Family Practice Residencies and the Continuum of Medical Education

John P. Geyman, MD
Seattle, Washington

The rapid growth of family practice residency programs constitutes a major development in graduate medical education in the United States in the 1970s. The 325 currently approved family practice residencies represent a variety of new kinds of relationships among medical schools, communities, and community hospitals. A significant number of these programs are in communities without previous residency training programs. Despite the setting and the status of affiliation or nonaffiliation with larger educational institutions, such as medical schools, these residency programs represent a new and vital force in medical education and practice in their respective communities.

It is quite natural that the initial years of development in any of these programs are heavily involved with the logistics of organization, curriculum development, evaluation methods, funding, and other needs related to residency training. However, as each program matures and stabilizes with its full complement of residents, other activities become not only possible but desirable. It is suggested here that the family practice residency has much to contribute, and to gain, from active participation in the continuum of medical education, ie, at both undergraduate and postgraduate levels.

At the *undergraduate* level, family practice residencies can be readily adapted to provide excellent learning settings for advanced medical students in a family practice clerkship. A number of residencies are already involved with such clerkships. These clerkships provide medical students with several important opportunities: (1) to evaluate the quality and content of family practice residencies as preparation for a possible career in family practice; (2) to observe modern concepts and methods of family medicine as applied in a teaching setting; (3) to work with family practice residents; and (4) to work in a community-based teaching setting as an alternative to larger institutional settings. At the same time, there are a number of advantages to the residency programs themselves: (1) expansion of the capacity and effectiveness of teams within the residency; (2) provision of opportunities to residents to teach (and learn through teaching); (3) assistance with special projects within the residency; and (4) assessment of potential future resident applicants through contact with medical students during their clerkships.

At the *postgraduate* level, there are many opportunities for family practice residencies to become effective sources of continuing medical education. The potential here is virtually untapped. Several factors make this involvement particularly promising:

1. The educational needs of practicing family physicians and advanced family practice residents are similar in many areas.
2. The director of each residency program has effectively built an educational system around the Family Practice Center, related hospital(s), and the community, involving physicians and other health-care professionals in many fields.
3. This educational system has the capacity in many instances to accommodate more learners.
4. Each Family Practice Center acts as a workshop for newer techniques in family medicine, such as health hazard appraisal, patient education, and data retrieval and audit.
5. Self-assessment methods which are developed for residents are equally applicable to practicing physicians.
6. The decentralization of family practice residency programs brings such programs within geographic proximity to a large number of practicing family physicians.

Family practice residencies could well become involved with development of effective methods for "diagnosis" of educational needs through practice audit and self-assessment. These residencies could likewise develop various "treatment" strategies to meet the specific learning needs of individual family physicians by such means as supervised clinical experience in the hospital, preceptorships in consultants' offices, specialty clinics, and use of self-instructional materials. In addition, family physicians who participate as part-time teachers in family practice residencies can add to their own continuing education as well as provide important "real-world" role models to residents and students in the program.

A critical question as to what is possible in a family practice residency relates to available resources and priorities. Although this issue may limit some of a residency program's involvement in the larger continuum of medical education, it is suggested that much can be done at both undergraduate and postgraduate levels which can greatly benefit residency programs and their residents in training without sizable increase in resources.