

# Med-Peds: The Past, Present, and Future

Dr. Natascha Thompson

Dr. Dan Wells

UTHSC Horner Symposium

# Goals and Objectives

- Learn the history of Med-Peds founding
- Understand current landscape of Med-Peds, including the present-day workforce
- Describe UTHSC's standing in the Med-Peds community
- Discuss the role of Med-Peds trainees in the future of modern day healthcare

# Disclosures



- We are receiving no financial compensation for this presentation, though we must disclose that we are heavily invested in the future of Med-Peds

# The Beginning

1960's

Emergence of MP training programs

University of North Carolina and University of Rochester

1967

ABIM and ABP endorse concept of combined training

1969

Family Medicine recognized as a distinct specialty in the US

# Rise of Med Peds in the 1980's

1981

1<sup>st</sup> UTHSC MP  
resident starts  
training – Lance  
Patton

1982-1984

Growth spurt for MP  
programs

1989

*Pediatrics* publishes  
training guidelines for  
MP programs

# Med Peds Advancement as a Specialty



# UTHSC - 360 Graduates Strong

- Graduate Medical Education:

- Kim Huch ('91) – Internal Medicine PD and Chair, GME Internal Review Committee
- Natascha Thompson ('03) – Medicine Pediatrics PD and Associate Dean for GME
- Colleen Hastings ('04) – Nephrology and Peds Nephrology PD
- Jaclyn Bergeron ('13) – Internal Medicine PD
- Gina Raymond ('14) – Designated Education Officer VAMC
- Austin Dalgo ('15) – Hospice and Palliative Medicine PD
- Dan Wells ('17) – Medicine Pediatrics PD
- Nate Rogers ('19) – GME POCUS Champion
- Desiree Burroughs Ray ('19) – Chair, GME Wellness Subcommittee

- Continuing Medical Education:

- Michael Kleinman ('14) – Assistant Dean for CME

- UT Division Chiefs:

- Shelley Ost ('09) – Division Chief Internal Medicine

- Hospital Systems:

- Cassandra Howard ('03) – CMO Methodist Germantown and MUH
- Burt Hayes ('99) – Chief Medical Informatics Officer (CMIO) MLH and UCH
- Scott Howard ('98) – CMIO St. Jude and Associate Dean for Research for CON
- Cyrilyn Walters ('11) – Subacute Medical Director, ROH
- Elisha McCoy ('12) – Chief of Hospital Medicine, LBCH
- Amber Thacker ('18) – Chief of Hospital Medicine, ROH
- Chuck Fraga ('17) – Chief of Medicine, VAMC

- Community:

- Rick Donlon ('94) – co-founder Christ Community Health Services; co-founder and CEO Resurrection Health

