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The recent finding by Ateev Mehrotra and coauthors (Nov 2012) that less-experienced physicians have higher cost profiles is concerning and may partly be a consequence of these physicians’ proximity to the resource-intensive culture of residency training. A “hidden curriculum” exists in these settings, which leads to costlier diagnostic workups and rewards overutilization.

For example, flagship educational conferences during residency place an imbalanced focus on identifying rare cases. Supervising attending physicians often highlight and publicly chastise perceived sins of test omission (“Why didn’t this patient get a chest x-ray?”) instead of questioning a commission (“Why did this patient undergo that computed tomography scan?”). Lack of knowledge about health care costs coupled with a sense of their importance compounds the problem, providing conditions ripe for the spreading of rumor and misinformation.

As Mehrotra and coauthors highlight, there are several reasons why less-experienced physicians may practice more-expensive medicine. However, medical training that equates doing more with being thorough is another likely contributor.

Changing this culture requires willing leaders and high-quality educational programming. Early efforts include the American Board of Internal Medicine Foundation’s Choosing Wisely campaign, which helps patients and physicians identify avoidable tests.1 The American College of Physicians’ high-value care curriculum2 includes interactive sessions freely available to residency programs. The Costs of Care Teaching Value Project3 uses video vignettes based on actual patient stories to teach trainees how to reduce medical bills.

Such efforts can arm leaders with tools to combat the hidden curriculum and give physicians in training a foundation for practicing the best care at the lowest costs.

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