The Role of the Med-Peds Physician in a Changing Medical World

The combined internal medicine-pediatrics (med-peds) residency program celebrates its 40th birthday in 2007. With the growth in med-peds programs over the years, almost 1 of every 8 pediatricians currently in training is completing a med-peds residency program. The past several years also have seen increased attention to the evaluation of med-peds training and outcomes. With the recent declining interest in primary care, what options do med-peds graduates have for their careers? What is the nature of their job search after completing training?

Chamberlain et al try to answer those questions in this issue of The Journal. The authors found that med-peds graduates had less difficulty than categorical pediatric graduates finding a position and had significantly higher starting salaries. In addition, although neither group of graduates was particularly likely to accept a position in a rural area (2%-3% in each group), med-peds graduates were more likely to select a position in a small town (population <50,000).

Two findings from this study warrant further reflection. First, although the number of med-peds graduates who choose subspecialty careers is less than graduates from categorical pediatric programs (18% versus 31%), there is a significant shift in career plans during residency. As the authors point out, the number of med-peds graduates who planned a primary care career was 55%, in contrast to the 70% who anticipated entering primary care at the start of residency. In contrast, the number of pediatric graduates who took a primary care position was 50%, with 51% anticipating this career at the start of residency. Why was there such a large shift for med-peds residents? Is there something about the residency training that encourages subspecialty careers or discourages primary care? Certainly the extra year of training allows for more career exploration. This shift away from primary care was also occurring at a time when large numbers of categorical internal medicine and pediatrics trainees were also choosing subspecialty careers. In addition, med-peds graduates have more subspecialty options than any other discipline, being able to select from any internal medicine, pediatric, or combined subspecialty program. What is not clear from this data is whether med-peds graduates are selecting additional training in a single specialty (and if so, which one?) or a combined specialty and whether these choices will fluctuate with time. Assuming that most med-peds graduates who choose subspecialty careers will include the care of children, they may help to alleviate the shortage in some pediatric subspecialties. In addition, with 90% of children with chronic illnesses living >20 years, med-peds subspecialists can help provide care for this group of patients who need chronic, complex care.

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To foster the career development of dually trained med-peds subspecialists, academic institutions need to break down some of the traditional departmental barriers to hire, retain, and promote med-peds subspecialists. As pointed out by Chamberlain et al, med-peds graduates may be particularly limited in gaining exposure to research because of the relative lack of med-peds research mentors. With the growth in the number of med-peds-trained subspecialists, this barrier should diminish with time, but the logistical issues of working within 2 departments remain. However, the existence of med-peds programs has helped foster interdepartmental linkages for education and can serve as a bridge to further collaborations in patient care and research.

The second important finding from this study is the large number of med-peds graduates who are choosing careers as hospitalists. This is not too surprising when one considers that the number of hospitalist jobs has been expanding, especially in internal medicine, but also in pediatrics. This increase in jobs has likely continued since this data was collected, particularly in light of the growing role for hospitalists as medical centers look for ways to help provide clinical care as duty hours for residents were reduced. Med-peds physicians are also well trained for hospitalist careers, because a large part of the training occurs in an inpatient setting. Furthermore, smaller hospitals with minimal inpatient pediatric volume may find med-peds physicians especially appealing because they can avoid hiring a separate person just for their pediatric patients.

Med-peds hospitalists can also play important roles in academic medical centers. Med-peds graduates are well trained in complicated cases in adult patients, and this experience can be valuable in caring for the increasingly complex pediatric inpatient. Further, med-peds physicians are used to working with the whole family in the pediatric setting, and these skills can be useful in the adult hospital as well. Beyond the clinical care provided, med-peds physicians can help 1 department learn from the other, about efficiencies in admissions and discharges, approaches to enhance patient safety, and methods for improving hospital systems of care. Additional study about the roles and effectiveness of med-peds hospitalists is needed; a recent review of the literature did not find any articles that addressed the role of med-peds physicians in this area.6

Med-peds physicians comprise an important and unique subset of the pediatric workforce. As shown in this study, med-peds graduates are particularly well positioned to adapt to a changing medical landscape.

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REFERENCES