

Student Identity and Geography Matter for Specialty Choice in Family Medicine

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TO THE EDITOR:

We were pleased to read the article “Associations of the Informal Curriculum and Student Perceptions of Research With Family Medicine Career Choice¹” by Beinhoff et al, which identified positive attitudes toward family medicine research as the most strongly correlated characteristic for family medicine graduates—a finding we found surprising. An opportunity may exist to gather additional demographic data on the students, as well as on programs in the Western United States, to strengthen this study and further identify ways to promote family medicine as a career choice.

Beinhoff et al’s study included no survey responses from medical schools in the Western United States. Medical schools west of the Mississippi River have a 40% higher rate of students selecting family medicine than those to the east.² For instance, the University of Washington School of Medicine’s Wyoming, Washington, Alaska, Montana, and Idaho (WWAMI) program has the largest percentage of its graduates entering family medicine over any other specialty, with nearly 50% of graduating students choosing primary care over the past 20 years.³ The absence of data from the western schools, therefore, limits the generalizability of this study. We were surprised to learn that the recruitment of institutions for the survey happened at the 2017 Society of Teachers of Family Medicine conference on Medical Student Education, which was held in Anaheim, CA, where one could assume that western schools would be well represented. We believe that we have uncovered an opportunity for the authors: Repeat the study in the western region and then compare the results to the

original study. If no other informal curriculum components are identified in the western states, then targeting individual student’s attitudes toward family medicine may be of further help.

Though perhaps retrieving this information is not possible now, demographic information on the individual students filling out the surveys can identify underlying factors contributing to the attitudes toward family medicine. Although the entire medical workforce lags behind the racial and ethnic diversity of the US population, family medicine has the greatest racial and ethnic diversity, in both leadership and practicing physicians.⁴ Students underrepresented in medicine (URiM) have reported greater intent to practice in underserved areas and have an increased likelihood of choosing primary care careers.⁵ Previous studies have identified that faculty demographics and access to underrepresented mentors within medical schools were major factors in determining specialty choice for URiM students.⁶ Because Beinhoff et al’s study recognized research as having the strongest correlation to matching in family medicine, understanding the demographics involved in research mentorship is necessary. Being able to identify URiM student attitudes toward family medicine could encourage specific actions reflective of individual school demographics. Adding this key piece of data could contribute to family medicine’s efforts in leading the way to diversity and equity within medicine. We greatly appreciate the initiatives to increase family medicine graduates and believe that this area can continue to be researched with more geographical and demographic variables.

We look forward to better identifying informal curricula nationwide that support increasing family medicine graduates throughout our medical schools. We are happy to collaborate with the authors in this effort.

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