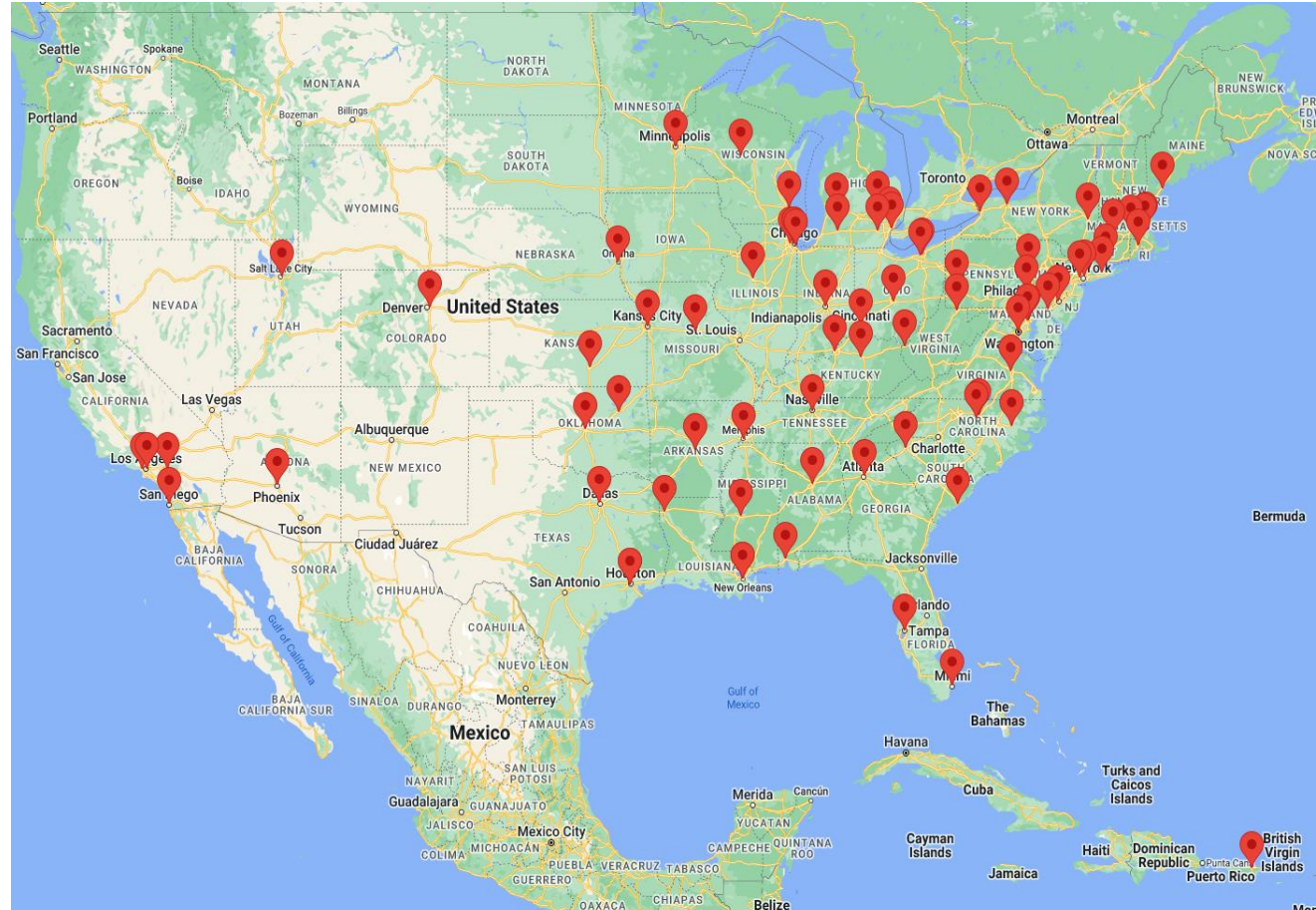




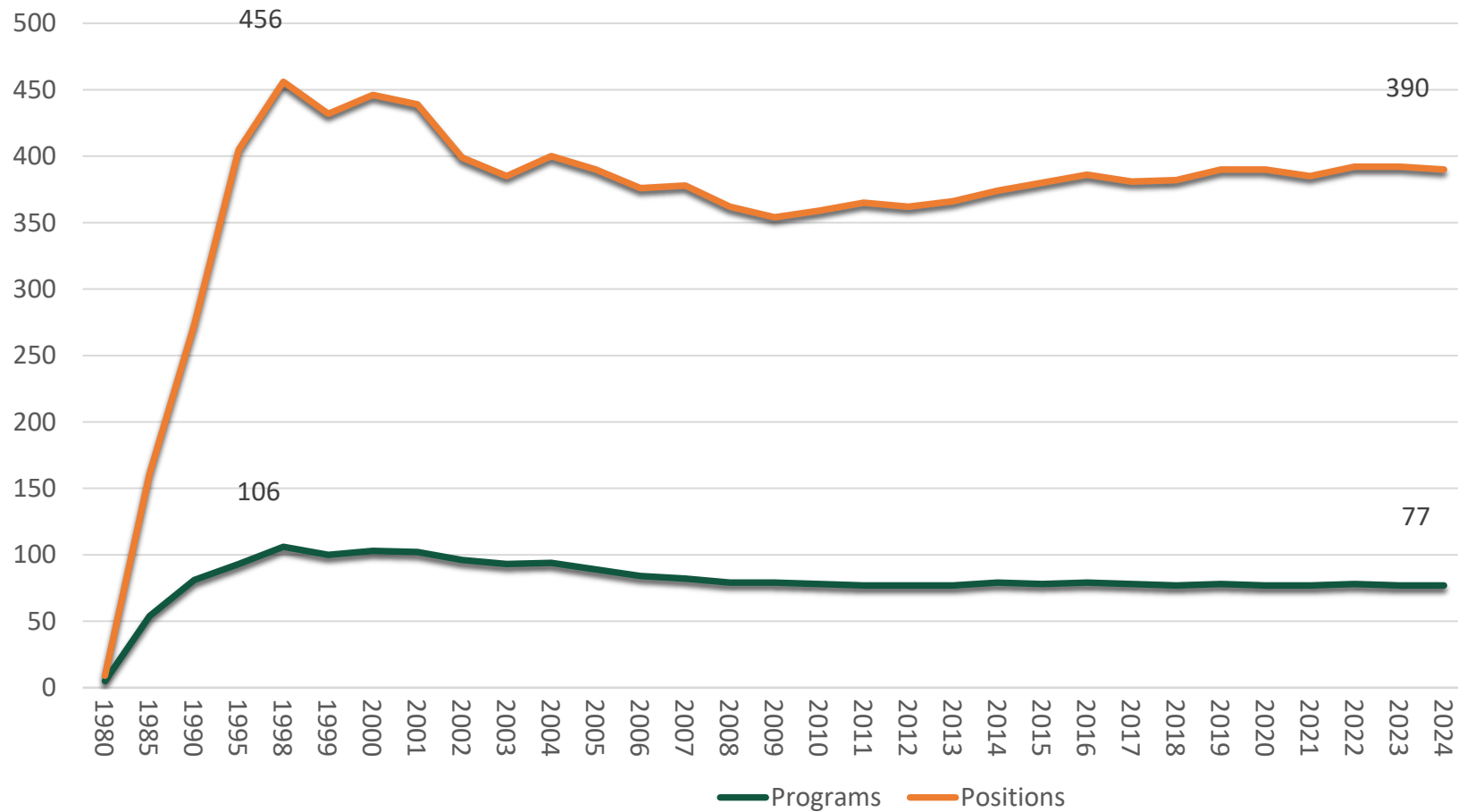
# The Present

## Current State of Med-Peds

- 78 Programs
- ~390 positions
- Heavily skewed to South, Northeast, Midwest
- More than half of programs with Pediatric residencies have Med-Peds residencies



# Growth, decline, and stability



Special thanks to Allen Friedland for this data set

# Why do students choose Med-Peds?

Study in 2005 by Robbins, et. Al showed the following were the top reasons a student would choose Med-Peds

1. Age Spectrum
2. Variety & Depth of Training
3. "Liked both"
4. Flexible career
5. Primary care focus
6. Ability to specialize
7. Role Models
8. Did not want OB/GYN or Surgery
9. Transitional care & Adolescent
10. More Pediatrics



**Specialists for Adults**

**Specialists for Kids**

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**Specialists for a Population**

