

# Systematic Review of Curricula and Electives Associated with Primary Care Specialty Choice

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## Context

Multiple non-clerkship curricula and electives have been studied for impact on specialty choice, but not systematically reviewed or synthesized.

Objective: Examine quality of undergraduate medical education non-clerkship curricula and electives in a comprehensive manner to study impact on medical student specialty choice and interest in primary care

## Methods

Design: narrative synthesis

Data sources: PubMed, Scopus, and CINAHL

Population studied: Included research articles in English on undergraduate medical education in the United States, Canada, Australia, and New Zealand that describe a curricular or elective intervention and outcome relevant to primary care specialty choice

## Literature examples

Beasley JW. Does teaching by family physicians in the second year of medical school increase student selection of family practice residencies? *Fam Med.* 1993 Mar;25(3):174-5.

Hawthorne MR, Dinh A. Meeting the demand of the future: a curriculum to stimulate interest in careers in primary care internal medicine. *Med Educ Online.* 2017;22(1):1340780.

## Results

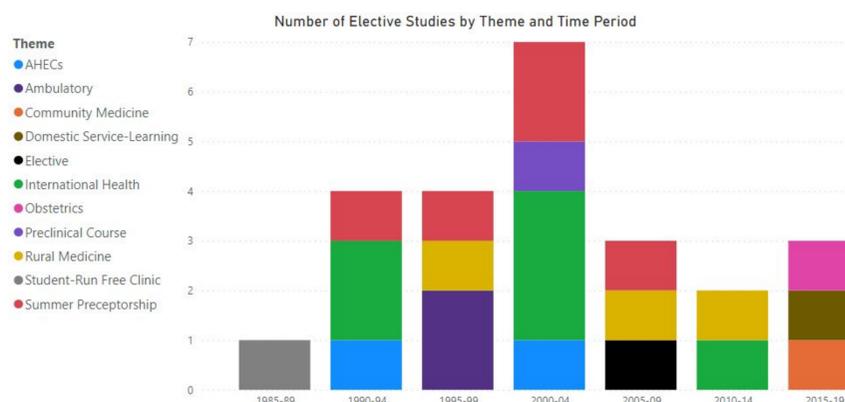
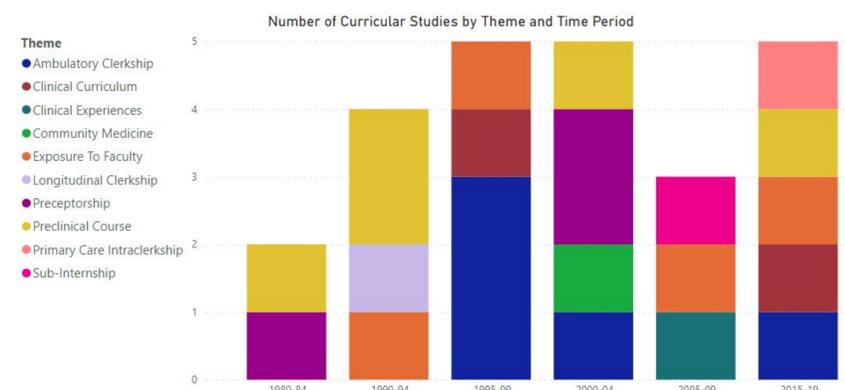
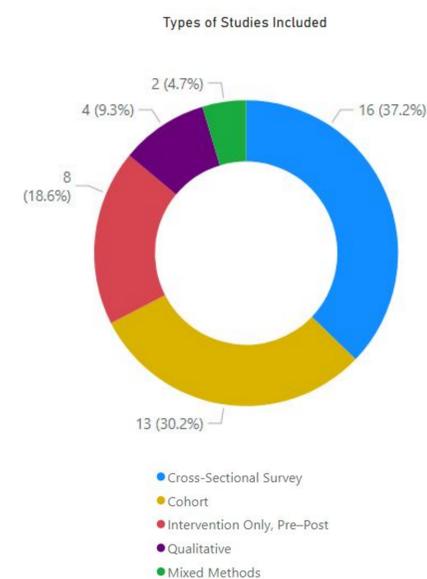
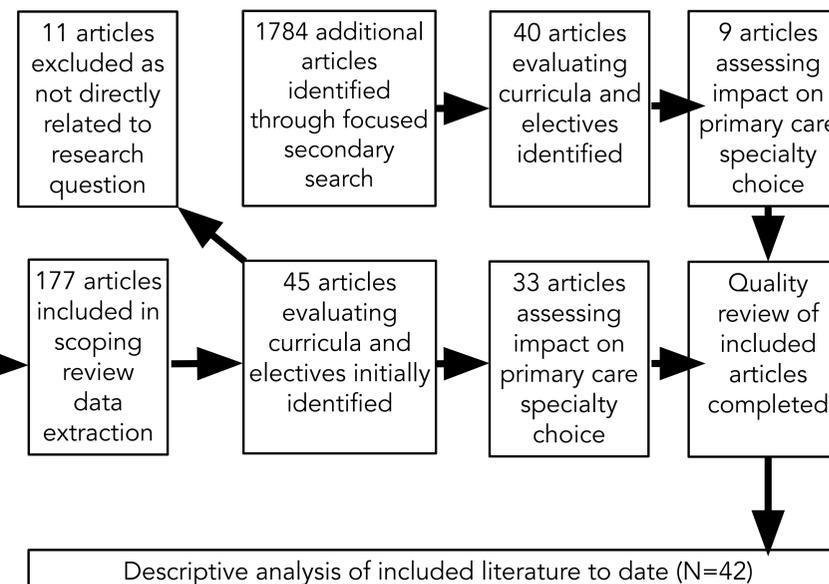
Total unique records reviewed by title: 9,427 => Records excluded based on title: 8,083

Total abstracts reviewed: 1,344 => Records excluded based on abstract: 746

Full text articles reviewed: 598\* => Records excluded based on full text: 380

Studies meeting inclusion criteria: 177  
Related studies: 40

\*Due to an error, the number of full text articles reviewed represents a low estimate.



## Conclusions

While many studies have evaluated the impact of different curricula and electives on medical student specialty choice, there has been limited literature systematically analyzing the effectiveness.

Out of the included articles, seven involved more than one institution.

Common curricula included ambulatory courses, preclinical courses, and preceptorships.

Mixed results on exposure to family medicine faculty and early clinical experiences.

Common elective themes included international health and summer preceptorships.

Most showed potential correlations, but were not designed to show causation.

In the future, we recommend enhancing rigor by including multiple institutions and measuring primary care practice at least 5 years after graduation.

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## Contact

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