clerkship; however, it

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should be noted that the question was asked in a highly narrow and limited fashion. The student had no opportunity to elaborate on the question or to give intermediate responses. The question was asked simply, "Viewed from an overall perspective, was the presence of the family practice resident helpful, harmful, or of no effect to your clerkship?"

It would seem that in order to accurately measure the impact of family practice residents on student obstetrics and gynecology clerkships, attitudes toward family practice residents would have to be compared either with attitudes prior to their rotation or with attitudes toward obstetrics and gynecology residents and/or residents from other services rotating on obstetrics and gynecology.

I believe that the authors should repeat the study attempting to ask the question, "How did the presence of family practice residents influence your experience in obstetrics-gynecology?" Furthermore, the appropriate control groups should be included before any conclusions are drawn from these data.

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The preceding letter was referred to Dr. Vontver, who responds as follows:

I would like to thank Dr. Smith for his comments and suggestions regarding the study of family practice residents on an obstetrical and gynecological clerkship. The central question in our study, "viewed from an overall perspective was the family practice resident helpful, harmful or of no effect to your clerkship?"—provides for three responses, all of which are stated in accordance with accepted standards for measuring attitudes. Responses predictably were scattered between these three possibilities. Although 22 percent of students felt the family practice residents hindered, Dr. Smith neglected to note that 48 percent of the students felt family practice residents were helpful on the clerkship. The latter data are emphasized in both the abstract and the conclusion of the paper. We did allow students to comment specifically as to which areas they felt the residents were helpful or harmful, and these comments were described in the article. Helpful aspects of family practice residents' presence included their broad perspective on patient care, sensitivity to patient needs, and patience in teaching. Harmful aspects were most often associated with competition for hands-on experience in deliveries. As stated in our discussion, from an overall perspective students felt family practice residents were more helpful than harmful to their learning experience on the clerkship, although their effect can be highly variable. Information gathered by the questionnaire was useful to us in providing feedback to faculty and residents. This in turn improved the relationship between family practice residents and obstetrics and gynecology students, which was our ultimate goal.

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