# Correspondence

## Reframing Medical Education: A Focus on Primary Care

*To the Editor:*

Changing the medical curriculum to meet the challenges of modern health care is a good idea.[1] Perhaps the area of greatest need is primary care.

Most primary care physicians (PCPs) no longer take care of hospital or nursing home patients. Increasingly, their time and their office staffs' time is consumed by administrative work in the form of insurers' regulations: prior authorizations for medications, referrals, and the distractions posed by electronic health recording, among others. These intrusions have led to widespread dissatisfaction and burnout among many PCPs.

A severe shortage of PCPs exists. Although policymakers have expressed the need for more PCPs for more than 50 years,[2-4] the response from medical educators has been lackluster.

Today, only 17% of U.S. medical students are entering primary care residencies. Clearly, it will be impossible for medical schools to train enough PCPs. However, by taking a pragmatic approach, by customizing and shortening the college and medical school curricula, and by providing PCPs clinical training in community health centers rather than in hospitals, primary care doctors could be ready for service in 6 or 7 years, not 11.

If medical educators trained more PCPs for more rapid entry into the workforce, the workload per individual physician would be more manageable, enabling more time to spend with patients. Of course, this would cut into PCPs' incomes; but with shorter training time and less burdensome educational loans, the tradeoff may be acceptable.

More likely, however, nurse practitioners[5] will be entering the primary care workforce to provide the primary care services that they trained for—a position endorsed by the National Academy of Medicine (formerly the Institute of Medicine). Although the idea of nurse practitioners as independent providers of primary care has not been enthusiastically received by doctors, it is a good idea.

*Edward J. Volpintesta, MD,*
*Bethel, Connecticut*

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https://doi.org/10.14503/THIJ-18-6817

## Reframing Medical Education

*To the Editor:*

I read the editorial by Fred and Gonzalo[1] in the June 2018 edition of the *Texas Heart Institute Journal*. It saddens me that so many medical schools are completely going along with this "reframing" movement without questioning it. "Let's replace some of the traditional skills needed to become a doctor and to practice medicine, why don't we?" Have you watched medical students try to take complete histories? Have you watched them attempt, much less perform, complete physical examinations? Do *they* know how to identify anything other than normal heart sounds, let alone understand and characterize what they're hearing? How about their ability to examine the fundi? Have *you* ever tried to review electronic medical records and figure out in timely fashion what's actually going on with the patient?

As an "old school" student, I learned Health Systems Science (HSS) from mentors and other practitioners

and did all right during my 26 years in private practice and academic medicine. If students and new doctors are supposed to need so much HSS information, why not start medical school 2 or 3 months earlier? That would be better than distracting students from old-fashioned stuff like anatomy, physiology, pathology, history, and physical examination skills. When I asked our Associate Dean for Curriculum why we were changing our course requirements to eliminate several of these necessities, the best that he could say was, "Because other schools are doing it." I can't believe he had the gall to verbalize it!

I'm glad that I'm retired now and don't have to try to explain why physicians need to be able to interact with patients, and why we need to be the team captain for health-related professional people who bear no responsibility or liability for patient care and outcomes. However, I'll ensure that all my personal doctors are at least 50 years old. If they are, I can be confident that they spent their educational years learning *medicine*.

*Steven Kraft, MD (retired),*
*Gainesville, Florida*

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https://doi.org/10.14503/THIJ-18-6825

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*The letters above were sent to Dr. Fred and Dr. Gonzalo, who respond in this manner:*

We thank Dr. Volpintesta[1] and Dr. Kraft[2] for their comments about our editorial[3] and welcome the opportunity to respond.

Volpintesta's suggestion for producing more primary care physicians—although sound in theory—would be almost impossible to implement anytime soon. It would force medical schools to make substantial changes in curricula already undergoing the far-reaching modifications described in our editorial. An even bigger barrier, perhaps, is the widespread belief among today's trainees that specialties other than primary care offer them more prestige, more income, and more satisfying work-life balance.

Kraft echoes sentiments expressed by some practitioners and some academicians,[4] especially those who trained in the "high-touch" era (late 1940s to mid-1970s).[5,6] The reframing movement embraces traditional clinical skills, views them as crucial to good patient care, and does not attempt to replace or abandon them. It emphasizes instead a shift in mindset for physicians and their need to acquire health systems science skills. Many medical schools have yet to adopt this 3rd-pillar model. We agree that a considerable number of current medical students, house officers, and recent graduates lack sufficient clinical skills.[7] And we, along with others,[8,9] have encountered serious problems with the electronic health record.

Revising any longstanding tradition typically raises controversy and often leaves some degree of sadness and regret. But all things change, and we change with them.

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Texas Heart Institute Journal;
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https://doi.org/10.14503/THIJ-18-6838

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