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THE STUDENT AND GENERAL PRACTICE

An Analysis of Responses to a Questionnaire
by Nebraska and Kansas Medical School Seniors

by

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and

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A THESIS

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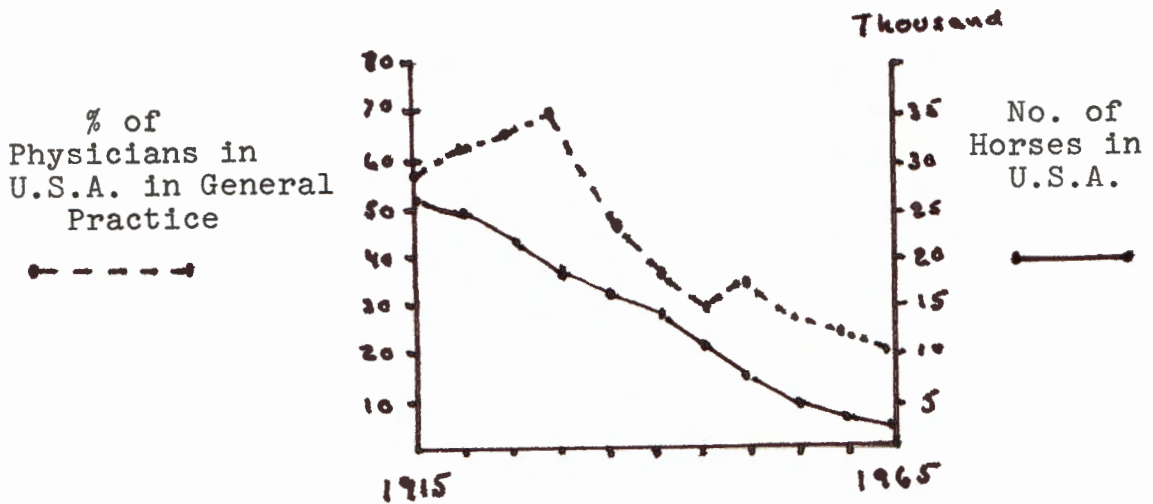
Osler described the general practitioner as "the back bone of the medical profession." During the past ten years there would appear to be a renaissance in America--if one could judge by the innumerable articles, symposiums, conferences and extensive studies--over the concept of general practice. That there is, indeed, a shortage of general practitioners, is generally accepted; and that the shortage has become acute is illustrated by absolute numbers. In 1931 there were 112,000 general practitioners; and in 1960 there were 75,000 and in six years that number has dwindled until in 1966 there were but 66,000 in the United States.¹

The American Medical Association, American Academy of General Practitioners, and other groups have begun to pay more than lip service to the problem, and theories abound in the educational literature as to the cause of the shortage. Most writers on the subject have a pet theory as to the cause of the decline. The figure on the following page illustrates the clear association between the decline in percentage of physicians who are general practitioners and the number of horses in the United States. To argue that this association proves the cause of decline is patently absurd. Haggerty stated in an introduction to his survey, "I would submit that much of what each individual thinks he knows about the decline in general practice is based upon the same limited view."²

Although, as stated above, we now concede a problem exists, actions to date such as establishing general practice residencies, internships, and family comprehensive medical

care programs in some medical schools, have not reversed trends unfavorable to family or general practice.³ As a result, the American Medical Association created the now oft-quoted Ad Hoc Committee to study the causes of and possible solutions to the shortage.

Prompted by the endless discussions on the subject, and being aware of the serious shortage of general practitioners in our home state, Nebraska, a poll of the senior medical students at the University of Nebraska was conducted to determine attitudes regarding general practice both as an entity, and as a career. It was felt that an answer to "wither general practice goest" could be rendered with more insight by senior medical students than by scholars-at-large or older established physicians. Whether the seniors replying are correct in their judgments or not, is of much less concern than enumerating exactly what their judgments are. In addition, because of the differences inherent in various regions of the U. S., it was felt that to validate some of the statistics compiled by previous surveys and investigators, it could be determined whether other workers findings are applicable to Nebraska or not.



Printed questionnaires were mailed to all senior medical students at the Universities of Nebraska and Kansas. These included an explanatory cover letter, a four page questionnaire, and an addressed, stamped, return envelope. The authors hoped that a student could find more propitious times to fill out the questionnaire during their leisure at home, as opposed to filling them out en masse after a class lecture.

The questionnaires consisted of six sections and a block for identifying data concerning the students background. There were a total number of fifty questions, which for the most part had only "yes", "no", or "no opinion" answers, the latter of which could be signified by a blank response. The questions were composed entirely by the authors of this paper. The last portion of the questionnaire was the only part to have any open-ended replies. In these latter questions, students were asked to comment briefly on the "single most important factor in their state's physician shortage.

The authors resorted to yes-no, or no-opinion questions, as opposed to various degrees of affirmation or rejection, for two reasons. First of all, yes-no opinion polls are easier to tabulate although it is conceded there is no way of determining the intensity of affirmation or rejection. Secondly, it was felt that yes-no answers would be more compatible with the simple approaches taken to each question,

and therefore confusion could be held at a minimum. This questionnaire did bear out the latter reason, as there were a very small number of blank or no opinion answers. Prior to this questionnaire, Nebraska medical students had been requested to fill out other inquiries, some of which were open ended, and others in which multiple alternatives to each question were offered. This proved to be confusing, and in the opinion of the authors, conducive to obtaining inaccurate data.

