Profile Of Full-Time Family Practice Faculty With Private Practice Experience

Anthony E. Foley, MD, and Ronald J. Markert, PhD

An estimated 40 to 50 percent of full-time family practice faculty members come directly to academia from residency or fellowship programs.[1,2] Presumably, the remainder have had some private practice experience. Two 1977 profiles of full-time family practice faculty with prior practice experience[3,4] show that the main reason family physicians left practice for academia was their interest in teaching. Family practice began as a specialty in 1967 and started accrediting residency programs in 1969. In its nascent years the academic acceptance of family practice would have hinged on competent patient care and clinical teaching.[5] Clearly, experienced family physicians were crucial to the survival of the newborn specialty in those years.[6] Now, one-quarter of a century later, the specialty must rise to new challenges. Research excellence, institutional leadership, up-to-date obstetric (among other) clinical skills, income generation, role modeling, and clinical niche development are among the demanding challenges in the academic medical center.

Success has been uneven. The lack of research activity in family practice departments has been widely studied and is believed to threaten the position of family practice in academic medicine.[7] Faculty development programs have been in place since 1978 and have demonstrated success in imparting teaching skills[8]; however, similar efforts to increase research activity have not been as successful.[9,10] Part of the poor research record resides in faculty patient care loads and lack of time or funding for research within the family practice department. Family practice is struggling to stake out areas of excellence, influence institutional policy, generate patient care dollars, and provide leadership while trying to overcome the declining interest in primary care practice.[5,11]

It could be that it is no longer realistic to recruit faculty from private practice and expect research, teaching, administration, patient care, skill enhancement, and mentorship duties from each and every recruit. We surveyed US family practice faculty with previous private practice experience to explore why they changed careers, to discover their attitudes toward teaching, administration, and research, and to find out what they would include in faculty development curricula. We hypothesized that despite changing demands on family practice residencies, the views of experienced family practice faculty today have not changed substantially since 1977, when the specialty mainly required clinically skilled physician-teachers.

Methods

A two-phase survey was conducted of all US-based, nonmilitary family practice residency programs. In the first phase (June 1991 to January 1992) each program was asked for names of physicians who held full-time faculty positions and had had 5 years of private practice experience before entering academic medicine. The second phase involved sending an 18-item questionnaire addressing eight content areas to the named physicians. Data used in this study were from faculty questionnaires returned by spring of 1992.

Results

Three hundred sixty-five US-based, nonmilitary family practice residency programs were included in the survey, and 286 (78.4 percent) responded. Five hundred thirteen physicians were named as full-time faculty having 5 or more years of private practice experience. Four hundred eleven physicians (80.1 percent) responded to the questionnaire. Fourteen physicians were excluded after review because they were not both full-time and experienced in practice. The results below are from the remaining 397 physicians. Some re-

Submitted, revised, 10 March 1993.

From the Department of Family Practice, Wright State University School of Medicine, Dayton, OH. Address reprint requests to Anthony E. Foley, MD, Department of Medical Education, St. Elizabeth Medical Center, 601 Edwin C. Moses Boulevard, Dayton, OH 45408.

J Am Board Fam Pract: first published as 10.3122/jabfm.6.4.407 on 1 July 1993. Downloaded from http://www.jabfm.org/ on 6 November 2026 by guest. Protected by copyright.

spondents did not answer all items; thus the results below have different denominators. When the denominator is less than 397, it is identified.

Ninety percent (359) of full-time physicians were men. The mean age was 48.0 years (SD = 10.0 years). On average, respondents had practiced 11.6 years outside academic medicine and had been full-time faculty members for 7.4 years. Only 2 percent (8) came from the military.

Fifty-four (13.6 percent) taught nonmedical subjects before entering medicine. There were 302 of 383 (78.9 percent) who taught students and residents part-time while in private practice, though only 88 of 327 (26.9 percent) were paid for this teaching.

Fifty-three physicians (13.4 percent) had masters' degrees, 6 physicians (1.5 percent) had doctorates, 4 physicians (1 percent) had doctoral degrees other than the Doctor of Medicine or the Doctor of Osteopathy degree. Nearly all (96.7 percent) physicians were board-certified in family practice. Sixty-three of 394 physicians (16 percent) completed a fellowship: 8 (2 percent) Robert Wood Johnson fellowships, 37 (9.4 percent) faculty development fellowships, and 19 (4.8 percent) some other type of clinical fellowship. Only 52 of 381 (13.6 percent), however, thought that faculty should be enrolled in a course of study that leads to a master's degree.

