

Factors Influencing Family Medicine Resident Trainees' Specialty Choice: A Cross-Sectional Study

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Background. In the Philippines, there are only around 6500 registered Family Medicine Physicians (www.pafp.org, 2023)¹ which is only 4% of the registered physicians in the Philippines (www.prc.gov.ph, 2023)². Factors that may help in increasing the graduates entering Family Medicine in the country have yet to be explored.

Objective. To evaluate the factors that influenced the specialty choice of Family Medicine resident trainees

Method: This was an analytic cross-sectional study conducted among 136 Family Medicine Residents in the Philippines from June to August 2024 using a validated, investigator-made online questionnaire

Results: The following are the most influential factors in entering FM specialty: importance of FM to Philippine Healthcare ($1.14 \pm .355$), provision for continuity of care ($1.19 \pm .435$), long-term bond with patients ($1.16 \pm .389$), more influence in patients ($1.21 \pm .445$), advantage in rural work ($1.31 \pm .553$) and work-life balance ($1.47 \pm .631$), plan to set up a rural clinic ($1.31 \pm .512$), sparking of interest in the training after a community immersion ($1.46 \pm .543$), and opportunity to manage the family ($1.32 \pm .556$). Factors which included age ($p .173 > .05$), sex ($p .847 > .05$), civil status ($p .833 > .05$), rural background ($p .347 > .05$), parent-doctor ($p .731 > .05$), medical school ($p .171 > .05$) and place of internship ($p .278 > .05$) did not significantly influence the decision to enter family medicine.

Conclusion: This study identified several factors that significantly influenced, both positively and negatively, the decision to choose FM specialty in the Philippines. These findings represent a challenge for FM Physicians and medical schools, as these factors may be further studied and applied to increase the number of licensed physicians entering the specialty. Improvements may include emphasizing and enhancing basic medical education and foundation courses related to these topics.

Key words: Specialty choice, Family Medicine, residency

INTRODUCTION

Globally, it has been shown that there is a consistent need for more family physicians. Because of the seemingly lack of interest in Family and Community Medicine, several countries have been using different strategies in inviting medical students to take up Family Medicine as a specialty and becoming members of the American Academy of Family Physicians (AAFP)³. Family Medicine rotation during clerkship has also been made compulsory, longer and of higher quality conducted within an institutional supportive environment.¹

In the Philippines, there are around 6500 registered Family Medicine Physicians¹ consisting only 4% of the registered physicians

in the Philippines². Family Medicine residency training provides competencies aligned with Primary Care. Studies have been conducted abroad - one qualitative study and systematic reviews, regarding the factors influencing specialty choice including Family Medicine. However, factors that influence Family Medicine residents in pursuing the residency training have not been identified yet. A cross-sectional study by Kost, et al in 2019⁴ have used only US medical school graduates who were AAFP members as participants¹ while a descriptive study by Alavi, MD, et al⁵ in February 2019 have used fourth year medical students in the US. Influencing factors during the postgraduate internship period have not been determined in these previous studies.² Locally, there are no studies that focus on those factors as well.

To address the lack of specific data in previous articles, this study involved a more suitable group of participants, the Family Medicine resident trainees under the Philippine Academy of Family Physicians (PAFP), to explore the underlying reasons for entering Family Medicine

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training as this study answered the question: “What are the factors influencing the choice to enter Family Medicine residency program?” Furthermore, the study was conducted to determine the socio-demographic profile of family medicine respondents according to age, sex, civil status, rural background, parent doctor, medical school, postgraduate internship (PGI) hospital, hospital category, family medicine as first choice; to determine the factors affecting specialty choice among family medicine resident – respondents in terms of Family Medicine knowledge and concepts, social influences, individual interests and PGI Clinical Experience and; to determine the differences between respondents’ consideration of family medicine as first choice of specialty under different sociodemographic characteristics.

METHODS

Study Design

This was an analytic cross-sectional study among Family Medicine residents in the Philippines who entered during the years 2021-2024. Participants were recruited from the Family Medicine Department of all hospitals nationwide through the PAFP database and then chosen via simple random sampling. The study utilized a self-administered questionnaire via Google Forms (online platform) which consisted of questions pre-validated by a licensed Psychometrician and by Research Consultants of the Family Medicine and Community Health Department in a higher educational institution in Valenzuela.

