

# Resident Evaluation of Current Practice Management Training

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Anderson recently observed that practice management receives little emphasis early in the development of the curricula of family practice residencies.<sup>1</sup> Recognizing the physician's need of training in this area, numerous workshops and postgraduate courses have been offered to all physicians. In addition, textbooks and articles have been written, including a published curriculum with behavioral objectives for practice management in a family practice residency.<sup>2</sup> No published study, however, has evaluated either resident opinion of the present practice management curricula or whether the objective of preparation for an office practice has been met.

The Family Practice Residency Program at Deaconess Hospital in Evansville, Indiana, in order to establish a realistic and relevant curriculum in practice management, undertook a survey of all third year family practice residents, seeking data on the format of instruction and adequacy of training in 22 selected areas routinely considered to be part of such a curriculum.

## Methods

A brief questionnaire was developed, and copies for each third year resident (1980-81) were mailed to program directors of US family practice

residencies, utilizing the *Guide to Family Practice Residency Programs*.<sup>3</sup> The mailing took place during the months of December 1980 and January 1981, and the results were tallied from January through April 1981.

The questionnaire was divided into six sections: (1) the resident's previous background in business prior to residency, (2) the location of the residency program, (3) the resident's practice preference, (4) the amount of time regularly set aside for practice management in the curriculum, (5) the personnel and methods utilized in teaching practice management, and (6) the resident's evaluation of his own competency in each of 22 selected areas.

## Results

Of the 2,075 third year family practice residents, as listed by the American Academy of Family Physicians (August 1980), a total of 717 questionnaires was returned, a response rate of 35 percent. Ninety percent of the respondents had no high school business classes, 85 percent had no undergraduate business classes, 84 percent had no previous experience in business, and 87 percent had no medical school lectures or seminars on business topics. Eighteen percent of respondents were attending a residency program located on a medical school campus. Only 5 percent of respondents were attending programs located in communities with a population of less than 25,000, and 64 percent of respondents were attending programs in communities with a population of 100,000 or greater.

With 7 percent of residents not responding, practice preferences were distributed as follows: solo practice, 14 percent; single-specialty group

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**Table 1. Scheduled Time for Practice Management Training**

Time	Percentage of Respondents
One hour weekly	6
One hour monthly	29
Two-week "elective"	5
Four-week "elective"	13
No regular time	35
Not answered	12

practice, 63 percent; multispecialty group practice, 13 percent; and academic position, 3 percent.

Table 1 shows the distribution of scheduled time for practice management training among the various programs whose residents responded to the survey.

Almost one half (44 percent) of the responding residents stated that they were afforded the opportunity of working at the Family Practice Center front desk during office hours to gain experience in various aspects of practice management. Most respondents indicated that more than one person contributed to practice management training, including physicians, office managers, representatives of management or consulting firms, attorneys, accountants, insurance agents, investment advisors, third party representatives, bankers, and tax officials. Although available for several years, only 18 percent and 12 percent of respondents utilized the American Academy of Family Physicians and American Medical Association Practice Management Workshops, respectively.

The following four areas were chosen as having satisfactory preparation by over 50 percent of respondents: appointment scheduling, how the receptionist should answer the phone, patient medical record system, and patient information brochure.

Over 66 percent of the residents felt unprepared in the following ten areas: employee payroll, retirement plan for employees, completion of insurance claims, "accepting assignment" and "assignment of benefits," computers in medical offices, cash flow and control, business machines, employment contract for the physician, legal

structures of medical practice, disability, overhead, and malpractice insurance.

At least one half of the respondents (50 to 60 percent) felt inadequately prepared in the following eight areas: hiring and firing of employees, number of employees per physician, handbook for employees, employee sick days, billing (patient accounts), office design, office furniture and equipment, and lease purchase.

## Comment

Considering the volume of requests for information received by residency programs and by individual residents, the overall response rate of 35 percent from all third year family practice residents was not disappointing. It is likely that this is a representative sampling of resident evaluation.

These findings show that premedical and medical students receive minimal business education, either by choice or by educational requirement. Without a major shift in the emphasis or requirements of practice management training prior to graduation from medical school, which seems unlikely, the responsibility of teaching practice management to the nation's new physicians falls to the residency programs.

There is no question that an individual resident's requirements for practice management training may be different from a fellow resident in the same program. However, this survey suggests that the portion of the entire family practice residency curriculum devoted to practice management is currently inadequate and needs closer scrutiny by the individual programs in order to meet the objective of such training for all residents: adequate preparation for medical office practice in its various forms.

## References

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3. Guide to Family Practice Residency Programs, 1978-1979. Kansas City, Mo, American Academy of Family Physicians and the American Medical Student Association, 1978