As the authors in the Nebraska study were themselves senior medical students, questionnaires were mailed to the senior students at Kansas University to serve as a control on the Nebraska series. There have been no personal contacts between the Kansas seniors and the authors of this study. Returns proved to be excellent. In Nebraska, if the questionnaires were not remitted within two weeks after being mailed out, students were contacted personally and requested to complete their questionnaires. As a result, 88 of 94 Nebraska students replied. In the Kansas group, 69 of the students replied within two weeks and are included in the study.

Sections II and IV dealt with specific descriptions of general practice. Section III contained three questions regarding knowledge of general practice residency requirements. Section V concerned only those who were considering general practice as a possible career.

In an effort to determine general attitudes toward general practice as an entity, the first question was as follows:

DO YOU FEEL STUDENTS WHO DO CHOOSE GENERAL PRACTICE SHOULD BE

	NEBR.	KANSAS
ABOVE AVERAGE	43%	61%
AVERAGE	57%	37%
BELOW AVERAGE	0%	2%

The above question was simply stated without qualifying what "average" etc. entailed. It was intended to mean average or above average in all respects, eg. grades, diagnostic ability, personality and so forth. Apparently, the question posed little difficulty in interpretation for the student as 93% of the Nebraska seniors and 93% of the Kansas students saw fit to answer the question without additional comment. There are at least two noticeable responses. More than half of the total number of replies indicated that only above average students should be general practitioners and secondly, for those who are actually contemplating general practice, the great preponderance thought the answer should be average. As shown in the next table, a total of 18 students thought that students who did choose general practice were actually below average. It would seem that although the great majority of students feel that those who go in for general practice are actually average, they are less than what one-half of the seniors thought they should be.

DO YOU FEEL THAT STUDENTS WHO DO CHOOSE
GENERAL PRACTICE ARE:

	NEBR	KANSAS
ABOVE AVERAGE	5%	0%
AVERAGE	84%	84%
BELOW AVERAGE	11%	16%

Students were next asked if they felt they personally could be competent general practitioners after one year of internship. In Nebraska 37% replied yes and in Kansas, it was 28% yes. When asked if they felt a competent general practitioner required formal training beyond internship, 57% of the Nebraska and 80% of the Kansas students replied yes. It was noted that although 37% of the Nebraska students felt they personally did not need extra training, several felt that their fellow students did need the extra work if they were to become competent general practitioners. These percentages appear to corroborate the national thinking in that even though students consider general practice as a career, they feel the necessity for additional training beyond internship.⁴

Out of 140 replies as to whether they thought the physician shortage was more acute in general practice or specialties, 136 or 97% of the total sample population indicated the shortage was in general practice. These 140 students further expressed their views as to the location of the shortage:

	NEBR.	KANSAS
URBAN AREA	54%	50%
RURAL AREA	46%	50%
BOTH		
NEITHER		

One hundred per cent of those replying felt the shortage was definitely acute in the rural area. Of note, is the fact that one half of the students felt there was a definite need for generalists in the urban, as well as the rural areas. This view is at variance with some of the published opinions. Many people tend to associate "rural" with wilderness and "cities" with specialty practice.⁵ In many of the articles published, the definition of rural and urban should be established. A town of 2000 people twenty miles from a city of 100,000 is considered rural yet, many would be loathe to call that "being in the wilderness."

The U. S. census considers communities with populations below 2500 as rural.⁶ The open end replies at the end of the questionnaires indicate that many seniors felt that towns with populations below 10,000 could also be considered as being rural. This points up the differences in interpretations as to what the definition of "rural" really connotes. From the replies obtained, it would appear that a town of 5000 population is considered as being rural regardless of the official definitions.

In the next section of questions, statements were given and the student was asked whether he generally agreed or disagreed.

STATEMENT	NEBR % AGREE	KANSAS
GP'S ARE OVER WORKED.....	93	97
GP'S ARE "JACK OF ALL TRADES & MASTERS OF NONE	31	58
GP'S DON'T KEEP UP WITH MODERN METHODS.....	19	36
GP'S ARE GENERALLY INCOMPETENT.....	5	3

There seems to be almost unanimous agreement that general practitioners are over worked. It might be added that approximately half of the students represented in this response have served preceptorships with general practitioners in small communities. It would indicate that their exposure to general practice first hand, has failed to change their minds regarding work habits of the generalist. This finding is in accordance with those of Monk and Terris,⁷ who noted the increasing demand for shorter hours and a more orderly existence was given increasing importance in selection of a specialty for a career. This same vast majority of students also seemed to feel that GP's, in general, are competent, although 16 Nebraska students and eighteen Kansas students felt that GP's did not keep up with modern medicine to the students' satisfaction.

Whether the generalist has a future in large hospitals continues to be an enigma and the results shown on the following page tend to be somewhat confusing.

STATEMENT	NEBR % AGREE	KANSAS
GP's COMMAND AS MUCH RESPECT FROM THEIR PATIENTS AS SPECIALISTS DO.....	91	81
GP's SHOULD BE ALLOWED TO PERFORM SURGICAL OPERATIONS.....	88	67
GP's ARE GENERALLY DISCRIMINATED AGAINST BY SPECIALISTS	53	67
GP's HAVE A FUTURE IN LARGE HOSPITALS eg. OMAHA OR KANSAS CITY.....	38	18

The majority of students in both schools feel that the general practitioner's future in large hospitals is limited, yet they feel general practitioners should be allowed surgical privileges. Although 60 students at Nebraska fall into the General Practice consideration group, only 33 felt the general practitioner has a place in the large hospital in the future. Since 50% of all students think there is need for generalists in the urban areas, and the majority feel generalists should operate, the answer has been interpreted to mean that although students would like to see generalists in the large hospitals, they feel the future will not permit this. In light of several articles and ensuing conjecture, the confusion on the students' part is understandable. On one hand, certain hospitals in California and other states have programs to bring the generalist into the hospital, while in New York City, there are 6000 to 9000 physicians who have no hospital privileges whatsoever! ^{1,8} There are at least five times as many physicians in New York City who are not permitted in a hospital as there are physicians in Nebraska.