**The decision to pursue Med-Peds is not one of indecision**

# Characteristics of Med-Peds Residents

644 Applications for 390 spots

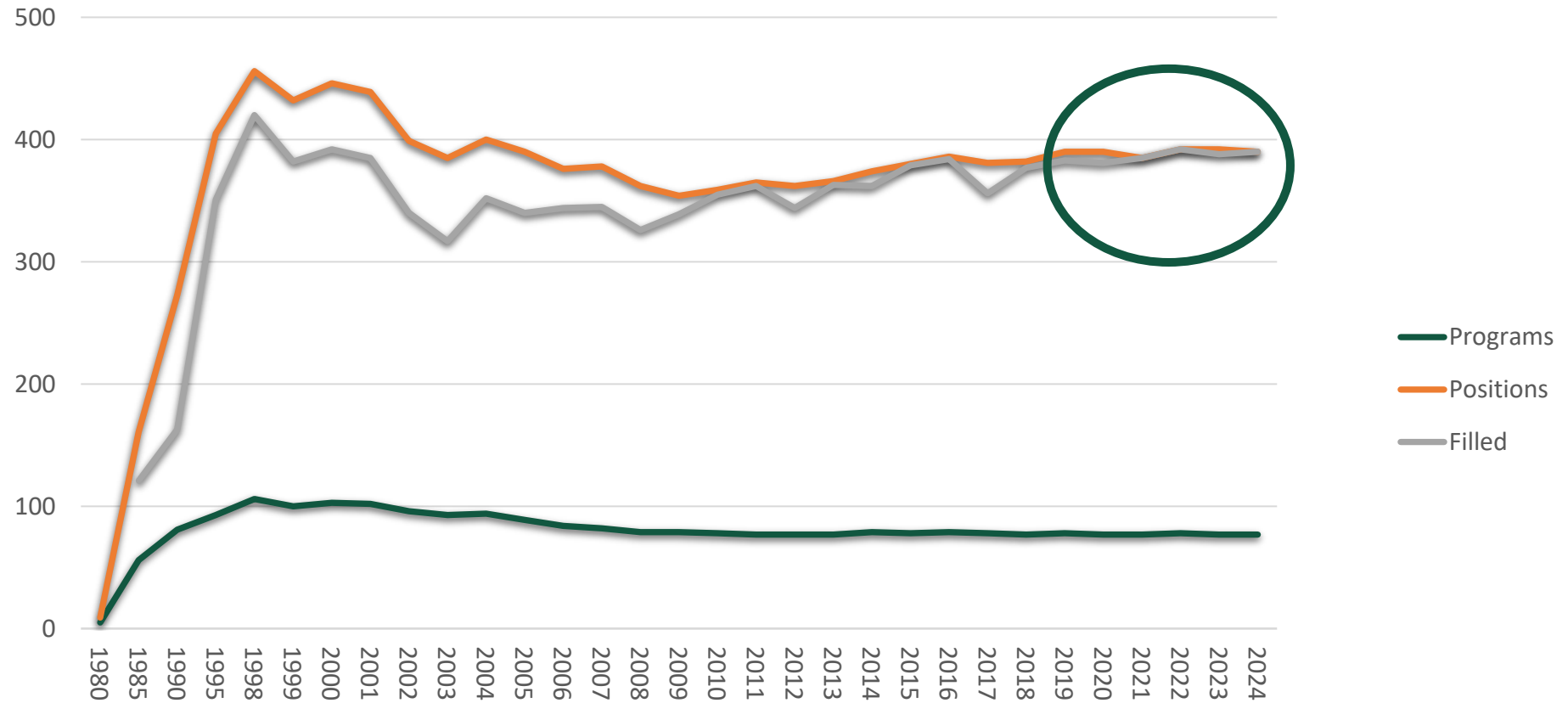
- 434 US MD Applicants
- 67 DO applicants