Setting

Data collection from participants lasted for two months (June-Aug 2024). Participants included registered PAFP FM resident trainees nationwide. Upon approval of the Philippine Academy of Family Physicians to conduct the research, letters of Informed Consent (first part) and the electronic questionnaire were sent via Viber and emails to the Residency Training Officers and residents of Family Medicine Department of each institution.

Subjects

Participants must be current Family Medicine residents in a traditional type of Family Medicine residency training program under the PAFP who had their internship program either in the government or private institution. Excluded from the study were those residents who had no other residency training opportunities available that made them choose the Family Medicine training. Out of the 144 respondents, 136 qualified. A letter of informed consent was attached at the beginning of the e- questionnaire. Participants were given the choice to decline participation and discontinue the questionnaire at any time.

Variables and Data Collection

The study used a self-administered questionnaire via Google Forms consisting of questions that are pre-validated by a licensed Psychometrician mentioned in the attached validity certificate and by

Research Consultants of the Family Medicine and Community Health Department in a higher educational institution in Valenzuela. Data collection from participants lasted for two months (June -Aug 2024). A letter of permission was submitted to the Philippine Academy of Family Physicians (PAFP), particularly to the Residency Training Committee, for the conduct of survey among Family Medicine residents nationwide. After approval, letters of request were emailed to Family Medicine Chairpersons and Residency Training Officers for the conduct of research. Letters of Informed Consent (first part) and electronic questionnaire were sent via Viber app and emails to the Residency Training Officers and residents of Family Medicine Department of each institution.

The survey questionnaire had two parts, namely: Part I- Demographic Profile (12 items), II- Factors Affecting Specialty Choice Among Family Medicine Residents in The Philippines. Part II consists of 4 subsections, namely: a) Family Medicine Knowledge and Concepts -8 items, b) Social Influences – 6 items, c) Individual Interest – 6 items and d) PGI clinical experience – 7 items. The tool was created by the principal investigator and was evaluated and validated by a validation expert (Licensed Psychometrician) with appropriate certification submitted to the Ethical Review Committee. Pre-testing was conducted among Consultants and Residents who were also members of PAFP.

Statistical Analysis

Participants were recruited from the Family Medicine Department of each hospital nationwide through the PAFP database and then chosen via simple random sampling. With 95% confidence level, population size of 843 (total of Family Physician residents in the Philippines which was reported in the PAFP database as of December 16, 2023), acceptable margin of error of 5% and population proportion of 10%, the calculated minimum sample size was 119. A total of 136 participants qualified. Data were entered into Google Forms, retrieved as Google Sheets and were downloaded using Microsoft Excel. Descriptive statistics such as Mean, Standard Deviation (SD), Median, Interquartile range (Q3-Q1), Minimum and maximum values were reported to describe the different numerical variables under socio-demographic profile of resident trainees. The same was used to analyze their responses regarding choices relating to categorical variables (independent) namely, Family Medicine knowledge and concepts, social influences and individual interests and PGI clinical experiences. Data were presented as frequencies and percentages. The data collected were tabulated and analyzed using Microsoft Excel software. One- way ANOVA and T-Test were used to analyze the differences among respondents’ consideration of Family Medicine as first choice under several sociodemographic characteristics.

Ethical Considerations

Before beginning the study, an approval from the Research Ethical Committee/ (Institutional Ethics Review Committee) was obtained. Informed consent was obtained from the participants and they were assured of confidentiality and anonymity. The participation was voluntary. The information generated were strictly confidential. The study conformed with the Nuremberg Code of Ethics.

RESULTS

A total of 144 FM resident trainees participated in the study with a response rate of 100 percent. Only 136 qualified according to the inclusion and exclusion criteria. For anonymity, the participants were named according to the country/geographic region that their medical school and PGI institution were in. The database was borrowed from the PAFP Database as permitted by PAFP Officials. See Appendix for the anonymity codes. Table 1 shows the socio- demographic profile of family medicine resident respondents who participated in the investigation. Majority of the participants were in the 31 to 40 years of age (66; 48.5%), followed by those who were in the 21 to 30 years of age (53; 39%). Only 5 (3.7%) respondents who were above 51 years of age. Most respondents were females (84; 61.8%) and only 52 (38.2%) respondents were males. The majority of respondents had rural background (74; 54.4%) and only 62 (45.6%) had no rural background. The larger group of respondents came from private medical schools (118; 86.6%) and only 18 (13.2%) graduated from public medical schools. The most common medical schools where respondents graduated were from NCR (66, 43%). In terms of PGI, most of the respondents trained at NCR (81, 57%). Seventy-one percent of the respondents reported that family medicine was their first specialty choice while the rest answered the opposite.