Regarding general practitioners performing operations, a sizable number of students qualified their remarks by either naming specific operations, eg. hemorrhoidectomies,

appendectomies, tonsillectomies, herniorrhaphies, etc. Others stated they felt a generalist could perform those operations for which he had been trained. To quote Dr. Voy, past president of SAMA, "I would like to say that anybody who believes that general surgery is not a part of family practice is four years behind the times and two years behind the concepts of the American College of Surgeons."⁹

Next, the students were given the statement, "I might tend to rule out or I have ruled out general practice as a career because....." This was followed by several reasons.

STATEMENT	%NEBR.-YES	%KANS.-YES
LACK OF SUFFICIENT LEISURE TIME	76	68
PROSPECT OF BEING "WORKED TO DEATH"	75	74
LACK OF SUFFICIENT FAMILY LIFE	67	52
LACK OF TIME TO PURSUE ACADEMIC ENDEAVORS	58	66
PROSPECT OF LOSING HOSPITAL PRIVILEGES	51	72
PROSPECT OF HAVING SURGICAL PRIVILEGES CUT BACK	48	58
DESIRE TO CONCENTRATE IN ONE AREA OF MEDICINE	47	62
PROSPECT OF ADEVERSE EFFECT OF SOCIALIZED MEDICINE ON GENERAL PRACTICE	40	54
LACK OF SUFFICIENT OR ADEQUATE TRAINING	34	55
PROSPECT OF LIMITED FUTURE AS A GP	32	51
PROSPECT OF HAVING TO LIVE IN SMALL COMMUNITY	34	42
MY WIFE WAS INFLUENTIAL IN MY DECISION	28	16
LACK OF PRESTIGE IN MEDICAL PROFESSION	14	33

DO NOT DESIRE CLOSE PATIENT CONTACT	7	3
LACK OF PRESTIGE IN COMMUNITY	3	7
FAMILY HERITAGE OF SPECIALISTS	3	3
LACK OF SUFFICIENT MONETARY REWARD	1	2

The biggest single factor of the above suggested items which students thought would militate against general practice as a career, concern time, or actually lack of time, for personal life and its pursuits. Although there was near unanimous agreement that general practitioners are over worked, only three fourths of the students feel that this is necessarily a drawback. The fact remains, however, that the "over worked" image of the general practitioner is definitely a drawback and the students appear to be forthright in their demand or inclination to have more free time in their careers. Of the four most frequently chosen disadvantages of general practice, the Nebraska students chose a time factor in all of their top four selections while the Kansas students considered time a factor in three out of four of their top choices. Kansas differed from Nebraska principally by giving second priority to losing hospital privileges in the future, which the Nebraska students relegated to fifth position.

When the students again were asked about living in a small community, approximately one-third of the Nebraska students and over half of the Kansas students felt that general practice and small communities were interrelated. This correlates well with the earlier findings of locales where the physician shortage was most acute.

Factors to which the students attribute little or no importance include: Sufficient monetary reward and lack of prestige, both in the medical profession and in the community. The great majority of students at both schools felt that close patient contact was not an influence. This is difficult to interpret and probably should have been restated.

Included in the above group of replies, was the statement regarding the influence of the individuals wife. This is probably a wholly separate question. Much has been conjectured about the role of the spouse in family decision making. It is indeed striking to note that 75% of the Nebraska students, and 84% of the students at Kansas said their wives were not influential in their thinking. Some of the investigators who are now attacking the generalist shortage have theorized that the real key to enticing physicians into general practice is to influence the wife, whom they feel is important in the decision making. The figures in this study would tend to refute this theory.

The next series of questions involve the actual selection or non-selection of general practice as a career by the specific individual. Forty-one per cent of Nebraska seniors have definitely decided upon their future in medicine. Of these, 31% decided prior to starting medical school and 69% decided during medical school. This can be compared with the University of Kansas where 48% of the students answering

are definitely decided and 14% decided before and 86% during school. Considering the above committed people, it is seen that the greater percentage of students were influenced to decide for a career at some point in their medical school training. As noted, a surprisingly small percentage of students arrive at either University with their minds made up regarding a medical career.

These figures compare favorably with those given in Haggerty's study in which he showed that 34% of medical students made their decisions during medical school. In addition, Haggerty's figures indicate that another 35% of students commit themselves during internship.²

NEBR. STUDENTS ONLY	BEFORE SCHOOL	NOW
DEFINITELY WOULD LIKE TO BE A GENERAL PRACTITIONER	14%	14%
CONSIDERING GENERAL PRACTICE FOR A CAREER	64%	55%
DEFINITELY DO NOT WANT TO BECOME A GENERAL PRACTITIONER	22%	31%
KANSAS STUDENTS ONLY	BEFORE SCHOOL	NOW
DEFINITELY WOULD LIKE TO BE A GENERAL PRACTITIONER	14%	9%
CONSIDERING GENERAL PRACTICE FOR A CAREER	60%	37%
DEFINITELY DO NOT WANT TO BECOME A GENERAL PRACTITIONER	26%	54%

