On Avoiding Town-Gown Issues in Family Practice

Dr. John P. Geyman

As academic programs in family practice have developed rapidly during the last several years, it is inevitable that the activities and directions of this evolving field have become more varied and diverse. It is also inevitable that the possibility for development of town-gown issues is increased, and this is now starting to occur. A recent editorial in *Update International* points out some of the criticisms that are being directed at academic departments of family practice by practicing family physicians in this country as well as elsewhere.[1] Some of the issues which are starting to be raised include the "non-realities" of academic teaching practices, the potential for teaching non-relevant knowledge and skills while avoiding relevant areas, and concern over the importance and need of research in family practice. Since town-gown conflicts have often developed in other clinical specialties and since Family Practice is now becoming established as an academic discipline, we must look at potential friction as a legitimate concern.

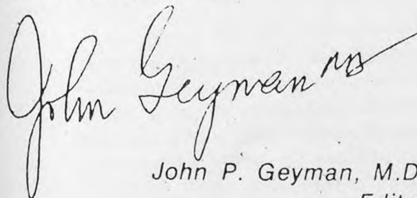
Is there now such a gap? There is certainly ample evidence to the contrary: most family practice faculty have themselves been in active family practice; a large majority of family practice residencies in this country are in community hospitals; many practicing family physicians teach on a volunteer or part-time basis; the support of teaching programs in medical schools by the American Academy of Family Physicians has been strong; and the Academy and Society of Teachers of Family Medicine are jointly beginning to sponsor and conduct workshops concerned with teaching of family practice. At the same time, however, the practicing family physician and the full-time teacher have quite different activities, priorities and pressures. The practicing family physician is usually engaged in a busy, if not overwhelming, clinical practice, and must see his priorities in terms of patient care. The full-time teacher in an academic setting is expected to contribute substantially in the areas of teaching, patient care and creative activity, including research and publication. He also frequently finds himself burdened by administrative responsibilities and having to learn to cope with organizational and funding problems, developing meaningful relationships with other departments and maintaining his own clinical skills while meeting these other needs.

Although a town-gown gap in family practice cannot be substantiated as real at this time, it is clear that the interests, needs and priorities of practicing family physicians and full-time teachers in academic settings are necessarily quite different. We have the particular opportunity and need in family practice to avoid town-gown issues of consequence by recognizing the potential problem, maintaining communication, developing better understanding of each other's problems, and jointly participating in as many of our teaching and research programs as possible. We need to view patient care, teaching and research as integral to the development and future of our specialty and in our combined interest.

Family Practice has the unique opportunity to develop a dynamic and close inter-relationship between the practicing and academic community. Varied teaching settings must be developed in the community for medical students and residents so that we

[1]Editorial. The battle for academic family practice. *Update International*, pp 373-380, June 1974.

can motivate and prepare future family physicians for practice in urban, suburban and rural practices. The involvement of practicing family physicians in teaching programs is critical as role models for students and residents, for reality testing and for much needed input into the curriculum and teaching process. The practicing family physician likewise has much to gain from involvement with academic programs, such as opportunities for continuing medical education, exposure to newer methods to improve quality of care, and increased practice satisfaction through expanded clinical capabilities. There are wide horizons open to needed research in family practice, much of which is in relation to the study of various aspects of primary care of families in the community. Practitioners and teachers of family practice are inter-dependent, and the future of this specialty requires a balanced development in the clinical discipline, teaching and research. Ultimately, we have the same overall goals of meeting societal needs for the best possible quality of personal and comprehensive care of families, which will require education of more family physicians, better definition of our discipline, development of a literature and research base, and the evolution of our specialty consistent with changing patterns of medical care. *The Journal of Family Practice* seeks to assist in articulating and sharing new developments in family practice which can build excellence in this specialty in patient care, education and research.



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Editor

"Don't Say It— Write It Down!"

It is high time in Family Practice to stop talking so much and begin recording, analyzing and cross-examining the data available from our discipline in medicine.

Because family medicine is a specialty of *function* (it is not what you do — it's how you do it!) rather than a specialty of content or specific skills, it appears to some that research is impossible and facts are hard to come by. Not so, as the new body of Family Practice literature is proving. Although milligrams and microscopes are seldom mentioned, many new denominators are appearing. Patient-hours, cost-effectiveness, and doctor-patient relationship are being equated and tabulated. Many of our everyday functions can be analyzed so that productive data can be established not only for the type of care, but also for the *quality* of care.

As a full-time practitioner, I welcome this "scientific" intrusion into what I have always felt was excellent medical care. I hope we can all join in this new surge to document this body of knowledge of Family Practice by cooperative efforts. We should take an interest in the studies being done and begin to make our own contributions to the literature.

As practicing physicians, what we need is balance. Everywhere balance is being sought — by environmentalists, economists, minority groups, and now even in our medical schools. I would like to quote Rashi Fein, PhD, an economist, from a recent article concerning the search for balance in medical schools:

"Patients seek care for various reasons, and although none of us would suggest that sympathy, humaneness, alleviation of pain, and concern are substitutes for cure, we dare not ignore these elements of patient care and consider them valueless. Thus, to argue that we should go off to the laboratory because we cannot cure is to totally ignore the patient's needs and desire for care. If we are all searching for cures for the next generation, who will care for this one?"[1]

Dr. J. Jerome Wildgen

This statement hits us right where our expertise lives! Be brave — don't just talk about it — write it down! If you don't think you know how to write, read the new literature and see how the valiant few are beginning to gather this much-needed body of literature to verify the validity of family medicine as a discipline of modern medicine.

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[1]Fein R. Tensions in medical education: the search for balance. *Ann Intern Med 80:* 651-656, 1974.