As shown in Table 2 and Figure 1, 86% (6/7 subcategories) of the FM knowledge and concepts in the study were 'strongly agreed' on by the FM residents to have influenced their choice to enter. These subcategories include the importance of FM to the Philippine Healthcare System ($1.14 \pm .355$), and provision for continuity of care ($1.19 \pm .435$), long-term bond with patients ($1.16 \pm .389$), more influence in patients ($1.21 \pm .445$), more advantage in rural work ($1.31 \pm .553$) and work-life balance ($1.47 \pm .631$). Family medicine knowledge and concepts obtained a mean average response of $1.35 \pm .311$ on a scale of 1-4.

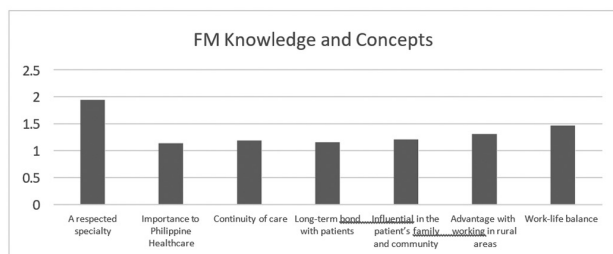


Figure 1. Mean item score of each factor in FM Knowledge and Concepts category on table 2; x-axis – factor, y-axis – mean item score; items scored on a scale of 1-4, as follows: 1=strongly agree (SA); 2=agree (A); 3=disagree (D); 4=strongly disagree (SD).

Sixty-seven percent (4/6) of the subcategories in the Social Influences questionnaire (Table 2, part II and figure 2) were agreed on by FM trainees. They agreed that they have friends and/or schoolmates who took up the residency and were influenced by them ($2.41 \pm .493$); influenced by word of mouth from medical peers ($2.44 \pm .499$, who were not necessarily in Family Medicine); were able to observe Family

Table 1. Socio-demographic profile of family medicine resident – respondents, June to August 2024.

Socio-Demographic Profile (N=136)	n	%
Age		
21-30 years old	53	39.0
31-40 years old	66	48.5
41-50 years old	12	8.8
> 51 years old	5	3.7
Sex		
Male	52	38.2
Female	84	61.8
Civil Status		
Single	99	72.8
Married	37	27.2
Rural Background		
No	62	45.6
Yes	74	54.4
Parent Doctor		
No	125	91.9
Yes	11	8.1
Medical School Category		
Public	18	13.2
Private	118	86.8
Hospital Category		
Public	109	80.1
Private	27	19.9
Family Medicine as First Choice		
No	96	70.6
Yes	40	29.4
Medical School of The Respondent	n	Percentage
NCR3	20	14.7
NCR6	17	12.5
SL3	9	6.6
NL1	9	6.6
NCR4	8	5.9
NCR12	5	3.7
WM2	5	3.7
NCR8	5	3.7
Institution Where The Respondent Had PGI	n	Percentage
NL6	9	6.6
NCR3	8	5.9
NCR19	7	5.1
NCR35	6	4.4
NL1	5	3.7
SL5	5	3.7
NL2	5	3.7

Legend: Highlighted rows indicate highest (Top 5) frequencies among each socio-demographic characteristic. For the medical school and PGI institution, only those which garnered the highest frequencies were included in the table. More complete data tables are available in the appendix.

Medicine consultants and residents and got interested in the training ($2.31 \pm .466$) and; was inspired by the patients in the community whom they were able to handle during clerkship ($2.41 \pm .493$). They disagreed on having family member/s who took Family Medicine as residency ($2.94 \pm .236$) and also on having FM residents and/or consultants during

clerkship who encouraged them to take up Family Medicine residency training ($2.57 \pm .496$). An overall mean average response of $2.51 \pm .243$ for social influence was obtained.