It is interesting to note that in the Nebraska figures, five students switched from considering general practice to definitely wanting general practice, while five others moved

in an opposite direction. Thus, although the percentage stayed at a constant 14%, the percentage actually represents different individuals. The above figures would certainly indicate that there is an overall trend toward specialization, which is more marked at Kansas University than at Nebraska. In neither case, however, is the trend as drastic as that shown by Haggerty. In his study of the Cornell class of 1952, 60% of the students indicated interest in general practice as freshmen, but only 16% showed interest as seniors.² One point, which is somewhat surprising to the authors, is that 69% of the 88 Nebraska students polled, have either decided for general practice or are still considering general practice as a career. This is a high figure, if one considers that nationally for the past few years only 15-20% of new physicians have entered general practice annually.¹ It is obvious that great influences apparently come to bear on choosing one's career from the time of graduation to the time of initiating some form of medical practice. In Nebraska's case, that would mean that out of the 49 students who are considering general practice, only five persons will choose general practice in addition to the twelve who have definitely committed themselves. Many of the reasons which influence students to choose fields other than general practice have already been presented. Haggerty states that with increases of urbanization of the population, and concentration of specialists in cities, students from those large cities are

less likely to have had contact with a family doctor. Thus, they are unable to form an image as to their own career model as a physician.² Kritzer and Zimet¹¹ also felt that future general practitioners tend to come from smaller communities, but Monk and Terris⁷ found that the size of community from which the student originates had no significant relation to choice of general practice or specialty. However, the below table resulting from this study demonstrates that at the University of Nebraska there is a direct relation between the community of prior residence and consideration of general practice as a career.

POPULATION OF HOME TOWN	SENIORS	DEFINITELY GP	CONSIDERING GP
0-5000	28	5	19
6-10,000	8	3	5
10-50,000	20	2	12
50,000+	32	2	15

It can be seen from this table that of students from towns of less than 10,000 population, 89% are going to be GP's or are considering general practice, whereas only 60% from towns greater than 10,000 fall in this category. This proves to be significant (chi-square=8.1 p=>.99). In an earlier study done at the University of Nebraska¹⁰, a relationship was found between the size of the town, of basic education (home town) and the size of the city of intended location. It is not unreasonable to speculate that

that the type of career could be dictated by the size of the community in which the prospective physician intends to practice. The position of students from large communities who have not been exposed to general practitioners is well summed up by a student from Omaha who said, "I personally have never gone to a GP--thus, when I thought about being a physician, I identified with doctors I'd been to, which were all specialists. I think this is the main reason I have never considered becoming a GP."

Another factor frequently mentioned with regard to choice of type of practice is age. Monk and Terris⁷ state that almost half the students 28 years of age or older in their study, intended to enter general practice. Results of the Nebraska study in the below table tend to bear this out.

AGE	CONSIDERING GP	DO NOT WANT GP
25 OR UNDER	57%	43%
26-27	63%	37%
28 OR OLDER	76%	24%

(chi-square=3.89, p=>.10 25 or under vs. 28 or older)

It can be readily seen that as age increases, the desire to become a specialist decreases. Among the many reasons suggested for this correlation are that the older student has more self-confidence, feels stronger family pressure for economic gain, and would not like to spend too many more years in training. Monk and Terris⁷ pointed

out that although those of lower class standing tend to enter general practice, this correlation does not hold true for those 28 years of age or older.

Haggerty² suggests that another factor which influences students to become general practitioners is their marital status. In the Nebraska-Kansas study, 88% of all those from both schools who definitely plan to enter general practice are married versus 74% of the total population sampled.

Earlier in this paper, it was pointed out that a sizable number of students who have definitely decided on their career did so during medical school and that the number of students who wanted to consider general practice actually decreased. In the case of the Kansas students, this was especially striking. In order to find out some possible reasons for the decrease, the following questions were asked:

	NU		KU	
	% YES	% NO	% YES	%NO
DO YOU FEEL YOUR MEDICAL SCHOOL FACULTY, IN GENERAL, ENCOURAGES STUDENTS TO GO INTO GP?	21	79	11	89
HAVE YOU PERSONALLY EVER BEEN ENCOURAGED BY A FACULTY MEMBER TO BECOME A GP?	14	86	7	93
DO YOU FEEL YOUR INSTRUCTORS GENERALLY DISCOURAGE STUDENTS FROM BECOMING GP's?	30	70	58	42
HOW DO YOU FEEL THE MEDICAL SCHOOL FACULTY GENERALLY CONSIDERS GENERAL PRACTITIONERS?	FAVORABLY 50%		FAVORABLY 50%	
	UNFAVORABLY 50%		UNFAVORABLY 50%	

It would appear that neither faculty is particularly charitable toward promoting general practice. It would also appear that the faculty at Kansas casts an even dimmer light on the subject of general practice. In view of the above, the following statement by Dr. Rising of the Department of Postgraduate Medical Education at the University of Kansas is quite interesting. "There has been some feeling that the decline in the number of physicians who provide family and personal medical care is largely related to the failure of medical schools to provide enough physicians with these interests, but our experience at the University of Kansas--where students are required to have close contact with superior family physicians, and where a graduate training program in family practice is offered--seems to indicate that their indictment may not be entirely deserved by all schools and that patterns of medical practice in the community leave a greater influence than attitudes of medical educators."⁴

The replies of the Kansas students casts serious doubt as to the validity of this statement--at least as far as the present seniors are concerned. It may be true that "all students have close contact with superior family physicians" but it is quite apparent that they are neither encouraging students to go into general practice, nor encouraging other faculty members to speak of general practice in a favorable light. The mere fact that a family practice program exists does not mean that the

students are being influenced by that department. The results of the study indicate that Dr. Rising's statement is not entirely accurate and that the medical educators could possibly exert as considerable influence on the positive side of general practice as they apparently have on the negative side as indicated by the seniors' answers. This serves as additional evidence that family practice programs have not reversed the trend away from general practice.

