

An Overview of Ways for Increasing Medical Students' Interest in Family Medicine as a Specialty

Paula Gardiner*

Department of Family Medicine, Boston University Medical Center, Boston Medical Center Place, Dowling 5 South, Boston, USA

Abstract

Medical students interested in family medicine appear to be impacted by a different set of circumstances than those interested in other specialties. Being female, being older, having previously lived in a rural place, emphasising continuity of care, wanting a shorter residency, and the influence of family, friends, or community are all connected with medical students preferring family practise. There are some disparities in the characteristics that influence job choice between medical students from rural and urban backgrounds. To boost the supply of family physicians, medical schools may think about including aspects into the admissions process and the medical curriculum that promote family medicine as a career option.

Keywords: Family medicine • Increasing medical students • Family practise

Introduction

I didn't contemplate family medicine at first since I didn't understand the field's varied lifestyle and extensive flexibility. I was also scared by the idea that primary care was so broad that it demanded a vast knowledge base. In contrast, I believed that surgery was so tactile and specialised that I could get expertise in a few technical operations and spend the rest of my career honing them. I eventually realised that the complexity of family practise is what draws people in, and the expertise required to navigate the field is what distinguishes it as an art form. The broad spectrum of the speciality allows a physician to discover a niche that meets his or her own needs and practise. I performed a small lesion removal, managed multiple diabetics, optimised asthma and COPD therapies for a number of patients, treated many cases of hypertension, ruled out a couple DVTs, treated a few individuals with behavioural and mood disorders, managed complex pain, treated A-fib and CHF, rounded at a nursing home, and saw patients at an addiction recovery centre, as I do most weeks in rural southwest Missouri. All of this while working with four midlevel providers who help me provide coverage in the nursing home, urgent care facility, and addiction clinic. During another week, I might be going to meet with state legislators or to speak to a local organisation or medical group about treating alcoholism and opioid addiction in primary care [1].

The speciality of Family Medicine (FM) arose from the need for holistic contextual patient care. FM training provides special characteristics that enable the physician to provide health care at a cheap cost while maintaining excellent standards of care for all patients, regardless of age, gender, or sex. Increasing the number of the workforce providing primary medical care has become critical, particularly in developing nations with limited resources. Undergraduate medical education is a viable way for meeting this requirement and ensuring equitable access to quality healthcare through primary care practitioners. The integration of undergraduate FM training into the medical school curriculum was one of the measures used by several regions to increase interest in family medicine [2].

**Address for Correspondence:* Paula Gardiner, Department of Family Medicine, Boston University Medical Center, Boston Medical Center Place, Dowling 5 South, Boston, USA, E-mail: paula.gardiner10@bmc.org

Copyright: © 2022 Gardiner P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 04 October, 2022; Manuscript No. JGPR-22-84880; **Editor Assigned:** 06 October, 2022, PreQC No. P-84880, **Reviewed:** 18 October, 2022; QC No. Q-84880, **Revised:** 25 October, 2022, Manuscript No. R-84880; **Published:** 31 October, 2022, DOI: 10.37421/2329-9126.2022.10.477

To address the unmet need for primary care physicians, family medicine was included into Nigeria's undergraduate medical school in 20083. The outcomes of five studies on the effect of clinical clerkships on encouraging interest in FM specialisation have been mixed. This study expected that increased exposure to the speciality through clerkship would boost interest in the speciality. Numerous undergraduate medical programmes have indicated a low level of interest in FM specialisation among medical students (3 - 29%). With undergraduate FM being in its infancy in Nigeria, few studies have been conducted to investigate the characteristics that influence medical students' interest in the speciality. More research on young medical graduates' career choices is needed if measures to improve career opportunities in FM are to be adopted [3].

Description

Undergraduate FM programmes are relatively new and are distinguished by brief times of exposure in West Africa. The respondents showed a general lack of interest in FM, which is significantly lower than what has been observed in the United States, Canada, and South Africa. Similar to Ghana, surgically-oriented specialties (surgery and obstetrics and gynaecology) were the most favoured fields of speciality across all levels of medical students¹, most likely due to surgeons' perceived better salary and prestige compared to other specialties. However, according to this study, a bigger proportion of students may investigate FM in the future, indicating a potential opportunity to make FM more appealing. The purpose of this study was to identify the sociodemographic and economic variables of medical specialisation among medical students in Females indicated a higher proportion of present interest in FM and future consideration of the speciality, which is consistent with earlier studies that show females are more likely to select FM. This outcome could be explained by the perception that FM provides for more quality family time. It is worth noting that male medical students in Nigeria tend to specialise in surgery. Individuals with a family member in FM had a larger proportion of those interested in FM than those with a family member in another speciality. This implies that close ties, such as those seen in good mentorship, can influence specialised selection [4].

