

Analysis of Practice Trends and Procedure Training : Which Procedures should be taught in A Family Medicine Residency?

William M. Tucker III, MD
Trident/MUSC Family Medicine Residency Program

Background

Procedural training is an integral part of family medicine training. There is debate over exactly which procedures should be taught. The objective of this analysis is to examine current procedural practice trends and determine what effect residency training has on these trends.

Methods

The 2004 SC AHEC FM Graduate Survey was analyzed. It questioned participants as to the practice of 18 common procedures. Participants who do not perform a procedure in their current practice were asked if it was due to lack of training, opportunity, need and/or desire. Procedural practice was correlated with year of graduation and using three time interval groupings and other trends of these groupings were examined. Second, participants stating they never did a procedure were analyzed in time interval groupings to determine the effect of training on their performance of procedures. Chi square tests were used for comparison.

Results

There have been significant increases in the performance of Exercise Stress Testing (17%), ICU Care (15%) and Ventilator Management (12%), with small increases in EGD (4%) and Colonoscopy (5%). Significant decreases were seen in Flexible Sigmoidoscopies (15%) and Swan-Ganz Catheter placement (3.4%), although no respondents after 1999 reported doing this procedure. Lack of training was an increasingly significant reason for never performing Chest Tube Placement, Joint Injection/Aspiration, Paracentesis, Swan-Ganz Catheter placement, Thoracentesis, Vasectomy and Simple Casting. No significant changes were seen in training for Colonoscopy, EGD, Exercise Stress Testing, Flexible Sigmoidoscopy, ICU Care or Ventilation Management.

Conclusion

Despite the significant changes in the performance of certain procedures, the training provided for these procedures is not following the same trends. In addition, for some procedures currently performed by > 50% of respondent physicians, lack of training is increasingly the reason given by physicians for not performing those procedures.

Residency procedural training should reflect the most current practice, however, based on this study, this is currently not the standard and change is needed.