Earlier, it was shown that one-third of the Kansas students indicated they might tend to rule out general practice because of its lack of prestige in the medical profession. A large number also felt that general practitioners are generally discriminated against by specialists. In an effort to combat such attitudes and to upgrade the level of general practitioner training, the American Academy of General Practice has recently adopted a program endeavoring to place the general practitioner on an equal boarded specialist plane. One hoped for benefit of such a program would be, no doubt, to encourage more recent graduates to enter general practice due to the increased prestige of being a boarded general practitioner. One vital part in the new board requirements is completing two or three years approved residency training for those graduates after 1966.¹²

If, in fact, one purpose of upgrading general practice to

a boarded specialty is to attract more young physicians, this information must be disseminated to those most concerned, ie. the students. Apparently this has not been the case as demonstrated by the fact that only 21% and 16% of the Nebraska and Kansas students respectively, knew that residency training is a requirement for membership in the AAGP for students graduating today.

Concerning the general lack of awareness toward general practice residencies, only 50% of the Nebraska students answered correctly when asked if there were a GP residency presently at their school. Some students may have confused the Pilot General Practice Program which has been available at Nebraska as being a residency, but it is clearly stated in the AMA directory¹³ that such is not the case. Even if such confusion was the case, these figures nevertheless point out a general lack of information on the students part.

Earlier it was indicated that a great majority of the students felt that a future general practitioner needs further formal training beyond internship. In response to the question, "Would a physician in general practice be better qualified if he completed two years of surgery, medicine, or general practice residency, the results were as follows:

	% NEBR.	% KANS.
2 YEARS SURGERY RESIDENCY	13	4
2 YEARS MEDICINE RESIDENCY	21	22
2 YEARS GP RESIDENCY	66	74

It can be seen that most students feel that a general practitioner should take a residency and that preferably it should be in general practice.

What, then, do those who plan to do general practice and those still considering general practice contemplate for their formal post-internship training? Of all those who indicate they will definitely be or are still considering general practice, 69% of Nebraska and 85% of Kansas students will definitely take formal training; however, only 21% and 15% of Nebraska and Kansas respectively will take their training in a general practice residency. Of the five Kansas students who have definitely decided on general practice for a career, all will take a residency and three of those will be general practice residencies. Of the twelve Nebraskans definitely entering general practice, only six will take residency, four of which will be in general practice. These figures would indicate that although most students feel a general practice residency would best qualify a physician for general practice, very few students will actually undertake such programs.

Apparently the value of a general practice residency has not been adequately demonstrated or else those contemplating general practice feel the programs leave something to be desired.

In view of recent estimates that the state of Nebraska is some 2-300 physicians deficient and an apparent similar shortage in Kansas, the seniors in the general practice consideration group were asked where they planned to practice.

NEBRASKA STUDENTS PLANNING TO PRACTICE IN NEBRASKA

DEFINITELY 11% MAYBE 79% DEFINITELY NOT 10%

KANSAS STUDENTS PLANNING TO PRACTICE IN KANSAS

DEFINITELY 4% MAYBE 92% DEFINITELY NOT 4%

Approximately the same number wish to stay as wish to leave their respective states, with a large number undecided. It would appear, with internships, residencies, and military service taken out of the state, that unless compelling influences and reasons to return are established prior to graduation, a good number of those currently undecided will not return to the state. One factor that might influence any young physician to return to the state would be the fact that a community was seeking his services. If communities desire to have an individual as a physician

were known to that student prior to his leaving the state, this thought might weigh heavily in the young doctor's decision as to where he intended to practice. However, the results of the present study shown in this table demonstrates that very few students contemplating general practice have been contacted by even one community.

HAVE YOU EVER BEEN CONTACTED BY A COMMUNITY SEEKING YOUR FUTURE SERVICES?

% NEBRASKA YES

23

% KANSAS YES

19

In light of Nebraska's acute physician shortage, this is an apparent indictment of the lack of communication between the supply and demand.

It was implied earlier in the discussion of the places where the general practitioner shortage is most acute that the shortage is greatest in rural areas. This is borne out by the fact that while the practicing physician-to-population ratio in Omaha and Lincoln is approximately 1:700, the ratio in all Nebraska is approximately 1:1150.⁶ As an attempt to elicit the preferred future locations of the Nebraska seniors, they were asked to approximate the size of community in which they might like to do general practice. The following table

shows the community size preference of only those who contemplate general practice.

<u>SIZE OF COMMUNITY</u>	<u>% DESIRING</u>
0-5,000	9
6-10,000	35
10-50,000	51
50+	5

This would tend to imply that these potential general practitioners are available to fill the "doctor gap" where the need appears to be the greatest, ie. in the smaller sized communities. They will only be available, however, if they remain in Nebraska and at the present time only 11% are certain they will do so.

SUMMARY AND CONCLUSIONS

The University of Kansas Medical School seniors were included in this survey as a control to avoid making assumptions on data from Nebraska concerning situations which might obtain only at the latter school. The results showed, however, that the replies from both schools closely paralleled each other on nearly every question. In no instance was the difference statistically significant. For this reason the Kansas replies will not be discussed in this section.

