Qualitative Exploration of Career Priorities in Pursuing Broad-Scope Family Medicine for Graduates of a Single Institution

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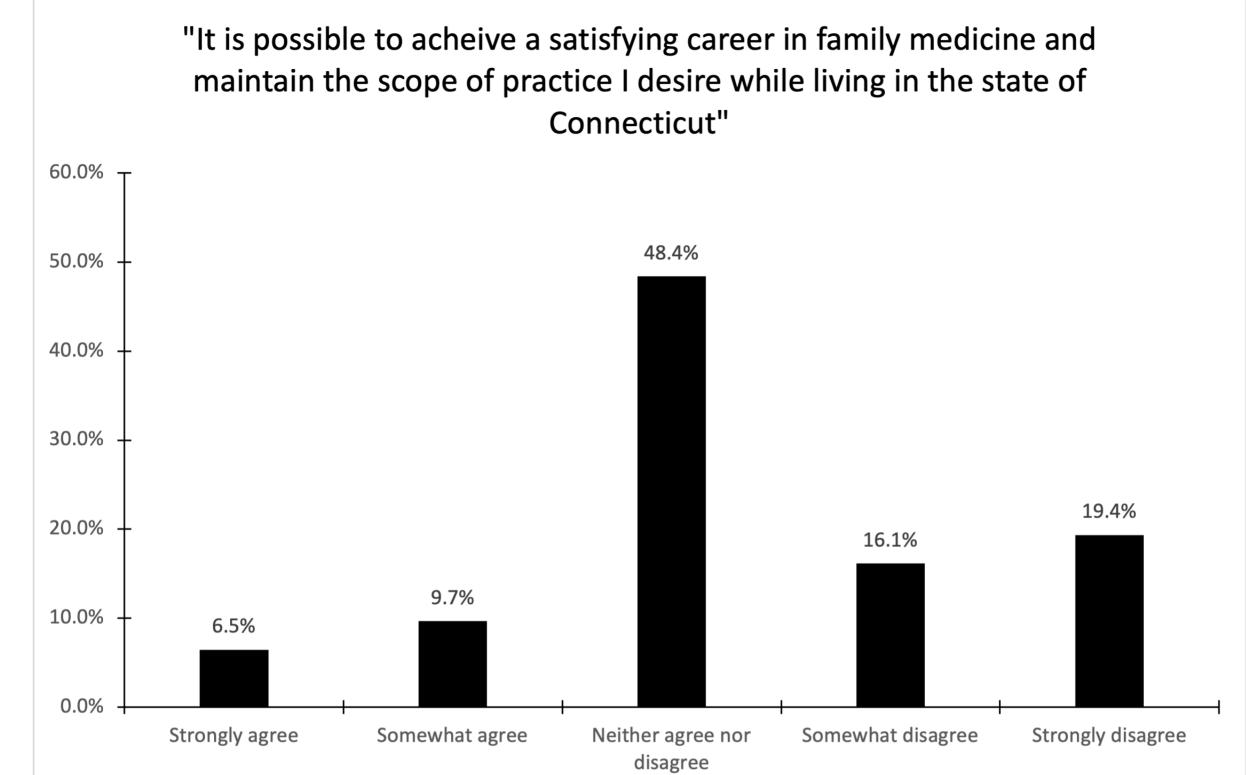
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ABSTRACT

As more family medicine residencies are created, there is a need to further understand what draws medical students to a residency, as well as factors affecting where residents accept their first attending job. Qualitative data were collected, via survey and semi-structured interviews, regarding participants' perceptions about the field of family medicine as well as their preferences related to their selection of a residency and post-residency position. Findings suggest that participants value broad-scope training during residency and continuing this scope as an attending, although job selection was heavily influenced by family factors.

BACKGROUND

In 2022, The American Academy of Family Physicians reported the lowest fill rate of family medicine residents since 2007¹. This means that the interest in family medicine from medical school graduates is overall not increasing at the same rate as new residencies are being created. In the face of reduced scope of practice across family medicine, particularly in the Northeast^{2,3} an exploration into motivators drawing a medical student towards a family medicine career is warranted. In a report published by the AAMC in 2021, Connecticut ranks in the bottom 10 states nationally in retention of UME and GME graduates⁴. With these statistics in mind, this study was designed to explore factors which draw Frank H. Netter MD School of Medicine students towards the field of family medicine, factors which draw residents to their residency, and factors which draw residents towards their first job after completing residency, all with a focus on scope of practice and geography. Our study was extended to include semistructured interviews to better capture qualitative information which could not be adequately portrayed with survey data. Specifically, we intended to ask questions about Connecticut and what would have drawn interviewees who moved to a different region to stay in the state for their residency or practice. As more family medicine residencies are designed, it is important to identify what draws medical students to their residency program to help new programs better attract students who will be a good fit, and it's equally important to understand what new attendings are looking for in a job.



Residents' and attendings' feelings regarding scope of practice in Connecticut. (n=31)

"I think Connecticut where it is, at least where it stands right now, obviously specialist-driven, specialist-heavy... in terms of what may be preventing folks like myself and maybe other people from staying [in-state]."