Results of the study (Table 2, part III and figure 3) showed that individual interests also influence the choice to enter the FM training,

Table 2. Individual Item (Factor) Scores, Factors Affecting Specialty Choice among Family Medicine Resident Respondents, June to August 2024

Factors	Mean Item Score (Standard Deviation)	Verbal Interpretation
I. Family Medicine Knowledge and Concepts		
1. Family Medicine is a respected specialty in the university where I took up my 4 years of medical school.	1.95±.749	A
2. Family Medicine is important to the Philippine Healthcare System.	1.14±.355	SA
3. Family Medicine career provides more opportunity to provide continuity of care to patients.	1.19±.435	SA
4. Family Medicine career provides more opportunity to form long-term bond with patients.	1.16±.389	SA
5. Family Medicine career provides more opportunity to influence the patient's family and community.	1.21±.445	SA
6. Family Medicine career provides more advantage with working in rural areas.	1.31±.553	SA
7. Family Medicine career provides more chances to balance career and personal life.	1.47±.631	SA
Mean Average	1.35±.311	SA
II. Social Influences		
1. I have a family member/s who took Family Medicine as residency	2.94±.236	D
2. I have friends and/or schoolmates who took Family Medicine as residency	2.41±.493	A
3. I heard of the training via word of mouth from my medical peers (who were not necessarily in Family Medicine)	2.44±.499	A
4. I was able to observe Family Medicine consultants and residents and got interested in the training.	2.31±.466	A
5. I had Family Medicine residents and/or consultants during clerkship who encouraged me to take up Family Medicine residency training	2.57±.496	D
6. I was inspired by the patients in the community whom I was able to handle during clerkship	2.41±.493	A
Mean Average	2.51±.243	D
III. Individual Interests		
1. I was interested in Family Medicine subjects during med school (first year to fourth year)	1.83±.722	A
2. I plan to set up a clinic in the province so I needed to take up Family Medicine as residency training.	1.31±.512	SA
3. I wanted to be able to manage patients on all age groups.	2.11±.834	A
4. My interest was sparked during a rural experience during my community immersion (stay in the designated community to familiarize with their way of living) in my Family Medicine rotation.	1.46±.543	SA
5. I wanted to be able to manage the family of the patient as well.	1.32±.556	SA
6. I wanted to be involved in a training where trainers are motivational rather than discouraging.	2.11±1.04	A
7. I choose Family Medicine residency because of the proximity of the training hospital to my current local address	2.37±.919	A
Mean Average	1.79±.394	A
IV. Post-Graduate Intern Clinical Experience		
1. My interest was sparked by a career orientation event during PGI.	2.58±.882	D
2. I was involved in PAFP activities and events such as conventions and/or postgraduate courses during PGI.	2.83±.906	D
3. My interest was sparked by the characteristics of the FCM residency training in the hospital where I took PGI.	2.61±.852	D
4. I had family medicine residents and/or consultants during PGI who encouraged me to take up FCM residency training.	2.31±.940	A
5. My interest was sparked by the attitude and characters of FCM residents and consultants in the hospital where I took PGI.	1.63±.737	A
6. The work-life balance in traditional FCM residency training became appealing to me during PGI.	2.11±.869	A
7. I was inspired by the patients in the community whom I was able to handle during PGI.	2.11±.869	A
Mean Average	2.36±.647	A

Legend: Items scored on a scale of 1-4, as follows: 1=strongly agree (SA); 2=agree (A); 3=disagree (D); 4=strongly disagree (SD).

Most of the respondents strongly agreed on the following subcategories namely, the plan to set up a rural clinic ($1.31 \pm .512$), sparking of interest in the training after a community immersion that is, a long residential stay in a community during rotation ($1.46 \pm .543$), and managing also the family ($1.32 \pm .556$). On the other hand, others only agreed on getting interested in the specialty during med school ($1.83 \pm .722$), having interest on FM subjects during med school ($1.83 \pm .722$), womb-to-tomb or coverage of all groups ($2.11 \pm .834$), motivational trainers (2.11 ± 1.04) and proximity to their current residential address ($2.37 \pm .919$). Overall, mean average response for this category was $1.79 \pm .394$.

The results of the study shown in Table 2 (part IV and figure 4) revealed that the FM trainees agreed on having family medicine residents and/or consultants during PGI who encouraged them to take up FCM residency training ($2.31 \pm .940$) and that their interest was sparked by the attitude and characters of FM residents and consultants in the hospital where they took PGI ($1.63 \pm .737$). They disagreed on having been involved in career orientation during PGI ($2.58 \pm .882$) and PAFP activities and events such as conventions and/or postgraduate courses during PGI ($2.83 \pm .906$). They also disagreed that their interest was sparked by the characteristics of the FM residency training in the hospital where I took PGI ($2.61 \pm .852$). The over-all mean average response was $2.36 \pm .647$.

