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EDITORIAL

SCORE ONE FOR FAMILY PRACTICE

Twenty years after its establishment as the 20th medical specialty, family medicine has secured its place as one of America's foremost rediscovered resources. Come Match Day, however, glaring disparities will remain when one compares public and private medical schools, urban and rural institutions, and the Northeast and just about everywhere else, for the number of graduating students choosing family practice. The overall percentage of such students has stabilized at approximately 12% and exceeds 20% at only 16 schools, nearly all of which are large public universities such as the University of Indiana and the University of Minnesota.¹ On the other hand, at 13 other schools—eight of which are private institutions in the Northeast such as Harvard, Yale, Mount Sinai, and Cornell—less than 5% of the students chose family practice.¹ Ironically, new training programs that incorporate key elements of family medicine are being created at several of the institutions where a long-standing bias against family practice has permeated the atmosphere. General primary care, combined pediatrics and internal medicine, and preventive medicine residencies are attracting students who might otherwise have selected internal medicine or, in the right environment, family practice.

An all too frequent scenario, unfortunately, is one in which a student aspires to return to his hometown to practice family medicine, but then shifts course during medical school after encountering a negative attitude toward family practice, pressure to choose a more technologically sophisticated specialty, or the presence of more stimulating teachers in other departments. While the influence of the hometown family doctor has always been a major reason students plan on a career in family practice, at least three other major factors emerge in medical school that require strengthening: a preceptorship with a family physi-

cian in the third or fourth year of medical school, a clinical clerkship in a department of family practice, and constant contact throughout the four years with family practice physicians.²⁻⁵

The importance of the family physician as teacher and role model, not only for residents and students interested in family practice but for all students, residents, and colleagues, can never be underestimated. Increasing the opportunities for family physicians to participate in the undergraduate medical curriculum is the cornerstone of future progress for family medicine. Community-based family physicians are needed not only as preceptors, but also as teachers in courses on physical diagnosis, interviewing, and the basic sciences. To cite one example, learning the origins and insertions of muscles takes on an exciting relevance if a family physician can amplify an anatomy lesson with a discussion of the prevention, diagnosis, and treatment of soft tissue injuries. At schools such as the Medical College of Georgia and Baylor College of Medicine, where family physicians are in charge of the physical diagnosis and interview courses, there has been an upsurge of student interest in choosing family practice. At the University of Miami, one family practice faculty member has a joint appointment as a lecturer in neuroanatomy. At the University of Oklahoma, a member of the Department of Family Medicine teaches the undergraduate course in nutrition. At the University of California at Davis (UC Davis), a family physician introduces medical students to sports medicine and welcomes their participation in electives and in research.

UC Davis is one of an increasing number of institutions that has developed an optional track for primary care. Others include the University of Utah, the University of Washington, the University of New Mexico, and the University of Illinois at Rockford.^{6,7} Each of these programs has

had remarkable success in attracting students to family medicine. At these institutions, off-campus experiences in the community are doubtless as influential as traditional curricular requirements. In essence, the attitude and availability of the family physicians and staff members with whom the student comes into contact may be as meaningful as the structure and content of a preceptorship or clinical clerkship. Time, caring, and commitment are elements students discern and appreciate. Rather than being made to feel at the bottom of the medical totem pole, as is often the case in large medical centers, the student in a well coordinated family practice program can be encouraged to develop an individualized project that focuses on one of the numerous areas encompassed by family medicine. For instance, the advent of DRGs, along with advances in technology, has led to a burgeoning in home health care, thus placing the family physician in a key position to include home visits in his schedule and to educate students about the importance of the home environment. School health education, geriatrics, adolescent health, family counseling, and health in prisons are but a few of the subjects that ought to be taught by family physicians.

Clinical acumen, of course, is key to inspiring students, but it is not the only component. Availability, accessibility, and inquisitiveness about the student as a person are key ingredients for effective teaching. Asking questions about the student's experiences in and opinions about other courses and rotations can personalize and strengthen a teacher-student relationship. A family physician should be one who above all values the importance of communication to patients, colleagues in all other specialties, and the public at large.

As increasing numbers of family physicians are brought into the day-to-day curriculum of medical

schools, academic faculty from all specialties would do well to examine at regular intervals the nature of family practice in the offices of family physicians in the community—merely observing, talking with patients and staff, and catching up on the real world. Town-gown barriers can also be broken down if community-based family physicians step up their affiliation with the Society of Teachers of Family Medicine, thus reenforcing their image as teachers. On an individual basis, family physicians can help sponsor students to attend the National Conference of Student Members (NCSM) or the state academy meeting. Indeed, it is encouraging to see increasing numbers of students at NCSM from schools with no formal department of family medicine. After 20 years, it is clear the secret's out that family medicine can be exciting, challenging, and gratifying. Score one for family practice.

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