ERRATUM

Erratum to: Changing Interactions Between Physician Trainees and the Pharmaceutical Industry: A National Survey

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We would like to correct the Figure and accompanying description in the results section that were published in our recent survey of medical trainees' interactions with the pharmaceutical industry.¹ The original analysis contained clerical errors in the regression models, which compared students' reported receipt of gifts, belief that industry marketing can affect prescribing, and perception of "adequate separation" between their faculty and the pharmaceutical industry. The models included random intercepts for medical school, as well as fixed effects for American Medical Students Association (AMSA) PharmFree Scorecard score, NIH funding and year in training.

Consistent with our original publication, the revised Figure 1 [below] still shows that fewer medical students

reported receiving gifts when they attended medical schools that received higher levels of NIH funding (odds ratio (OR) 0.51, 95 % confidence interval (CI) 0.38-0.67, $p < 0.001$). However, there was also a non-significant negative correlation between receiving gifts and a school's AMSA score (OR 0.83, 95 % CI 0.61-1.12, $p = 0.21$). Since medical students' exposure to pharmaceutical marketing is more strongly related to the school's NIH funding level, policymakers seeking to further insulate students from industry marketing could focus their resources on less research-intensive medical schools.

Students in more research-intensive schools (OR 1.36, 95 % CI 1.00-1.85, $p = 0.052$) and in schools with high AMSA scores (OR 1.29, 95 % CI 0.92-1.80, $p = 0.14$) were more likely to report that receiving gifts would affect their prescribing practices, although neither association was statistically significant. Neither NIH funding level (OR 0.87, 95 % CI 0.51-1.48, $p = 0.60$) nor AMSA score (OR 1.14, 95 % CI 0.70-1.85, $p = 0.24$) was correlated with students' report of "adequate separation" between school faculty and the pharmaceutical industry. We apologize for the erroneous rows in the Figure.

Figure 1. Effect of medical school characteristics on students' receipt of gifts and attitudes about pharmaceutical industry interactions. The squares indicate odds ratio (OR), while the lines indicate 95 % confidence intervals (CI). * The AMSA (American Medical Student Association) score is a rating of the strength of the school's conflict of interest policies. A high AMSA score was an "A" or "B" (compared to schools receiving scores of C, D, or F). ** NIH (National Institutes of Health) funding is a measure of the amount of government-funded basic science research occurring at the medical school. High NIH funding was defined as above the median value (\$94.9 million) for all medical schools in 2010 (compared to schools below the median value).

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REFERENCES

1. Austad KE, Avorn J, Franklin JM, Kowal MK, Campbell EG, Kesselheim AS. Changing interactions between physician trainees and the pharmaceutical industry: A national survey. *Journal of General Internal Medicine*. 2013. doi:[10.1007/s11606-013-2361-0](https://doi.org/10.1007/s11606-013-2361-0).