Group 3 – Making FM Residencies More Attractive to Students

Problem statement:
Since the passage of the ACA, and despite its support for primary care, interest in family medicine among US medical students has grown only modestly in allopathic schools, and significantly less than psychiatry, for which pay is comparable or lower and which suffers from a cultural stigma regarding mental illness. While there are many root causes for this limited growth, it is important to consider what we can do to make family medicine residencies more attractive to the best US medical students.

Focus Question:
How should we change FM residency programs to make them more attractive to students?

Pre-Reading:
- AFMRD’s organizational report, which includes summaries of the FM-NICCE and Clinic First collaboratives,
- Recent articles describing the outcome of the P4 initiative and the I3 and Colorado PCMH collaboratives.
- News report on the growth of Psychiatry residencies
- Jama research letter on pregnancy leave across specialties

The ABFM focused organizational presentation will summarize the AFMRD/ABFM collaborative around resident survey and outcomes

Group Charge:
Describe which 3-5 changes in family medicine residency would be most important to make them more attractive to students.

Questions for Consideration:
1. How should family medicine residency curricula change?
2. Can/should we make residency training more flexible?
3. Should we change residency regulation around pregnancy leave?
4. How to best address student misconceptions?