-Participant D

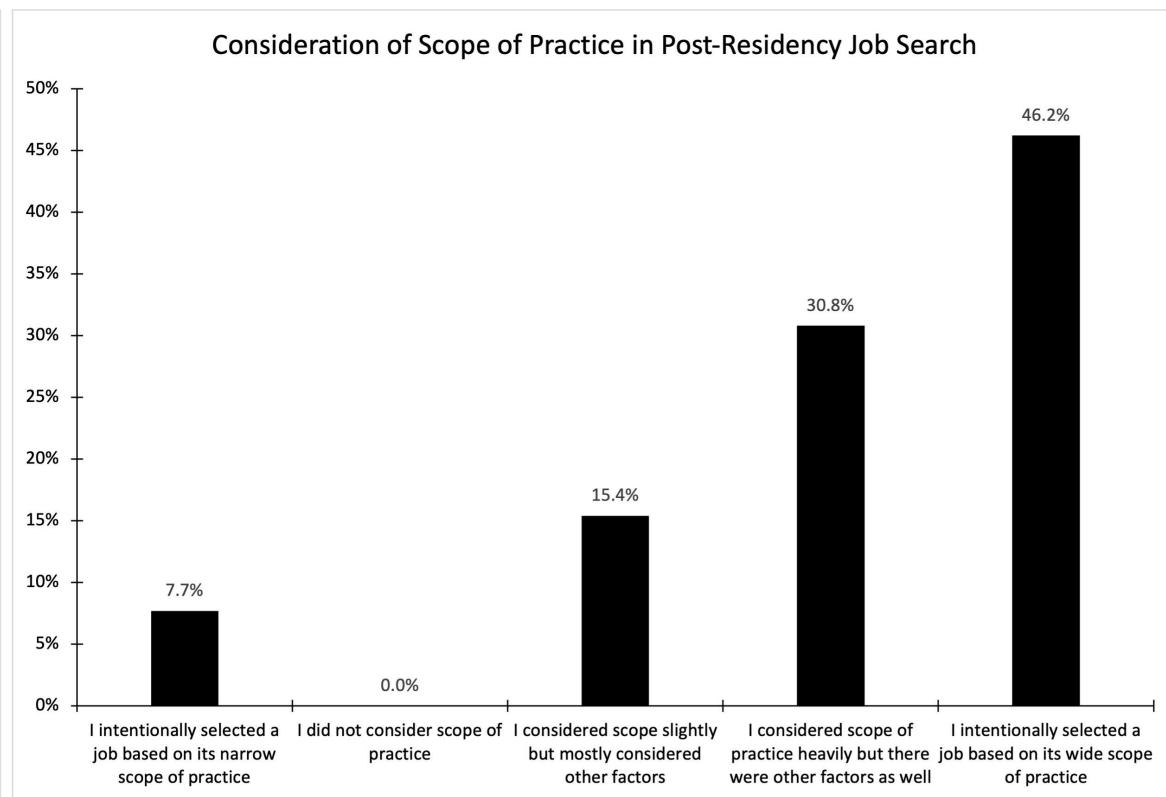
"All of my experiences at Netter only increased my desire to go into family medicine. Because overall I found the faculty, the training, the program to be really supportive of primary care... family medicine in particular."

-Participant E

METHODS

Survey: Data was collected via survey administered using Qualtrics, sent to all 56 graduates of Netter who have ever matched into family medicine as of Fall 2022. We designed a qualitative survey to capture demographic information about participants, breadth of participants' scope of training or practice¹, rankings of the importance of different factors in residency and job selections, and any additional comments regarding scope or selection of family medicine as a specialty.

Interviews: SY conducted all eight interviews via Zoom, with a set of guiding questions about medical school, residency selection, and experience in residency. Interviews were recorded, and SY transcribed the interviews to text to analyze for themes.



Attendings' factors considered when searching for employment after completing residency, aside from scope of practice. (n=13)

"I really got a sense from my rotations in Connecticut that I feel like a lot of family physicians in Connecticut end up being kind of backed into a corner in terms of scope" -Participant A

"I just had gotten pretty tired of explaining to people what family medicine was, and knew that for my training I didn't want to have to be explaining that all the time ... The Midwest and West coast tend to have more full-spectrum, whereas... East coast and New England especially was much more subspecialized."

-Participant C

REFERENCES



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RESULTS

Our survey received 31 responses, with 13 current attendings and 18 current residents (as of November 2022). 13% of survey participants reported growing up in Connecticut. Overall, our participants indicated that they were drawn to family medicine because of the broad scope of practice, with nearly all participants indicating this as a priority for choosing their field. In the survey, those who identified themselves as attendings were asked about what they valued when searching for employment after residency, and they reported valuing work/life balance, patient population, and family factors equally. When specifically asked about scope of practice, nearly half of attendings selected that wide scope of practice was the driving factor in their decision of what job to take after completing residency. Notably, all participants reported consideration of scope when selecting their jobs.

Eight semi-structured interviews were conducted with participants who had indicated interest in being contacted for the interview portion of data collection. Half of the interviewees were in residency or practice in the West, two were in the Northeast, and one each in the Midwest and South. We identified several major themes throughout the interviews, as well as specific subthemes for some. The major themes were (1) Drawn to broad scope of practice, (2) Desire to work with the underserved/underinsured, (3) Weight of family factors, (4) Prioritization of broad scope of practice in the residency programs, specifically (4a) OB/deliveries, (4b) Inpatient care and (4c) Culture encouraging of broad-scope family medicine, (5) Desire to maintain scope after residency, with (5a) Challenges in a non-rural setting (5b) Solution of FQHC work or academic work.

CONCLUSIONS

In conclusion, the qualitative findings from this study suggest that medical students from Netter who match into family medicine desire a rigorous education in broad-spectrum family medicine, in an area which accommodates their family's needs and preferences. Our interviews suggest that no matter what a residency or position offers in terms of scope or salary, the needs of family were a priority for our participants. Furthermore, this qualitative data may encourage more family physicians in Connecticut who are practicing a broad scope of practice to continue to mentor more medical students to model the opportunities available in the state.