

Selection and Recruitment of Medical Students for Family Practice

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The selection of medical students and their later recruitment to the medical specialties are the result of a complex series of conditions that involve, for example, self-selection associated with a host of variables, reputations of residency programs and the specialties, and the dynamics of the total medical educational system. Thus there have been the development of family medicine and family practice as a specialty, an earlier period when funding by the federal government produced a large number of psychiatrists who had returned to residency training from general practice experience, the past decade of diminishing recruitment to psychiatry,¹ and the continuing small numbers of students attracted to such specialties as neurology. However, the 1980 AMA Division of Survey and Data Resources report indicated that psychiatrists, among 80 specialties, were 6th in number and neurologists were 26th.

The author has studied medical student selection for many years,²⁻⁶ and participated in their education⁷ and in psychiatric residency education for as many years. On the occasion of a semisabbatical leave, the University of Washington was selected as a study site because of its unique WAMI (Washington, Alaska, Montana, Idaho)

Program and its emphasis upon recruitment and training for family practice and rural medical practice. The goal of the University of Washington is to select students whose characteristics, personal and academic and clinical, will be such as to maximize the probability of their entering family practice. There is at UW a large Department of Family Medicine and a curriculum in which the department has an active and full role, beginning in the first two years of the medical students' education, a role which most schools do not provide for clinical departments until the traditional third and fourth "clinical years."

Although innovative in other ways, the University of California, Los Angeles, does not have a WAMI or other regional recruitment program, nor does it have a large family medicine program, nor does it specify family practice as a primary goal of its educational system. Because of these disparate characteristics, even though both UW and UCLA are major schools within the nation's medical educational system, the author was interested in looking at the products of the two schools in terms of their graduates and their training careers subsequent to medical school. To do this, the residency figures for the past decade were examined for each of the two schools.

These residency data are summarized in Table 1. Because of the small numbers of students entering six specialty areas, these areas were combined, as indicated in the table. Chi-square analyses of the data were performed to establish the probability that, for the ten specialty areas and six combined

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Table 1. Residency Specialty Training Selected by UW and UCLA Medical Graduates, 1972 to 1981

	1972-1976			1977-1981		
	UW	UCLA	χ^2*	UW	UCLA	χ^2*
Several**	18	4	>.01	28	11	>.01
Family practice	109	44	>.01	244	129	>.01
Flexible rotating	83	138		81	73	
Internal medicine	147	257	<.05	228	411	<.01
Obstetrics-gynecology	10	22		29	55	<.05
Orthopedic surgery	6	4		15	17	
Pathology	4	16	<.05	6	17	<.05
Pediatrics	32	77	<.01	40	97	
Psychiatry	15	20		19	24	
Radiology	4	2		15	13	
Surgery	37	88	<.01	84	95	
Total	465	672		789	942	
Grand Total				1,254	1,614	

*With 1 *df*
**Anesthesiology, oncology, ophthalmology, otolaryngology, rehabilitation medicine, urology

into one category for statistical purposes, differences between the schools were greater than zero.

Table 1 summarizes the data for nearly 2,900 medical students and their choices of medical specialty over two successive five-year periods (to observe any change or trends) for a decade of choice. These are substantial figures, even though only two schools are represented.

Four significant variations among the frequencies appear consistently over the decade: UW has produced more students who went into residencies in the specialties of anesthesiology, oncology, ophthalmology, otolaryngology, rehabilitation medicine, urology, and family medicine, the specialty area of interest to the writer which motivated the present study. UCLA produced significantly more students who went into internal medicine and into pathology; for the years 1972 to 1976, more UCLA students entered pediatrics and surgery than UW students; and, for 1977 to 1981, more entered obstetrics-gynecology than at UW. It should be remembered that these chi-square analyses take into account the varying frequencies among specialties and between schools (through rows and columns summing), so that absolute numbers are not the determining data for the chi-square significance levels. Thus, the 44 percent greater number of medical students trained during

the decade at UCLA does not account for the significant variations in frequencies established by the chi-square analyses.

These data suggest that a consistent effort to recruit medical students to family practice and to reinforce their motivations for this specialty through instruction and modeling beginning in the first years of medical education may meet the goals of such a direction for medical education and residency training. Where this direction is not primary to a medical school, other specialties find recruits.

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