2023, Volume 55, Issue 4, 215-216, e-ISSN 1938-3800

Family Medicine

EDITORIAL

Stages of Development

Meaghan Ruddy, PhD

AUTHOR AFFILIATION:
The Wright Centers for Graduate Medical Education and Community Health, Scranton, PA

HOW TO CITE: Ruddy M. Stages of Development. *Fam Med.* 2023;55(4):215-216.
doi: 10.22454/FamMed.2023.988850

I have to admit to being a little daunted by my first *Family Medicine* editorial. Family medicine is the specialty that welcomed me into medical education. As a nonclinician, to say I struggle with imposter syndrome in medical education is an understatement. I am so grateful that family medicine physician faculty saw in me, someone with a background in ethics, human development, and education, someone with value to add not only to curriculum but potentially in some way to the care of patients and families. Shortly after being introduced to family medicine as a specialty I was welcomed into STFM, and learned quickly through immersion about the power of the patient story, of listening, and communication as the filters through which clinicians sift dense medical knowledge and patient care processes to iteratively deliver the best care they can given systemic constraints. It was fascinating and maddening and incredible, and it still is (Jen and Janet, if you see this, thank you).

In one of my early experiences at STFM conferences, I was on an elevator with someone at the same venue for a different gathering of medical specialists. They read my badge. "Society for Teachers of Family Medicine? Family medicine has a teaching society? What do you do?" I was very new, and not feeling very equipped to represent, but managed to blurt out, "We share practices on medical education" or something similarly basic. This person was flabbergasted. "That's incredible! We don't have that!" (anesthesiology, I think.) In that moment, I became keenly aware of how lucky I was to have been invited into family medicine.

As a layperson and as a patient, the making of a physician is a mystery to me. The most anyone is likely to understand without knowing a physician personally is that there is a lot of schooling. It is true that medicinal and surgical practices are ancient, however in the grand scheme, attempts at standardizing medical education are fairly nascent, and graduate medical education even more so. As we learn more about how we learn, subspecializations in education also need updating. Add to this the iterations on the sciences and practices that inform curricula, and it should come as a surprise to no one that the art and science of medical education is likely to be a never-ending formative assignment.

Luckily, we have STFM and *Family Medicine* to capture the ongoing work of medical education. Within this and every issue of *Family Medicine* lie potential keys to unlocking the next phases of growth and change. As Russell et al[1] show, short exposures to those with minimal experience can improve knowledge and motor skills in abdominal aorta point-of-care ultrasound. Could a similar approach be the answer to the question raised by Lu et al[2] regarding the facilitation of dermoscopy training? Might the machine learning that aided Knapke et al[3] in revealing key differences in family medicine and non-family medicine student application materials be applied to understanding the questions raised by Eiff et al[4] regarding resident perspectives on patient volumes and preparedness for practice?

Speaking of growth and change, it has not escaped the editors of *Family Medicine* that family medicine education research is standing in an enormously opportune moment. On July 1, 2023, a new set of Accreditation Council for Graduate Medical Education (ACGME) program requirements for graduate medical education in family medicine go into effect. *Family Medicine* has received some reactions to these changes, of varying perspective and degree, that are assumptions at this stage. I am certain the journal is in excellent company in this respect.

Every single ACGME-accredited family medicine residency program is about to gather the last round of what might rightly be considered control data for the annual August upload into the Accreditation Data System. Imagine the possibilities available right now to begin forming research questions based on the July 1 changes in the family medicine program requirements. Now imagine the power of all these programs connecting on those questions, comparing the impact of those changes.

Perhaps this next part is a bit of wishful thinking, but it may be the case that not only is the potential to capture the impact of these changes immense, but so too is the potential

to catalyze change based on what the research may show. Might the questions posed by Bridges et al[5] about the need to invest in education about systemic racism be addressed robustly now that the competency of medical knowledge includes the core requirement that "Residents must recognize the impact of the intersection of social and governmental contexts, including community resources, family structure, trauma, racial inequities, mental illness, and addiction on health and health care received?" Will these changes help more physicians like Drs Devlin[6] and Zhang[7] feel wholly accepted? What will be the impact of additional electives on longitudinal practice patterns and concomitant future program requirements? What impact will these updates have on GME program finances, particularly on teaching health center GME programs that primarily serve underserved communities and may not be able to easily absorb the loss of time? What opportunities might there be to measure the impact of any of these changes on patient outcomes and community health?

Family medicine residencies are not alone in undergoing program requirement updates. However, given its history of intentional engagement in education, the specialty may be uniquely positioned to examine itself as it develops over time. I count myself enormously fortunate now to be in a position to, even in some small way, support the chronicling of this stage in family medicine's evolution.

REFERENCES

1. Russell F, Herbet A, Lobo A, Ferre R, Nti B. Evaluation of Point-of-Care Ultrasound Training for Family Physicians Using Teleultrasound. *Fam Med.* 2023;55(4):263-266.
2. Lu M, Holt J, Harper D, Verdieck-Devlaeminck A. Dermoscopy training in family medicine residencies: A CERA survey of program directors. *Fam Med.* 2023;55(4):259-262.
3. Knapke J, Mount H, Mccabe E, Regan S, Tobias B. Early identification of family medicine physicians using qualitative admissions data. *Fam Med.* 2023;55(4):245-252.
4. Eiff P, Ericson A, Dinh D. Resident visit productivity and attitudes about continuity according to 3 versus 4 years of training in family medicine: A length of training study. *Fam Med.* 2023;55(4):225-232.
5. Bridges K, Rampon K, Mabachi N. More than half of family medicine clerkships do not address systemic racism: A CERA study. *Fam Med.* 2023;55(4):217-224.
6. Devlin K. Locs that bind. *Fam Med.* 2023;55(4):269-269.
7. Zhang E. One-Liner. *Fam Med.* 2023;55(4):268-268.