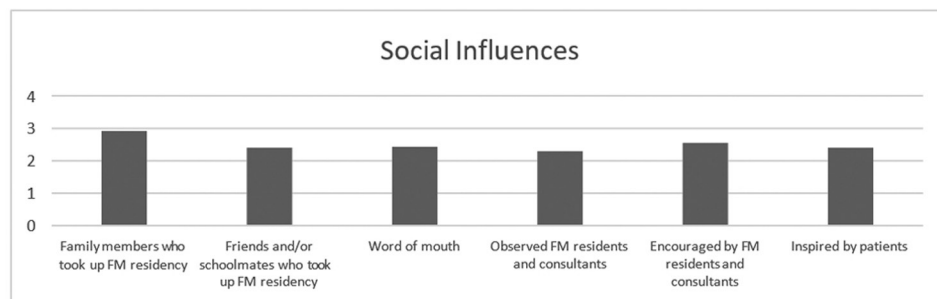


Figure 2. Mean item score of each factor in Social Influences category on table 2; x-axis – factor, y-axis – mean item score; items scored on a scale of 1-4, as follows: 1=strongly agree (SA); 2=agree (A); 3=disagree (D); 4=strongly disagree (SD).

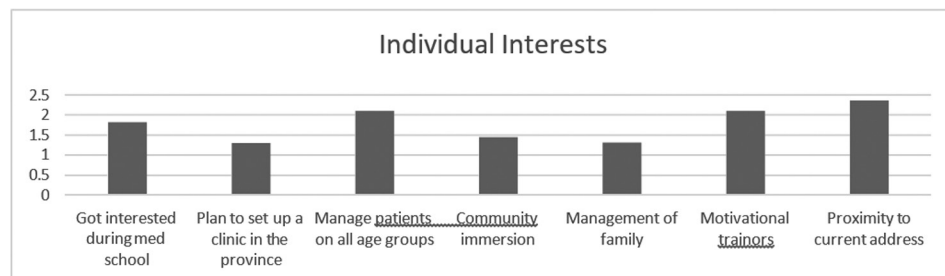


Figure 3. Mean item score of each factor in Individual Influences category on table 2; x-axis – factor, y-axis – mean item score; items scored on a scale of 1-4, as follows: 1=strongly agree (SA); 2=agree (A); 3=disagree (D); 4=strongly disagree (SD).

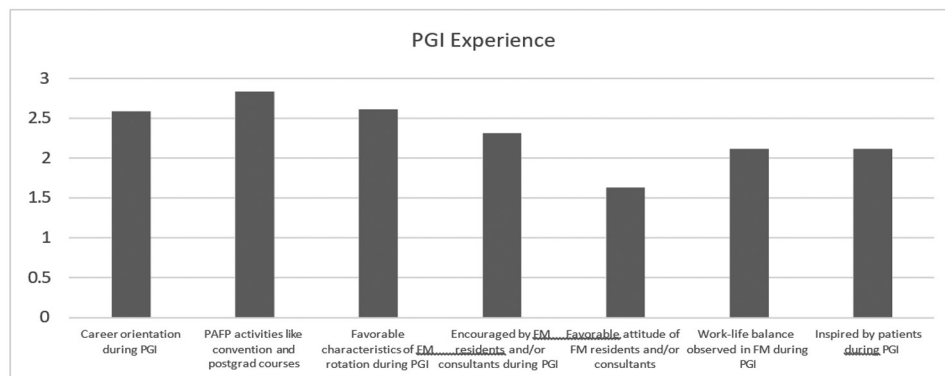


Figure 4. Mean item score of each factor in PGI Experiences category on table 2; x-axis – factor, y-axis – mean item score; items scored on a scale of 1-4, as follows: 1=strongly agree (SA); 2=agree (A); 3=disagree (D); 4=strongly disagree (SD).

Table 3 presents differences between respondents' consideration of family medicine as first choice under several socio-demographic profile characteristics. In the study, respondents who were 31- 40 years of age accounted for the largest number of respondents who did

not consider family medicine as their first choice (52; 54.2%) and the respondents belonging to the 21-30-year-old age group had the largest percentage who considered as it as their first choice (20; 50%) with $p = .173$ (>0.05).