100% Fill Rate in 3 of last 4 years

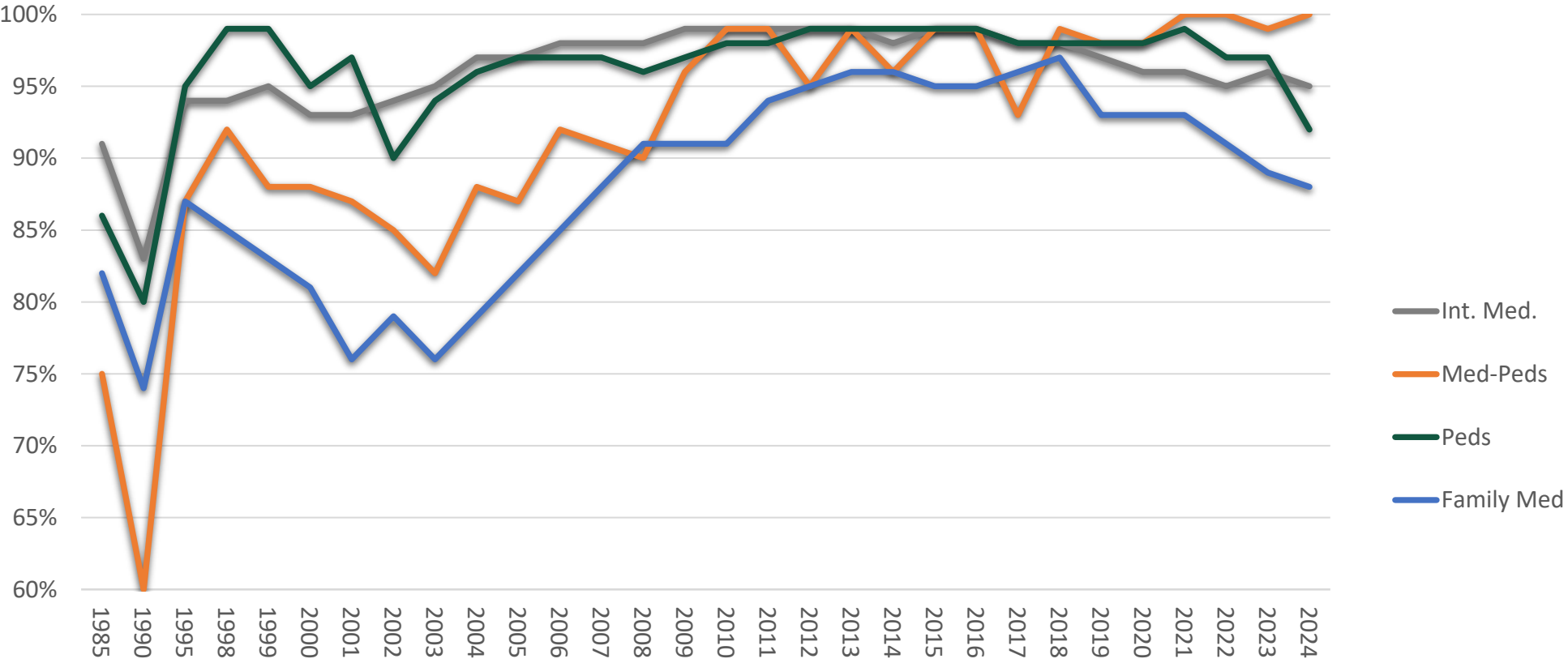
**Table IP-1** Summary Statistics on U.S. MD Seniors  
*Internal Medicine/Pediatrics*

Measure	Matched (n=294)	Unmatched (n=46)
1. Mean number of contiguous ranks	11.3	3.0
2. Mean number of distinct specialties ranked	1.3	2.0
3. Mean USMLE Step 1 score*	233	216
4. Mean USMLE Step 2 score	253	243
5. Mean number of research experiences	3.1	2.6
6. Mean number of abstracts, presentations, and publications	6.9	6.2
7. Mean number of work experiences	1.7	2.0
8. Mean number of volunteer experiences	5.1	4.8
9. Percentage who are AOA members	22.4	6.5
10. Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding	36.1	17.4
11. Percentage who have Ph.D. degree	1.8	4.5
12. Percentage who have another graduate degree	24.8	34.1

