Who Would You Like to Be When You Grow up?

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In February 2005, the Annals of Internal Medicine, a highly respected journal, published a systematic review of 59 manuscripts covering a total of 62 samples that reported on the relationship between medical knowledge/healthcare quality and years in practice/physician age. You (and many other readers) might be asking yourself, “Why so many studies on this topic? Isn’t the answer obvious?” Certainly, clinical experience must amount to better quality care, and these studies presumably are designed to demonstrate this maxim.

Surprisingly, in 32 of the 62 samples detailed in these manuscripts, the authors concluded that performance decreased on all outcomes assessed as years in practice increased. Further, in another 13 of the 62 samples, no association was found between quality of care and experience. In fact, a positive association between the number of years in practice and better performance for all outcome measures was only demonstrated in 1 sample. The remaining 16 samples showed mixed results of increasing, decreasing, or no association between experience and quality care, depending on the aspects of care that were evaluated. Each sample included more than 1 outcome measure, with measures consisting of knowledge, adherence to standards of care for diagnosis, screening, or prevention, adherence to standards of care for therapy, and health outcomes.

As we can all appreciate, the publication of this review generated much discussion in the press and also resulted in a few published letters to the editor. But despite the likely potential methodological flaws in some of the studies included in this review, the 32-to-1 ratio indicating a negative association is difficult to discount, particularly when some of the original samples evaluated several aspects of care and included a large number of physicians, high response rates, and good sampling methods.

In the interpretation of these data, we must be careful not to conclude that all older physicians showed lesser proficiency—certainly a large range of expertise existed at all experience levels. We must also recognize that many of the original studies were performed before the current electronic age, in which more information is distributed faster and is more readily available. But undoubtedly, the implication is that throughout their careers, many physicians fail to upgrade their knowledge to keep pace with new information.

Equally clear is the relevance of the Annals review to physical therapists. What if a similar study was performed with physical therapists as the subject of interest? Do we incorporate evidence and new knowledge, whether from basic or clinical research, along with our clinical experience in daily practice, from the moment we graduate throughout the balance of our careers? We’d like to think so; but we, too, run the risk of falling behind with developments in our field.

I strongly believe that an important—if not the most important—component of continuing education relevant to clinical practice is accessing and reading the literature of this profession and related disciplines. If you are reading this editorial, you probably require little convincing of the truth of this statement.

In addition, for those who read this and other journals, the ability to fully appreciate the work presented is increasingly dependent on understanding current terminology regarding research design, statistics, and evidence-based practice now found in most articles. To that end, this issue of JOSPT includes 2 complementary papers1,2 that I hope will provide many clinicians, as well as educators and researchers, with a primer on concepts and terms often used in clinical studies. While these articles are not intended to replace more substantial, in-depth reading on these topics, they do offer a useful resource to those who wish to keep up with our fast-evolving literature.

REFERENCE

