

# Certain factors associated with attrition during graduate medical education training

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Graduates from a single medical school who began graduate medical education (residency) programs appear more likely to change specialty or discontinue graduate medical education training if they are academically highly qualified or are pursuing training in general surgery or a five-year surgical specialty, according to a report in the December issue of *Archives of Surgery*, one of the JAMA/Archives journals.

"Although it is possible to change specialties during graduate medical education (GME), failure of a resident to complete the stipulated period of GME can be a problem for both program directors and residents," according to background information in the article. "Such resident attrition, in which the resident discontinues GME in his or her initial specialty to pursue GME in a different specialty or to discontinue GME entirely, can have widespread ramifications, causing difficulties with program scheduling for remaining trainees and disruption of patient care delivery."

Dorothy A. Andriole, M.D., of the Washington University School of Medicine, St. Louis, and colleagues assessed GME enrollment and attrition of 795 students graduating from a single institution from 1994 to 2000. Participants planned to pursue training in a chosen specialty right after graduation from medical school or a year of preliminary training followed by entry into an advanced position. Students were considered as having high academic achievement if they had been elected to the Alpha Omega Alpha (AOA) Honor Medical Society or if they graduated with advanced degrees (such as combined M.D. – Ph.D.

degrees).

After a minimum of six years of follow-up, 47 (6 percent) of the 795 participants did not complete GME in their initial specialty of choice. Of the 47 who discontinued training, 22 completed one year of training or less, 14 completed one to two years of training, and three completed more than two years of training in their initial specialty. "For many of the 41 graduates who continued GME in different specialties, there was an interval of up to several years before they resumed GME, often because they had pursued research in a desired specialty."

Attrition was not associated with graduation year, sex or age. However, "attrition was significantly associated with advanced degrees held at graduation, AOA election and specialty choice group," the authors write. "Four of the six graduates who entirely discontinued GME training held M.D. and Ph.D. degrees and subsequently pursued exclusively research-based careers."

"Finally, the issue of attrition during GME should be considered in the context of the projected physician shortage in the United States and growing concerns about the structure and efficiency of the GME process," they conclude. "Efforts to redesign unnecessarily circuitous or lengthy specialty-specific training paths and to minimize nondurable specialty choice decisions by our students could enhance the systemwide efficiency of GME at the national level."

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