# Med-Peds Match



# Med-Peds Match vs. other Primary Care



# The Med-Peds impact?

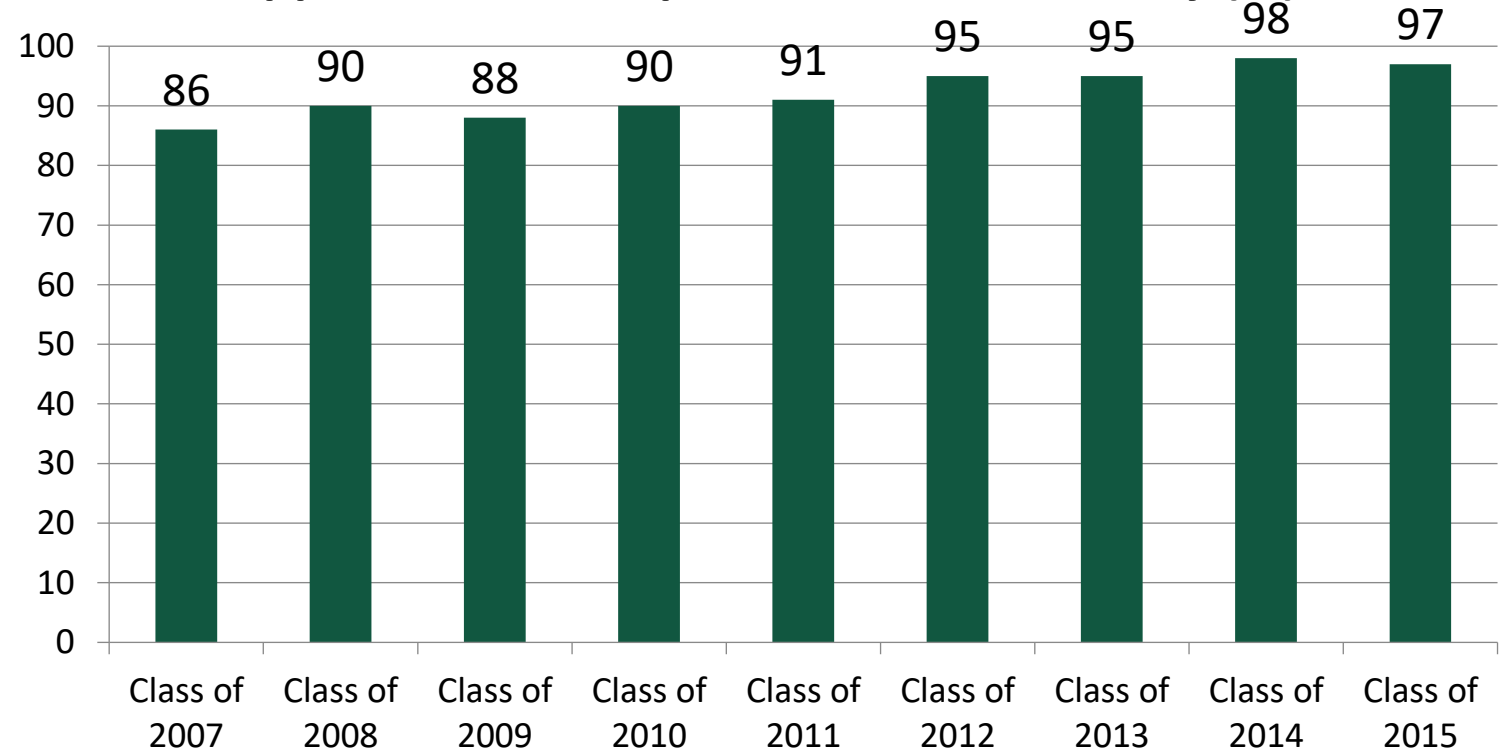
**60% of graduating pediatrics residents said that combined programs enhanced their education, 39% no effect, only 1% negative impact**

Friedland A, Melgar T, Kaelber D, Cull W, Chamberlain J, Kan B. Impact of combined pediatric residency training programs on the educational experience of the categorical pediatric residents. Association Pediatric Program Directors Annual Meeting, Poster Presentation 2009

**Pediatric residency programs with combined Med-Peds programs did better on pediatrics boards**

Falcone JL. Residencies with Dual Internal Medicine and Pediatrics Programs Outperforms Others on the American Board of Pediatrics Certifying Exam. Clinical Pediatrics. 2014 May 6;53(9):854-857

**Approximate Completion Rate Nationally (%)**



# Med-Peds during COVID





# Certification



**Statistically comparable  
certification rates to  
categorical programs**



# After Graduation – A review of work force data



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1980s – early 2000s: 68-78% entered primary care/generalist practice



```
graph TD; A[1980s – early 2000s: 68-78% entered primary care/generalist practice] --> B[ ]; B --> C[ ]; C --> D[ ]
```

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2014: 63% primary care, 22% hospitalist practice, 20% subspecialty

Growth of hospitalist model from 200-300 to >50,000

43% pediatrics practice  
74% seeing “medically complex patients”

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2023: 42% subspecialty, 29% hospitalist, 21% primary care

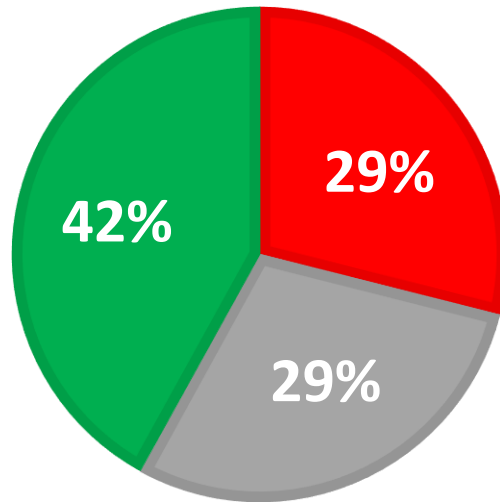
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Mirrors  
Categorical Trends