Family medicine, in my opinion, is the medical field's heart and soul. It incorporates elements of various specialties and serves as a gateway for many patients to receive more specialist care. Before specialists, there were general practitioners who provided comprehensive medical care. Everything we know about medicine was built on the shoulders of generalists who paved the path for more individualised care.

Family practise, in my opinion, extends beyond primary care for individuals. It's about relationships and caring for entire families that span

generations. It is more than just a branch of medicine. There is an art to good bedside manner, establishing hope, creating confidence, providing comfort, educating, counselling, and encouraging change while tailoring treatment regimens that are effective. As family physicians, we offer something ethereal and unquantifiable that subspecialists cannot match, and that algorithms and protocols cannot replace. We are consummate physicians, expertly navigating the entire health-care system and blending experience from all specialities into our daily clinical repertoire. We are eager to learn and many of us want to broaden our area of practise, but we are also comfortable with what we don't know and are always ready to consult with subspecialists or refer if necessary. We are family doctors. We are the friendly neighbourhood doctors who become like part of your family. We are the medical home's foundation. May we always be at the centre of primary care, providing highly integrated comprehensive services [5].

Consider precepting students in your own practise if, like me, you know you made the proper decision. Never underestimate the significance of what we do for our communities as family doctors and what seeing it might mean for students. Part-time family physicians may opt to practise medicine in order to care for their families, develop other hobbies, or plan for retirement. Part-time practise is financially possible for many family physicians, but it can be difficult for others. Another option for full-time practise is job sharing, which consists of one full-time equivalent (FTE) post shared by two part-time physicians. This approach is beneficial because it typically reduces paperwork and administrative chores.

In a previous study that included a survey of family medicine department directors and professors at 24 medical schools, we discovered that every indicator of research strength or research activity was inversely associated to the production of family medicine graduates. These indicators included the department's research orientation as reported by the department head, the quantity of time spent on research as reported by the faculty, and the importance put on research at their institution as reported by both department heads and faculty. The cause of this association is unknown; however it could be related to the school as whole, as research-oriented universities may matriculate students who are more interested in research jobs and less interested in family medicine, rather than factors in the family medicine departments. The topic of family medicine research is especially pressing given the continued decline in the proportion of US medical school graduates choosing family medicine. The study's goal was to look at recent medical school graduates, their specialty selections, and how their attitudes toward and interest in research connect to decisions to practise family medicine or not. Unlike earlier studies, this one examines a range of metrics of research interest, such as research activities in medical school and interest in research activity separate from an academic or research-based profession. It also examines how the relationship between research interest and specialty preference evolves over time, between the first and last years of medical school.

Conclusion

The third variable was a score that included matriculation and graduation interest in family medicine. There were four categories formed: interest in

family medicine both at matriculation and graduation (firm family medicine), interest in family medicine at matriculation but not at graduation (lost to family medicine), no interest at matriculation but interest at graduation (gained to family medicine), and no interest either at matriculation or graduation (no interest either at matriculation or graduation) (never family medicine).

We calculated a measure incorporating academic/research career plans at matriculation and graduation for the fourth variable. There were four categories formed: interest in an academic/research career both at matriculation and graduation (firm research), interest in an academic/research career at matriculation but not at graduation (lost to research), interest in an academic/research career at graduation but not at matriculation (lost to research), and interest in an academic/research career at graduation but not at matriculation.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Kim, Su Hyun, Young-Mee Lee and Jong Tae Park. "Patients' perspectives on sexual history taking in Korea." *Patient Edu Counselling* 70 (2008): 370-375.
2. Butler, Michelle M. "What are the essential competencies required of a midwife at the point of registration?." *Midwifery* 24 (2008): 260-269.
3. Walker, Susan H. "Knowledge and reported confidence of final year midwifery students regarding giving advice on contraception and sexual health." *Midwifery* 30 (2014): e169-e176.
4. Jackson, Karen B. "A study exploring UK midwives' knowledge and attitudes towards caring for women who have been sexually abused." *Midwifery* 25 (2009): 253-263.
5. Ören, Besey. "Attitudes, beliefs and comfort levels of midwifery students regarding sexual counselling in Turkey." *Midwifery* 56 (2018): 152-157.

How to cite this article: Gardiner, Paula. "An Overview of Ways for Increasing Medical Students' Interest in Family Medicine as a Specialty." *J Gen Prac* 10 (2022): 477