Table 3. Differences between respondents' consideration of family medicine as first choice of specialty under different sociodemographic profile characteristics, June to August 2024

Sociodemographic Characteristic (N=136)	FM Was Not First Choice	FM Was First Choice	p-value	Interpretation
Age			.173	No significant difference
21-30 years old	33 (34.4)	20 (50)		
31-40 years old	52 (54.2)	14 (35)		
41-50 years old	7 (7.3)	5 (12.5)		
> 51 years old	4 (4.2)	1 (2.5)		
Sex			.847	No significant difference
Male	36 (37.5)	18 (40)		
Female	60 (62.5)	24 (60)		
Civil Status			.833	No significant difference
Single	69 (79.1)	30 (75)		
Married	27 (28.1)	10 (25)		
Rural Background			.347	No significant difference
No	41 (42.7)	21 (52.5)		
Yes	55 (57.3)	19 (47.1)		
Parent Doctor			.731	No significant difference
No	89 (92.7)	36 (90)		
Yes	7 (7.3)	4 (10)		
Medical School Category			.586	No significant difference
Public	14 (14.6)	4 (10)		
Private	82 (85.4)	36 (90)		
Medical School	N=96	N=40	.171	No significant difference
National Capital Region	43 (45)	23 (58)		
Northern Luzon	17 (18)	4 (1)		
Southern Luzon	17 (18)	1 (3)		
Visayas	14 (15)	9 (23)		
West Mindanao	2 (2)	3 (8)		
East Mindanao	3 (3)	0 (0)		
Post-Graduate Internship Institution	N=96	N=40	.278	No significant difference
National Capital Region	57 (59)	24 (60)		
Northern Luzon	14 (15)	4 (10)		
Southern Luzon	10 (10)	2 (5)		
Visayas	10 (10)	7 (18)		
West Mindanao	1 (1)	1 (3)		
East Mindanao	4 (4)	2 (5)		
Hospital Category			.320	No significant difference
Public	82 (85.4)	27 (67.5)		
Private	14 (14.6)	13 (32.5)		

Comparison done with T-test; significant at $P < 0.05$; Legend: FM – Family Medicine

The study also showed that in majority of the participants (did not consider FM as their first choice (96, 71%). In terms of differences based on sex, females comprise the larger percentage of those who did not consider FM as first choice of specialization, although not statistically significant (60; 62.5% $p = .847$, >0.05). Other demographic data of those who did not choose FM as first were the following: single (79.1%), of rural background (57.3%), did not have a parent doctor (92.7%) and came from a private med school (85.4%).

No significant correlation was found in between the medical school and PGI institution where the participant came from and the consideration of FM as first specialty choice ($p = .171$, $p = .278$, respectively).

DISCUSSION

Family Medicine Knowledge and Concepts

The importance of FM in the healthcare system is backed up by a study published by Seehusen MD et al in 2022⁶ who agreed that the breadth of training in family medicine, as well as the emphasis on systems-based practice, makes family physicians natural leaders who are highly sought after to lead health care teams. The authors have also stated that Family physicians work with other physicians, health care professionals, and health care supporters across the realm of specialties, giving them a wide perspective on health care delivery and that FM provides many opportunities to get involved and develop leadership skills. According to a qualitative study by Alavi et al in 2019⁴, medical students from non-top 10 institutions in the US often cited the social justice and advocacy components of family medicine practice. All these contribute to a more successful healthcare system. Also 'strongly agreed' by the FM residents was that what influenced them is the aspect of Family Medicine career that provides more opportunity to provide continuity of care to patients. Ledford et al in 2022⁸ reviewed this aspect of FM as they reiterated Hennen's 1975 concepts which described continuity of care as incorporating four domains: longitudinal (the use of repeated patient observations over time as a diagnostic and management tool); informational (the availability of accurate information from one health care encounter to another); geographic (care of the patient in a variety of locations); and interpersonal (the clinician-patient relationship). Ledford et al⁸ in their scoping review also stated that for a student to experience and understand these domains of continuity of care, the medical education curriculum must provide longitudinal community engagement, that is, reinforcement by repeated patient observations. In the 63 articles reviewed by Ledford et al in 2022⁸, continuity of care was also a repeated desired characteristic. Perhaps, continuity of care and community immersion may be enhanced on all FM curriculums nationwide, whether it be basic medical education, PGI or residency training, as an application of the above findings.