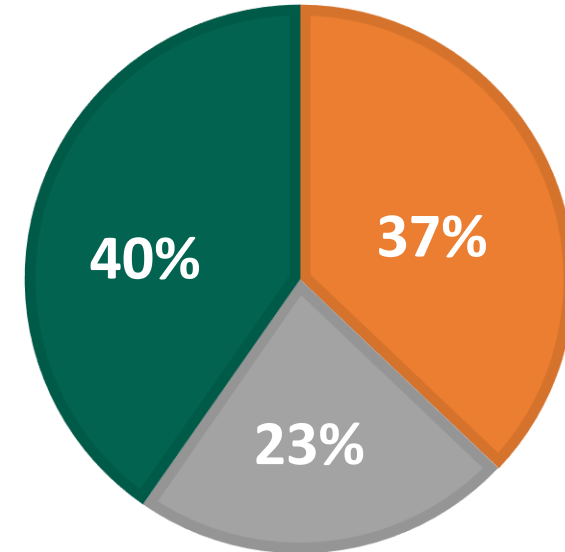
# UTHSC vs. Errbody

GRADUATE DESTINATIONS - NATIONALLY



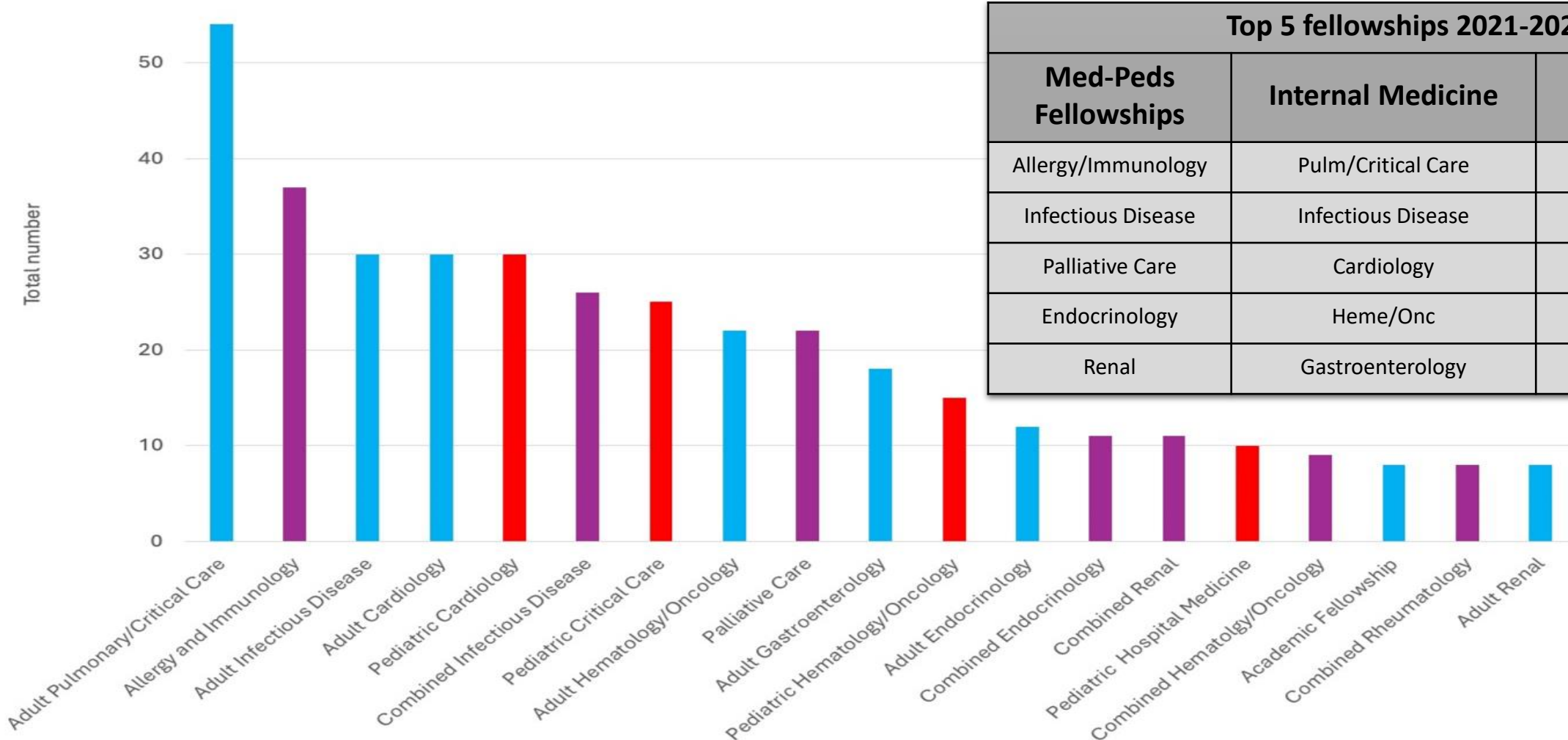
■ Hospitalist   ■ Primary Care   ■ Fellowship