The intention of this survey has been to document the senior medical student's attitudes toward general practice. However, at this point, it might be appropriate to mention some thoughts on the need for continuing comprehensive medical care. In the numerous articles discussing the physician shortage, it would seem no paper is complete without mention of the need for the family physician. Most authors agree that the need for a primary contact physician is critical. It becomes apparent that some medical person must direct and coordinate the myriad of medical activities which now confront the patient. The AMA has been accused of failing to prepare for the physician shortage. In Nebraska, physicians are in demand in most communities, especially the smaller areas; and no apparent solution is forthcoming. In some areas this vacuum is being filled by osteopaths. Legislation has

recently been considered in Nebraska to permit easier access to the state for Osteopaths. It is difficult to argue that an Osteopath in a community is worse than no medical person at all. One may predict that if the decline in number of general practitioners continues in the smaller communities chiropractors, naturopaths and assorted pseudomedical personnel will be only too willing to serve in the role as primary medical contact. There are over 24,000 practicing chiropractors in the U. S. today¹⁴ and they just barely missed being considered for reimbursement by Medicare.

Who, then, will provide competent continuing medical care? In most large urban areas, the internist has assumed the role of family physician apparently conceding to the public desire for "one-stop" medical care. Many internists do gynecological exams, treat children, suture lacerations, and offer emotional counseling. This trend will no doubt continue and in the future the term "general internist" may be synonymous with urban family physician. However, there remain many communities, especially in Nebraska where the family physician must offer an even broader range of services. The medical void in these areas must be filled by general practitioners.

It has been shown in this survey that 79% of Nebraska students felt instructors do not encourage students to

go into general practice, 70% felt instructors discouraged general practice, only 16% know that there is a residency requirement for membership in the AAGP, and only 50% know there is not a GP residency at Nebraska. In spite of being generally discouraged and ill-informed about general practice, 69% of Nebraska seniors are contemplating this field for their career.

One detriment in the past to small community practice was the necessity for solo practice. The trend today, in light of rapid transportation facilities, is for physicians to enter group or partnership practice in a centrally located, easily reached community, thereby eliminating the necessity for being on call 24 hours every day. It was pointed out that the four leading factors mitigating against going into general practice concerned lack of time. Group and partnership practice would help alleviate this problem. This arrangement also provides for the more economic procurement of the more expensive diagnostic equipment, more sophisticated laboratory equipment, and day to day consultation. It can probably be assumed that group and partnership practice provides medical care of a much higher quality.

Probably the most distressing aspect of the Nebraska physician shortage is the fact that Nebraska does indeed produce enough physicians annually to more than fill the need. Only 6 of 61 students contemplating general practice

stated they will definitely not practice in Nebraska, and 27 stated they desire to practice in towns of less than 10,000 people. This should provide fertile ground for communities seeking a physician; however, only 11 students have been contacted by a community seeking their future services. This would tend to point out the serious lack of a line of communication.

The attitude of Nebraska senior medical students can probably be summarized by saying they have a high regard for general practice, they feel there is a need for more general practitioners especially in the rural areas, more than half are considering general practice as a career, and over one fourth wish to live in a community of less than 10,000 people. The resources to fill the state's physician shortage are readily available within this group of young men. The problem now becomes not one of how to attract more physicians to the state, but rather how to keep this talent in Nebraska to provide every one of its citizens with comprehensive continuing medical care. We feel that faculty encouragement and community action would be two long steps toward attaining this goal.

REFERENCES

1. Willard, W. R.: Family Practice, JAMA 197:985-988, 1966.
2. Haggerty, R. J.: Etiology of Decline in General Practice, JAMA 185:179-182, 1963.
3. Parker, R. C., and Tuxill, T. G.: The Attitudes of Physicians Toward Small-Community Practice, J. Med. Educ. 42:327-344, 1967.
4. Rising, J. D.: The General Practitioner in a Changing World, Canad. Med. Assoc. J. 91:1101-1105, 1964.
5. Rowland, G. A.: The Factor of Isolation in Rural Medical Practice, World Med. J. 5:74-75, 1965.
6. Statistical Abstract of the United States, Washington, D.C.: U. S. Department of Commerce, Government Printing Office, 1967.
7. Monk, M. A., and Terris, M.: Factors in Student Choice of General or Specialty Practice, New Eng. J. Med. 255:1135-1140, 1956.
8. Is the M. D. Shortage Iatrogenic?, Hospital Practice, October, 1966.
9. Voy, R. O.: Educating Tomorrows Family Physicians, GP 32:176-180, 1965.
10. Thomas, J. F.: Future Plans for Medical Practice, Unpublished Survey.
11. Kritzer, H., and Zimet, C. N.: A Retrospective View of Medical Specialty Choice, J. Med. Educ. 42:47-53, 1967.

12. The American Academy of General Practice: Membership Directory With Constitution and By-Laws, Kansas City, Missouri, 1967.
13. Directory of Approved Internships and Residencies, AMA, 1967.
14. Information Please Almanac and Yearbook, 22nd Edition, Simon and Schuster, N. Y. C., 1967.

ADDITIONAL REFERENCES

- Millis, J. S.: Issues in Graduate Medical Education,
JAMA, 197:989-991, 1966.
- College for General Practitioners: J. Indian M. A.
42:256, 1964.
- Moser, G. J.: The Quest for Rural Medical Care, GP
31:179-185.
- Pellegrino, E. D.: The Generalist Function in Medicine
JAMA, 198:541-545.
- Wolf, G. A.: The Organization of Medical Practice in
the United States: The Specialist and the General
Practitioner, J. Med. Educ., 40:737-741, 1965.
- Bible, B. L. and Allison, A.: Attracting Physicians to
Rural Areas in the United States. World Medical
J., 5 and 6, 1965.
- Hart, C.: The Changing Pattern of Rural Practice,
Practitioner, 195:83-90, 1965.
- Huntley, R. R.: Epidemiology of Family Practice, JAMA
185:175-179, 1963.

