

INCREASING RESIDENT RECRUITMENT INTO FAMILY MEDICINE: EFFECT OF A UNIQUE CURRICULUM IN INTEGRATIVE MEDICINE

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Introduction: Healthcare reform is highlighting the need for more family practice and other primary care physicians. The Integrative Medicine in Residency (IMR) curriculum project helped family medicine residencies pilot a new, online curriculum promoting prevention, patient-centered care competencies, use of complementary and alternative medicine along with conventional medicine for management of chronic illness. A major potential benefit of the IMR program is enhanced recruitment into participating residencies, which is reported here.

Methods: Using an online questionnaire, accepted applicants to the eight IMR pilot programs ($n = 152$) and four control programs ($n = 50$) were asked about their interests in learning integrative medicine (IM) and in the pilot sites how the presence of the IMR curriculum affected their ranking decisions.

Results: Of residents at the IMR sites, 46.7% reported that the presence of the IMR was very important or important in their ranking decision. The IMR also ranked fourth overall in

importance of ranking after geography, quality of faculty, and academic reputation of the residency. The majority of IMR residents (87.5%) had high to moderate interest in learning IM during their residency; control residents also had a high interest in learning IM (61.2%).

Conclusions: The presence of the IMR curriculum was seen as a strong positive by applicants in ranking residencies. Increasing the adoption of innovative IM curricula, such as the IMR, by residency programs may be helpful in increasing applications of competitive medical students into primary care residencies as well as in responding to the expressed interest in learning the IM approach to patient care.

Key words: Integrative medicine, family medicine, family medicine residency, graduate medical education, medical education

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INTRODUCTION AND BACKGROUND

Studies have established that consumers of healthcare are interested in complementary and alternative medicine (CAM) modalities.¹⁻³ Documented reasons behind this public interest include dissatisfaction with conventional medicine, a desire for more personal involvement in the healing process, and alignment with personal values.⁴ Given this interest and tacit criticism of conventional medicine, the task is how to educate physicians to assess and counsel patients about the safety and effectiveness of CAM services and incorporate appropriate IM interventions in the care of patients (e.g., nutrition, mind-body, motivational interviewing for behavioral change.)

Family medicine residencies have been responsive to these needs. For example, the Integrative Medicine in Residency (IMR) curriculum was a pilot program developed to provide an IM curriculum during family medicine residency. Eight family medicine residencies engaged in the new curriculum, which was designed specifically to fit 200 h of integrative medicine curriculum into an already-busy three-year family medicine curriculum.

The ability of this novel curriculum to enhance medical education and thus medical practice depends, of course, on medical students matching to a residency that has an IM curriculum. Given that the IMR curriculum can be developed and implemented, the question then becomes will the students come. This study reports on how the IMR has impacted recruitment by medical students to residencies that offer it.

Although the 2011 increase in the number of US medical students who chose family medicine residencies (94.4% of positions filled)⁵ continued a positive trend from the previous decade-long decline, future concern about successful student recruitment remains. In the same decade, the percentage of healthcare spending associated with people with chronic conditions increased from 78% to 84%.⁶ Many of these illnesses are highly amenable to lifestyle modifications that support primary and secondary prevention. An adequate

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workforce of family medicine physicians who are knowledgeable in IM approaches and lifestyle medicine is critical to meet the growing need for primary care.

The American Academy of Family Physicians (AAFP) and other family medicine organizations are intensely addressing four areas associated with medical students' selection of family medicine residencies, one of which is the educational curriculum offered. Studies show that curricula, along with factors such as geographic location, program reputation, quality of faculty, community or university affiliation, and number of international medical graduates influence student choice of family medicine residency programs.^{7,8} Residency programs that develop new models of education and practice attract a sufficient number of medical students to keep family physicians central to the healthcare of populations.⁹ Given the chronic illness burden in the nation's healthcare system, a curriculum that also emphasizes prevention and health promotion in primary care is of great importance. Resident education in integrative medicine can meet that need. This article describes the effectiveness of the presence of the Integrative Medicine in Residency (IMR) curriculum on medical students' ranking decisions and explores factors associated with medical students' interest in learning integrative medicine.