Two hundred fifty-eight of 379 (68.1 percent) said that academic practice was more fulfilling than private practice, 70 (18.5 percent) indicated it to be less so, and 51 (13.5 percent) reported that academic and private practice were equally fulfilling. Change in compensation with the switch to academic medicine was about evenly divided among the three choices: 31.3 percent (120 of 383) made more money, 37.3 percent (143) made less, and 31.34 percent (120) made about the same.

Respondents also were asked to rate on a scale from 1 to 5 the importance of various factors in their decision to leave practice and choose a full-time faculty position (Table 1). Between 380 and 393 responded to each item. Only the "wanted to teach" response (mean = 4.45) was judged to be a highly important reason for switching. The final question concerned the importance of various elements of a faculty development program that would have helped when the responding physician first became a faculty member (Table 2). Between 392 and 395 responded to each item.

Table 1. Reasons for Choosing a Full-time Faculty Position.

Reason	Mean* Score	SD
Wanted to teach	4.45	0.81
Tired of practice	2.41	1.23
Wanted to do research	2.21	1.22
Wanted administrator or managerial career	1.85	1.13
Experienced change in personal circumstance (other than health)	1.83	1.31
Responded to financial incentive	1.49	0.92
Experienced change in health status	1.24	0.84

*Mean rating based on a scale of 1 = not important, 3 = fairly important, 5 = very important. SD = standard deviation.

The 3.72 rating for "theory and practice of teaching" is consistent with the high rating for the "wanted to teach" item in Table 1. "Theory and method of research" (3.07) and "instruction in interpersonal skills" and "people management" (3.00) were rated fairly important subjects for inclusion in faculty development courses.

Discussion

Clearly, in late 1991 family physicians leaving private practice to take full-time faculty positions did so in order to teach. Before entering medicine, some faculty members (13.6 percent) were career teachers in nonmedical fields. This study

Table 2. Helpful Elements of a Faculty Development Program for New Faculty Coming from Private Practice.

Elements	Mean* Score	SD
Theory and practice of teaching	3.72	1.16
Theory and method of research	3.07	1.35
Instruction in interpersonal skills and "people management"	3.00	1.35
Update and review intellectual content of family practice	2.57	1.22
Help with issues of personal adjustment	2.37	1.29
Individual psychological or career counseling	1.94	1.12
Course of instruction leading to a master's or other advanced degrees	1.75	1.00

*Mean rating based on a scale of 1 = not important, 3 = fairly important, 5 = very important. SD = standard deviation.

J Am Board Fam Pract: first published as 10.3122/jabfm.6.4.407 on 1 July 1993. Downloaded from http://www.jabfm.org/ on 6 November 2026 by guest. Protected by copyright.

documents heavy earlier involvement (78.9 percent) in part-time medical teaching even though only 26.9 percent were paid. Wanting to teach was the main reason physicians chose full-time faculty positions, and wanting to teach better was the most desirable component of faculty development programs for new faculty coming from private practice.

Attitudes toward research were less clear. Although only 23 physicians (5.9 percent) listed research as a very important factor in their career change, 77 physicians (19.5 percent) thought research theory and methodology to be a very important part of a faculty development program. Theory and method of research received the second highest overall rating of the seven curriculum components suggested for a faculty development program. Our questionnaire did not ask whether the physicians surveyed were actually engaged in research, nor did it allow physicians to offer additional reasons for their career change or additional components they would like to see in faculty development programs.

Compensation (pay) was not a significant issue. Two-thirds of the faculty made the same or more money as they did in private practice, and four-fifths of the physicians did not consider finances very important in their career change decisions. In 1977 Black[4] found more physicians who took less pay to teach than we did, but his physicians were in private practice for more than 20 years on average compared with 11.6 years in our late 1991 survey.

Issues possibly related to stress (tired of practice, change in health status, or personal circumstances) did not seem to motivate career changes. The commitment to teaching overwhelmed all other factors.

Our data imply that experienced physicians new to full-time faculty positions value instruction to improve teaching skills and to increase knowledge about research methodology. Faculty development programs, however, had not led to research productivity.[10,12] McGaghie, et al.[13] evaluated the effects of a 1-year, part-time fellowship in family medicine on the scholarly behavior of its participants compared with a family practice residency-trained cohort who had no faculty development fellowship. These researchers found that there were effects on subsequent faculty appointment, membership in the Society of Teachers of Family Medicine, presentations at national meetings, publications, and research and teaching for the participating family physician fellows. Physicians in the comparison group might not have been comparable, however, because they had not indicated interest in academic family practice similar to that of the experimental group, which had selected a fellowship designed to prepare interested family physicians for academic careers.