NAME _____
 AGE _____
 BIRTH PLACE _____
 HOME TOWN _____
 HOME TOWN POPULATION _____
 MARRIED 73%
 MARRIED HOW MANY YEARS _____
 CHILDREN (how many) _____
 SERVICE OBLIGATION AFTER GRADUATION Yes 92% No 8%
 PRE MED AT _____

SECTION I

1. Have you definitely decided on your future in medicine (i.e GP, specialty teaching, research etc.) Yes 41% No 59%
2. If yes, at what point did you make your decision? Before medical school 31%
 During medical school 69%
3. At the time you entered medical school, what was your attitude toward general practice?
 - a) definitely wanted to be a GP 14%
 - b) considered GP for a career 64%
 - c) definitely did not want to be a GP 22%
4. What is your present attitude toward general practice as a career?
 - a) definitely want to be a GP 14%
 - b) still considering GP as a career 55%
 - c) definitely do not want to be a GP 31%
5. Do you feel students who do choose GP should be
 - a) above average 43%
 - b) average 57%
 - c) below average 0
6. Do you feel those who actually do choose GP are:
 - a) above average 5%
 - b) average 84%
 - c) below average 11%
7. Do you think you could become a competent GP after one year of internship?
 Yes 37% No 63%
8. Do you feel that to become a competent GP requires formal training beyond internship? Yes 57% No 43%
9. Do you feel the physician shortage is more acute in:
 general practice 97% or specialty 3%?
10. Do you feel there is a greater need for GP's in:
 - a) urban area 0
 - b) rural area 54%
 - c) both 46%
 - d) neither 0

11. Do you feel your medical school faculty, in general, encourages students to go into general practice? Yes 21% No 79%
12. Have you personally, ever been encouraged by a faculty member to become a GP? Yes 14% No 86%
13. How do you feel the medical school faculty generally considers GP's as a group?
favorably 50% or Unfavorably 50%
14. Do you feel your instructors generally discourage students from becoming GP's? Yes 30% No 70%

SECTION II

IN GENERAL, DO YOU FEEL:

1. GP's are over worked Yes 93% No 7%
2. GP's are generally incompetent Yes 5% No 95%
3. GP's are "Jacks of all trades, Masters of none" Yes 31% No 69%
4. GP's don't make enough money Yes 4% No 94%
5. GP's have a future in large hospitals
(e.g. Omaha; Kansas City, Kansas etc.) Yes 39% No 61%
6. GP's should be allowed to perform surgical operations Yes 88% No 12%
7. GP's don't keep up with modern methods and practices Yes 19% No 81%
8. GP's are generally discriminated against by specialists Yes 53% No 47%
9. GP's are "second class citizens in group of specialists" Yes 38% No 62%
10. GP's command as much respect from their patients as specialists do Yes 91%
No 9%
11. GP's have a low prestige level Yes 23% No 77%

SECTION III

1. Does a general practitioner graduating today, have to have some formal residency training to be a member of the Academy of General Practice?
Yes 27% No 48% Don't Know 25%
2. In your opinion, would a physician in general practice be better qualified if he completed (choose one):
two years surgery residency 13%
two years medicine residency 21%
two years GP residency 66%
3. Is there a GP residency at your school? Yes 26% No 50% Don't Know 24%

SECTION IV

I MIGHT TEND TO RULE OUT, OR I HAVE RULED OUT, GENERAL PRACTICE BECAUSE:

- 1. Lack of prestige in the medical profession Yes 14% No 86%
- 2. Lack of prestige in the community Yes 3% No 97%
- 3. Lack of sufficient or adequate training Yes 34% No 66%
- 4. Lack of sufficient monetary reward Yes 1% No 99%
- 5. Prospect of being "worked to death" Yes 75% No 25%
- 6. Prospect of losing hospital privileges in future Yes 51% No 49%
- 7. Prospect of adverse effect of socialized medicine on general practice
Yes 40% No 60%
- 8. Prospect of having surgery privileges cut back Yes 48% No 52%
- 9. Prospect of having to live in small community Yes 34% No 66%
- 10. Prospect of limited futures in general practice Yes 32% No 68%
- 11. Wanted the Berry Plan Yes _____ No _____
- 12. Lack of sufficient family life Yes 67% No 33%
- 13. Lack of sufficient leisure time Yes 76% No 24%
- 14. Lack of time to pursue academic endeavors Yes 58% No 42%
- 15. My wife was influential in my decision Yes 28% No 72% of those married
- 16. Desire to concentrate in one area rather than many areas Yes 47% No 53%
- 17. Family heritage of specialists Yes 3% No 97%
- 18. Do not desire close patient contact Yes 7% No 93%

SECTION V

FOR ALL THOSE WHO HAVE NOT RULED OUT GENERAL PRACTICE

- 1. Will you take formal training beyond internship? Yes 69% No 15% undecided 11%
- 2. If so, will your training be in GP residency? Yes 21% No 79%
- 3. A. Do you plan to practice in Nebraska?
definitely 11%
maybe 79%
definitely not 10%

B. Do you plan to practice in Kansas?

definitely _____

maybe _____

definitely not _____

C. If yes, what size community? (in thousands) _____

4. Have you ever been contacted by a community seeking your future services?

Yes 23% No 77%

ALL PLEASE ANSWER:

In your opinion, what is the single, most important factor for your state's shortage of physicians?

