

## Good News and Bad News

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In July of 1982, I completed my family medicine residency and entered my first faculty position at an army community hospital residency. As a new faculty member, the army enrolled me in a series of faculty development workshops at Duke University and a year later I entered the faculty development fellowship at the University of North Carolina (UNC). Prior to that time, my experience with family medicine faculty was limited to family physicians and the single behavioral science faculty member I worked with as a resident. So my work at Duke and UNC was my first exposure to the interdisciplinary nature of family medicine. While completing these programs, my teachers included Kathy Munning, Steve Bogdewic, Bill McGaghie, and Frank Stritter. In fact, most of the teachers in these faculty development programs were not physicians. Some had their professional training in education or management. Others had a background in the behavioral sciences or in population health. When I attended my first STFM meetings, I met Marian Bishop, Carole Bland, and Don Ransom—all experienced family medicine leaders whose professional backgrounds were not in medicine. So while I learned to be a family physician from physicians, I learned academic skills mostly from nonphysicians. The focus of my work in those early days was to teach students and residents to be family physicians, and it became clear that many disciplines had a role to play in making that education better. As my career progressed and I became a residency director and later a department chairman, the goal expanded from teaching family physicians to studying how to improve primary

care practice and education more broadly. As a department chair, I found myself in the role of recruiting new faculty members and it was immediately apparent that recruitment and development of nonphysicians needed to be approached differently from physician recruitment. Potential physician faculty members have a shared experience of completing medical school and graduate medical education during which time they have been socialized into our discipline. Potential faculty members from fields outside of medicine have not yet experienced such acculturation.

Today, it is no longer possible to have a successful department of family medicine if everyone on the faculty is a physician. That is why the study by Mainous and colleagues published in this issue of *Family Medicine* is long overdue.<sup>1</sup> Their study examines the job satisfaction and professional identity of 360 nonphysician faculty members using a sample obtained from the membership rolls of organizations belonging to the Council of Academic Family Medicine (CAFM). The average tenure in a family medicine department or residency of the responders to this survey was 13 years. Two-thirds were women. Thirty-eight percent identified themselves as being behavioral health specialists and 69% had completed a doctoral degree. Overall, the study found a high degree of professional identity in family medicine and a strong commitment to the organizations in which they work. The study also found overall job satisfaction to be high.

As with any research, there are weaknesses to this study. The survey was sent only to faculty members who were members of

professional organizations in academic family medicine and therefore excluded faculty who are not members of these organizations. It seems likely that joining family medicine organizations would be a consequence of being well socialized into the field, so the study probably overestimates the professional identification and job satisfaction of nonphysician faculty in general. Furthermore, nonphysician faculty with a largely clinical role might be undersampled in this study because such faculty members may be less likely to join organizations or attend organizational meetings. Nevertheless, the survey's methods are strong and the study offers valuable insight into the interdisciplinary nature of our field.

Once upon a time, family medicine departments and residencies hired faculty from the behavioral and population sciences to help us to train better family physicians for community practice. Professionals from outside of medicine helped us to teach family physicians, but were rarely found in community practices. Today, community practices include a far more diverse population of professionals, often incorporating integrated behavioral health, pharmacy, physician assistants, advanced practice nurses, nurse practitioners, and data analysts. In addition, our training programs now work with learners from many disciplines and this has changed the work of our entire faculty. As our discipline has embraced the patient centered medical home, we have also embraced a more professionally and intellectually diverse workforce. Unfortunately, the story does not end there. As encouraging as the work of Mainous and colleagues is, we should be concerned about the cultural and ethnic diversity of this

workforce. A central finding of their study is that white responders to their survey had higher professional identity and job satisfaction than their nonwhite colleagues. Perhaps this is not surprising. After all, we live in a country that struggles broadly with issues of racial and ethnic diversity; there is no reason to think we would be immune to such problems. Nonetheless, we should find this finding sobering when it comes to understanding just how welcoming a field we actually are.

Just as America is a nation of immigrants, so too is family medicine a discipline comprised of people from diverse professional backgrounds. Just as America struggles with how to be a tolerant and inclusive culture, family medicine struggles with the same problems when it comes to racial and ethnic diversity. Regardless of the current controversies about immigration in America, our country and our discipline are stronger when we welcome everyone to share our values. We are also stronger when those who work in our field more closely resemble those we serve. Family medicine has a long history of welcoming faculty members from disciplines outside of medicine and we should be proud of this tradition. But we still have work to do to complete the picture.

## Reference

1. Mainous AG, Rahmanian KP, Ledford CJ, Carek PJ. Professional identity, job satisfaction, and commitment of nonphysician faculty in academic family medicine. *Fam Med*. 2018; 50(10):739-745.