Respondents have strongly agreed that a Family Medicine career provides more opportunities to influence the patient's family and community (Table 2). Kowazowski, MD et al in 2016⁹ reiterates that there is growing public recognition that comprehensive primary care, which is covered in FM training, is the solution for the health of our communities and the nations to improve health, reduce health

disparities, improve health care quality, and at a lower the cost of care. Kowazowski⁹ of the American Academy of Family Physicians, and his co-authors also emphasized that around the world, primary care-based health systems, which is covered in FM training, have lower costs, higher quality, and better access to care.

Strongly agreed as influencing their specialty choice is the statement that FM provides work-life balance. Family and community medicine training and the working conditions in one country differ from the others. In the Philippines, the workload of doctors is usually heavy that it creates a heavy toll on the physical and psychosocial aspects of healthcare professionals and this plays a very important role on the specialty choice. In this study, the participants only agreed (not strongly) on the statement that FM is a respected specialty where they graduated medical school (Table 2, part I). This may be related to a perceived stigma on the training. According to Alavi, et al in their 2019⁵ qualitative study of medical students, students perceived an underlying stigma that FM is less competitive and they noted that this is one of the barriers in choosing FM. Students from the non-top 10 US schools explicitly highlighted institutional stigmas against family medicine, under-appreciation of family medicine, the lack of prestige of the specialty, and the encouragement of competitive students to choose other fields aside from FM.

Social Influences

The perception regarding FM trainers (residents and consultants) is in congruence to the qualitative study done by Alavi et al in 2019⁵ wherein students reported during interviews that some FM consultant preceptors are "really tense, and stressed, short on time and aren't great about expressing what they're doing (focused teaching)." According to a cross-sectional study of 11,998 participants by Kost et al in 2019⁴, more than 90% of students who reported family medicine as their first specialty choice also reported that they were supported by strong mentors in family medicine. This supports the need for having faculty and mentors who are supportive of family medicine to influence the students to choose family medicine.

Individual Interests

Studies done by Lee et al in 2022⁷ surveying student attitudes or interest in the specialty showed improvement immediately following clerkship. However, student interest declined with time, and only a portion of students had sustained interest. In this regard, it is also a challenge to be able to sustain the interest of clerks, interns and residents in the specialty. In this study, FM residents 'strongly agreed' that their interest was sparked during a rural experience during community immersion (stay in the designated community to familiarize with the inhabitants' way of living) in their Family Medicine rotation. This reinforces the results of a scoping review done by Ledford et al in 2022⁸ wherein they stated that by immersing students in community-oriented care, the medical education offers students a realistic preview of community orientation which eventually affects patient and family outcomes. This engagement enables students to understand the context of community factors such as food insecurity, housing instability, and

limited income. In their application of self-determination theory, Park et al in 2019⁹ explained that student perception of relatedness—feeling like a member of a community—increased their motivation to learn and by developing pathway models that support these virtues, schools can use resources to facilitate a sustained commitment to community oriented care that feeds that cycle. The respondents in this study have strongly agreed/agreed that (Table 2, part III, subcategory 3 and 5) FM training can manage all age groups of patients and family members and this have influenced their choice to enter the training. This coincides with the findings of a qualitative study done by Alavi, MD et al in 2019⁴ using virtual focus groups on fourth-year medical students in the US wherein students choosing FM cited the scope of the training as key reason for specialty choice. Students choosing other specialties specified a preference for a limited scope or perceived limited scope in non-rural setting. According to a narrative review by Lee et al in 2022⁷, a full scope of patient care, was also positively correlated with choosing a specialty covering primary care. The positive response on the influence of the participant's residential address to the training venue is in congruence to a study done by Kowazowski, MD et al in 2016¹⁰ which reported that the training location is often cited by medical students as one of the most important factors to consider in entering FM programs. The authors also mentioned that more than one-half of family medicine residents will eventually practice in a community within 100 miles of their residency training. Not one of them disagreed nor strongly disagreed on the individual interest subcategory factors (Table 2, part III) which may denote that individual interests of the participant have a positive influence in their choice to enter the specialty.