General Comments

University of Kansas Composite

NAME _____
 AGE _____
 BIRTH PLACE _____
 HOME TOWN _____
 HOME TOWN POPULATION _____
 MARRIED 74%
 MARRIED HOW MANY YEARS _____
 CHILDREN (how many) _____
 SERVICE OBLIGATION AFTER GRADUATION Yes 93% No 7%
 PRE MED AT _____

SECTION I

1. Have you definitely decided on your future in medicine (i.e GP, specialty teaching, research etc.) Yes 48% No 52%
2. If yes, at what point did you make your decision? Before medical school 14%
 During medical school 86%
3. At the time you entered medical school, what was your attitude toward general practice?
 - a) definitely wanted to be a GP 14%
 - b) considered GP for a career 60%
 - c) definitely did not want to be a GP 26%
4. What is your present attitude toward general practice as a career?
 - a) definitely want to be a GP 9%
 - b) still considering GP as a career 37%
 - c) definitely do not want to be a GP 54%
5. Do you feel students who do choose GP should be
 - a) above average 61%
 - b) average 37%
 - c) below average 2%
6. Do you feel those who actually do choose GP are:
 - a) above average 0
 - b) average 84%
 - c) below average 16%
7. Do you think you could become a competent GP after one year of internship?
 Yes 28% No 72%
8. Do you feel that to become a competent GP requires formal training beyond internship? Yes 80% No 20%
9. Do you feel the physician shortage is more acute in:
 general practice 98% or specialty 2%?
10. Do you feel there is a greater need for GP's in:
 - a) urban area 0
 - b) rural area 50%
 - c) both 50%
 - d) neither 0

11. Do you feel your medical school faculty in general, encourages students to go into general practice? Yes 11% No 89%
12. Have you personally, ever been encouraged by a faculty member to become a GP? Yes 7% No 93%
13. How do you feel the medical school faculty generally considers GP's as a group?
favorably 50% or Unfavorably 50%
14. Do you feel your instructors generally discourage students from becoming GP's? Yes 58% No 42%

SECTION II

IN GENERAL, DO YOU FEEL:

1. GP's are over worked Yes 97% No 3%
2. GP's are generally incompetent Yes 2% No 98%
3. GP's are "Jacks of all trades, Masters of none" Yes 58% No 42%
4. GP's don't make enough money Yes 3% No 97%
5. GP's have a future in large hospitals
(e.g. Omaha; Kansas City, Kansas etc.) Yes 18% No 82%
6. GP's should be allowed to perform surgical operations Yes 67% No 33%
7. GP's don't keep up with modern methods and practices Yes 36% No 64%
8. GP's are generally discriminated against by specialists Yes 67% No 33%
9. GP's are "second class citizens in group of specialists" Yes 52% No 48%
10. GP's command as much respect from their patients as specialists do Yes 81%
No 19%
11. GP's have a low prestige level Yes 38% No 62%

SECTION III

1. Does a general practitioner graduating today, have to have some formal residency training to be a member of the Academy of General Practice?
Yes 16% No 39% Don't Know 45%
2. In your opinion, would a physician in general practice be better qualified if he completed (choose one):
two years surgery residency 4%
two years medicine residency 22%
two years GP residency 74%
3. Is there a GP residency at your school? Yes 7% No 91% Don't Know 2%

SECTION IV

I MIGHT TEND TO RULE OUT, OR I HAVE RULED OUT, GENERAL PRACTICE BECAUSE:

- 1. Lack of prestige in the medical profession Yes 33% No 67%
- 2. Lack of prestige in the community Yes 7% No 93%
- 3. Lack of sufficient or adequate training Yes 55% No 45%
- 4. Lack of sufficient monetary reward Yes 2% No 98%
- 5. Prospect of being "worked to death" Yes 74% No 26%
- 6. Prospect of losing hospital privileges in future Yes 72% No 28%
- 7. Prospect of adverse effect of socialized medicine on general practice
Yes 54% No 46%
- 8. Prospect of having surgery privileges cut back Yes 58% No 42%
- 9. Prospect of having to live in small community Yes 42% No 58%
- 10. Prospect of limited futures in general practice Yes 51% No 49%
- 11. Wanted the Berry Plan Yes _____ No _____
- 12. Lack of sufficient family life Yes 52% No 48%
- 13. Lack of sufficient leisure time Yes 68% No 32%
- 14. Lack of time to pursue academic endeavors Yes 66% No 34%
- 15. My wife was influential in my decision Yes 16% No 84% of those married
- 16. Desire to concentrate in one area rather than many areas Yes 62% No 38%
- 17. Family heritage of specialists Yes 3% No 97%
- 18. Do not desire close patient contact Yes 3% No 97%

SECTION V

FOR ALL THOSE WHO HAVE NOT RULED OUT GENERAL PRACTICE

- 1. Will you take formal training beyond internship? Yes 85% No 4% 11% undecided
- 2. If so, will your training be in GP residency? Yes 15% No 85%
- 3. A. Do you plan to practice in Nebraska?
definitely _____
maybe _____
definitely not _____

B. Do you plan to practice in Kansas?

definitely _____

maybe _____

definitely not _____

C. If yes, what size community? (in thousands) _____

4. Have you ever been contacted by a community seeking your future services?

Yes 19% No 81%

ALL PLEASE ANSWER:

In your opinion, what is the single, most important factor for your state's shortage of physicians?

General Comments