It is not clear that family practice faculty development programs (with the possible exception of the now defunct Robert Wood Johnson program) have provided the depth and intensity of training needed to produce the characteristics of successful researchers. Bland and Schmitz[14] infer that only extensive periods of research training are related to success in obtaining grants, and time spent in research training should be structured systematically (more than 80 percent time devoted to research), be monitored by one or more advisors, and imbue in the fellow an academic identity. Following such training, success in research depends on affiliating with family practice departments that provide strong support for faculty research.[14,15] Such a training experience might not be consistent with a specialty whose strength is patient management.[16] On the other hand, faculty members hired to be research directors are much more likely to engage in research than other family practice faculty. Perhaps, it is time for family practice departments to hire physician-scientists[17] or research directors to provide leadership in primary care research, as is urged by Bland and Ruffin.[15] Other family physicians in the department might assume responsibility for teaching and patient management with only collaborative responsibility for research.

There are implications from our research that are germane to curriculum development for family practice fellowships for older physicians. First, the curriculum should emphasize innovative and improved instruction methods for teaching in clinical settings. Second, because faculty with earlier practice experience tend to be physician-teachers by both training and expressed interest, it is not advisable to overemphasize the creation of researchers through the shortened format of a faculty development program. The literature documents the importance of numerous personal and environmental factors in enhancing faculty research productivity.[14,15] Third, stress does not seem to be causing physicians to leave

J Am Board Fam Pract: first published as 10.3122/jabfm.6.4.407 on 1 July 1993. Downloaded from http://www.jabfm.org/ on 6 November 2026 by guest. Protected by copyright.

practice for academia. Yet as Black[4] points out, stresses are generic to the first several years of an academic career. It seems reasonable to include academia-generated stress management in faculty development programs. Also, there is some evidence that experienced physicians might need a different curriculum from those newly graduated from their residencies. Lastly, it might be wise for faculty development programs to offer opportunities for updating and expanding clinical skills to widen the content areas the faculty member can teach. It has been suggested that a major reason former family practice faculty development fellows leave academic practice is too little clinical work.[10] Consequently, the faculty physician will be better able to address patient management needs, a demand that in an academic family practice department competes strongly with teaching and relegates research to a secondary pursuit.

References

1. Swee DE, Winter RO, Hammond BL. Testing a model of academic career development. Fam Med 1989; 21:350-4.
2. Garr DR. Characteristics and job satisfaction of family physicians in full-time teaching. Fam Med 1986; 18:269-73.
3. Longnecker DP, Wright JC, Gillen JC. Profile of full-time family practice educators. J Fam Pract 1977; 4:111-2.
4. Black HH. The effect of career change from private practice to full-time family practice faculty. J Fam Pract 1977; 4:701-6.
5. Taylor RB, Colwill JM, Puffer JC, Heffron WA, Marsland DW, Rakel RE, et al. Success strategies for departments of family medicine. J Am Board Fam Pract 1991; 4:427-36.
6. Petersdorf RG. Primary care applicants — they get no respect. N Engl J Med 1992; 326:408-9.
7. Perkoff GT. The research environment in family practice. J Fam Pract 1985; 21:389-93.
8. Sheets KJ, Henry RC. Evaluation of a faculty development program for family physicians. Med Teach 1988; 10:75-83.
9. Culpepper L, Franks P. Family medicine research. Status at the end of the first decade. JAMA 1983; 249:63-8.
10. Hitchcock MA, Anderson WA, Stritter FT, Bland CJ. Profiles of family practice faculty development fellowship graduates 1978-1985. Fam Med 1988; 20:33-8.
11. Colwill JC. Where have all the primary care applicants gone? N Engl J Med 1992; 326:387-93.
12. Bland CJ, Hitchcock MA, Anderson WA, Stritter FT. Faculty development fellowship programs in family medicine. J Med Educ 1987; 62:632-41.
13. McGaghie WC, Bogdewic S, Reid A, Arndt JE, Stritter FT, Frey JJ. Outcomes of a faculty development fellowship in family medicine. Fam Med 1990; 22:196-200.
14. Bland CJ, Schmitz CC. Characteristics of the successful researcher and implications for faculty development. J Med Educ 1986; 61:22-31.
15. Bland CJ, Ruffin MT 4th. Characteristics of a productive research environment: literature review. Acad Med 1992; 67:385-97.
16. Stephens GG. The intellectual basis of family practice. J Fam Pract 1975; 2:423-8.
17. Kelley WN, Stross JK. Faculty tracks and academic success. Ann Intern Med 1992; 116:654-9.

J Am Board Fam Pract: first published as 10.3122/jabfm.6.4.407 on 1 July 1993. Downloaded from http://www.jabfm.org/ on 6 November 2026 by guest. Protected by copyright.