

Longitudinal Continuity

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I read with interest the article from Ford et al. (2018) describing their Student Continuity of Practice Experience (SCOPE) program.¹ In the setting of a national primary care shortage, I commend the authors for designing a comprehensive longitudinal clinical experience that has been effective in promoting and maintaining primary care interest among medical students.

The authors state that one goal of the SCOPE program was to create an institutional culture that views primary care as a positive and dynamic career choice. Unfortunately, many medical students, including myself, have been actively discouraged from pursuing primary care, particularly by specialists.² The reasons for this are multifactorial and well-described.³ I ask the authors if they have a way of assessing the medical school culture in terms of institutional perception of primary care, and if they feel their program achieved this goal.

The authors report a program retention rate of 77% moving into third year. I ask the authors if they have any information on the factors that may have influenced students' decisions to discontinue participation in the program prior to third year.

The authors indicate that the admissions process began as random selection in the pilot but transitioned to an essay, multiple mini interviews, and an abbreviated version of the "Medical Student Attitudes Toward the Underserved"

survey described by Crandall et al. (2007).⁴ The authors note that one limitation of the study is that it may self-select for students already interested in primary care. I ask the authors their views on whether the program may serve to spark initial primary care interest in undecided or even specialty-leaning students if the admissions process were still random.

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