Integrative Medicine: Benefits to Family Medicine

Integrative medicine is a broadly inclusive healing-oriented, health-promotion, and prevention-oriented medical practice paradigm. IM emphasizes the core values of family medicine—it is person centered, evidence based, proactive, and continuous in nature.¹⁰ As compared to other biomedical models of care, a cardinal feature of IM is to maximize the range of treatment approaches available, including consideration of evidence-based CAM modalities. Curriculum guidelines have been published for physician training in integrative medicine at both the medical school and the residency levels.^{10,11} Further, residency education in IM also conforms to the Institute of Medicine recommendations that all physicians become familiar with CAM approaches so that they can properly counsel their patients regarding CAM use.¹²

The IMR curriculum is a 200-hour online educational program that began a pilot implementation and evaluation phase in 2008 at eight family medicine residency programs nationwide.¹³ Four additional residencies serve as control sites for evaluation purposes. The IMR is flexible and modular, so it can be incorporated in diverse primary care residencies.

Purpose of the Study

To assess the degree to which the IMR curriculum was influential in the residents' match ranking decisions, a Post-Match Survey was conducted. The survey also assessed resident interest in learning IM during residency, their interest in incorporating IM approaches into clinical practice after graduation, and other factors that related to interest in IM. A similar survey was given to the residents who matched at the control sites.

METHODS

Sample

The sample included all incoming PGY1 residents who matched at the eight Family Medicine IMR pilot sites in 2008, 2009, and 2010 ($n = 197$). Sites represented a mix of community-based ($n = 3$) and university-affiliated/university-based residencies ($n = 5$). A total of 152 residents completed the Post-Match Survey (77.2%). A control group of residents from programs that did not offer the IMR ($n = 80$) received a similar questionnaire (excluding items about the IMR curriculum being offered and discussed during match interviews). Two control sites were community-based and two were university-affiliated/university-based. Of the control residents, 62.5% ($n = 50$) completed the survey.

Measure

A brief self-administered online questionnaire consisting of 12 structured and open-ended items was developed for the survey. In addition to demographic information, items assessed included the following: having IM/CAM course work in medical school (whether required or elective); personal use of IM/CAM or visits with IM/CAM providers; awareness, understanding, and importance of the IMR curriculum in the residents' ranking decision; the main reasons for ranking their chosen residency so highly; the extent to which residents were interested in learning IM during residency; and the degree to which residents were interested in incorporating IM approaches into clinical practice after graduation. As appropriate to the wording of the structured items, response categories were dichotomous (yes/no) and, with the exception of the instrument administered with the 2008 incoming class, a five-response category Likert-type scale (1 = highest to 5 = lowest) was used. (The 2008 measure used a 4-point scale but was subsequently revised to achieve more response variability.)

Data Collection and Informed Consent

Data were collected online using an internet-based survey research website (SurveyMonkey) after the match period but in the two months prior to entering residency. Individual e-mails that described the survey, provided a unique identifier number, and included a link to the online survey were sent to each participant. Prior to accessing the survey, residents completed an online Informed Consent form and provided an electronic signature using the study ID. Signing the Informed Consent form allowed access to the survey. Approval for the survey was granted by the University of Arizona Institutional Review Board (IRB), the IRBs of the IMR sites, and the IRBs of the control sites.

Data Analysis

Data were stored online in SurveyMonkey until they were downloaded for statistical analysis using SPSS v. 18.0. Chi-square analysis, *t*-test, and one-way ANOVAs were conducted in the analyses comparing the IM residents to control residents on the Post-Match survey items. A multiple regression analysis was conducted to identify factors influencing the ranking decision for the IM residents.

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