PGI Clinical Experiences

The results support the findings of Alavi et al in 2016⁴, wherein students from focus group interviews consistently highlighted the importance of having high-quality FM and rural family medicine experiences as positive factors for choosing family medicine. Important barriers included the lack of exposure to family medicine and the need for family physician mentors to model a broad scope of practice. A systematic review by Kost et al in 2022¹¹ revealed that role modeling and mentorship, influenced specialty career choice. Three articles on role model offered definitions (Kost, 2022)¹¹: Basco in 1991 (Kost, 2022)¹¹ defined it as the person should be someone who has influenced the student to choose the same specialty as the role model; Kutob in 2006 (Kost, 2022)¹¹ defined it as individuals admired for their ways of being and acting as professionals and; Wright in 1997 (Kost, 2022)¹¹ defined it as a person considered as a standard of excellence to be imitated. Indeed, Family Medicine mentors play positive or negative roles in influencing students' decisions to take up the specialty. The participants of this study disagreed on having been involved in PAFP activities and events such as conventions and/or postgraduate courses during PGI. In another study by Kost, et al in 2019⁴, targeted experiences like FM Interest Groups (FMIGs) and American Academy of Family Physicians (AAFP) membership and conference attendance are keys to supporting passion for FM. Hearn et al in 2017¹² in their correlational study found a positive correlation existing between FM national conference attendance and medical student choice to enter family medicine

residency programs. In the study, students were allowed to attend the conference more than once. Attending the conference multiple times resulted in more students choosing family medicine residency programs. These strategies of including them in FM related gatherings may be further studied to be able to verify the effectivity when applied locally.

Differences Between Respondents' Consideration of Family Medicine as First Choice of Specialty Under Different Socio-Demographic Profile Characteristics

No significant difference between respondents' consideration of Family Medicine as first choice of specialty under different socio-demographic profile characteristics namely, age, sex, civil status, rural background and presence of a parent doctor. This is in contrast to the results of a scoping review of 63 studies done by Ledford et al in 2022⁸ wherein four types of students were found to likely to choose a specialty covering primary care: students from rural areas, women, persons older than 31 years, and racial and ethnic minorities. Zuckerman in 1978 (Ledford, 2022)⁸ specified three factors of specialty choice: socio-demographics, personality, and structural/institutional factors. The preference of medical students to pursue a particular specialization changes periodically depending on a number of influencing factors. One descriptive cross-sectional study in Puerto Rican graduating medical students reported a significant influence of personal factors in their decision to pursue a PCP training program in the US (Comulada, MD et al, 2022)¹³. These include the training opportunities available to medical interns, government policies, health related factors of a particular country, and even the prestige of this discipline to the community. In this regard, it is important that reasons as to why a particular medical specialization is preferred by students be assessed in relation to social and academic aspects. A systematic review in the US (Raleigh, MD et al, 2022)¹⁴ found out that applicants who have an interest in primary care (considered a foundation course covered in Family Medicine training), grew up with a rural background and of an older age are more likely to enter the specialty. The study also revealed that sex and race have been associated with the specialty choice and that medical schools that want to increase the percentage of graduates entering the specialty should consider developing a pre-matriculation program that attracts and prepares motivated and talented students interested in the training.

The study found no association between the medical school where the participants has graduated from and choosing FM as first specialty option (Table 3, $p=0.171$). In contrast to a systematic review by Lee et al in 2022⁷, their results showed that medical school characteristics also affected the number of doctors choosing specialties. Clerkship rotations in FM that were longer such as those extended to 4-month-duration, of higher quality, exposed students to a wider scope of primary care, family medicine and community oriented practice, and occurred within an institutional climate supportive of primary care and FM were also correlated with more students choosing the specialty. This study is also contrasted by the results of a local research in University of the Philippines College of Medicine by Villarante in 2017¹⁵ which revealed that the medical curriculum and medical school factors have an influence on the consideration of Family and Community Medicine

as a future specialty. The study found no association between the PGI institution where the participants has trained under and choosing FM as first specialty option (Table 3, $p = 0.278$).

CONCLUSION AND RECOMMENDATIONS

This study identified the significant positive and negative influence that several factors have in the decision to choose FM specialty in the Philippines. These findings represent a challenge for the FM Physicians and the medical schools as these factors may be further studied and applied to increase the number of licensed physicians entering the specialty. It was found that the knowledge and concepts of Family Medicine were the most significant reasons to have most likely influenced their choice to enter Family Medicine as their specialty. The study also revealed that Family Medicine as a specialty helps the resident trainees build long term bond with patients, their families and communities.

With this knowledge, we can recommend that organizations and departments strengthen these key areas in basic medical education. Improvements may include emphasis on and enhancement of these areas on the basic medical education and foundation courses. This study provides a framework for other researchers to develop other related hypotheses done on a larger group of similar participants such as medical clerks and postgraduate interns utilizing probability sampling methods to further improve data analysis. A prospective study can be explored to verify whether the same factors can influence more physicians to enter Family Medicine residency training program.

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