GRADUATE DESTINATIONS - UTHSC



■ Hospitalist   ■ Primary Care   ■ Fellowship

# Fellowship Choices



Top 5 fellowships 2021-2023		
Med-Peds Fellowships	Internal Medicine	Pediatrics
Allergy/Immunology	Pulm/Critical Care	Cardiology
Infectious Disease	Infectious Disease	Critical Care
Palliative Care	Cardiology	Hem/Onc
Endocrinology	Heme/Onc	PHM
Renal	Gastroenterology	Neonatology



# Med-Peds Grads in Memphis

## Specialty Trained Faculty and recent grads:

**Endocrinology:** Sarah Allen, Anne Wynn, Jordan Ross, Alicia Diaz Thomas

**Nephrology:** Colleen Hastings, Kim Huch

**Heme/Onc:** Jeff Harris, Sarah Hashimi, Jamie Zeal, Alexa Rodriguez

**Pulmonary & Critical Care:** Kim Marsh, Patrick Higgins, Andrew Holt, Nathan Wilds, Tonia Gardener, Jared Hogan, Danielle Severns

**Sleep Medicine** - Ariel Long

**Neonatology** - Stephanie Martinez, Anna Slagle

**Gastroenterology** - John Whitworth, Julia Esswein

**Allergy/Immunology** - Christie Michael, Venusa Phomakay, Alex Kingsbury

**Infectious Disease** - Rachel Strength, Ashwini Joshi, Melissa Parkinson

**Palliative Care** - Austin Dalgo

**Addiction Medicine** - Jake Bezold

**Adolescent Medicine** - Melanie Ramos, Kevin Kuo

**Global Health** – Becca Gerrity, Selam Tesema

**Pediatric Hospital Medicine** – Sean Dornbush

## Primary Care:

**Primary Peds - Academic:** Debo Odulana

**Primary IM - Academic:** Shelley Ost, Michael Kleinman, Natascha Thompson, Michele McAmis, Burt Hayes

**Community Practice:** Christie Earnest, Chris Wright, Allison Stiles, Stephen Johnson, Allison Montague, Bess Elliot, Missy Barnhart, Joel Finley, Tracye Kyles

**After Completion of Therapy Clinic:** Daniel Mulrooney

**St. Jude HIV Clinic:** Shelley Ost

**Transitions of Care:** Michael Kleinman

## Hospitalist:

**VAMC:** Chuck Fraga, Alain Rodriguez, Carrie Stallings, Gina Raymond, Matt Cook, Michael Womack

**ROH:** Jaclyn Bergeron, Natalie Dunlap, Andy Pierce, Amber Thacker

**BMH:** Nathan Davidson

**Methodist:** Chris Adelman, Karen Andrews, Lauren Fulmer, Rachael Smith, Kin Dempsey

**Combined Hospitalists:** Desiree Burroughs-Ray, Elisha McCoy, Nate Rogers, Anna Allen, Amanda Hardy, Dan Wells

**Med-Peds is not a niche in Memphis – it is part of the culture**



# The Future of Med-Peds



# The future of Med-Peds... is bright!



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