
Family Practice Forum

Family Medicine Views on the General Professional Education of the Physician

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On behalf of the Association of Departments of Family Medicine, I want to take this opportunity to thank the Association of American Medical Colleges for allowing our association to make this presentation. I cannot refrain from observing that some of the concerns expressed in the booklet furnished to us by the AAMC are some of the same concerns that led to the formation of the specialty of family medicine.

Under the heading of "Essential Knowledge," we feel strongly that students should be taught to think critically, to be problem solvers rather than memorizers of an ever-increasing and constantly

changing body of knowledge. An analogy comes to mind with respect to wilderness survival training. We would not dump in a wilderness an individual weighted down with 400 gallons of water and canned foods sufficient to last for a year. Rather, we would provide him with the necessary skills to survive in the wilderness. Should we do less for our medical students? Critical thinking is essential to becoming a lifelong learner.

Excessive memorization of facts becomes even less appropriate in our computer age. A recent survey by the AMA revealed that 23 percent of physicians had a computer terminal in their offices. By the year 2000 one would suspect that nearly 100 percent will have computers. We would recommend that a course in computer science be required prior to entry into medical school. The intention of such a course would be, not to produce a computer programmer, but to develop in students a knowledge of the terminology and an appreciation of what computers can and cannot do.

Presented as testimony of the Association of Departments of Family Medicine to a regional workshop of the Association of American Medical Colleges in New York City on May 6, 1983. Requests for reprints should be addressed to Dr. William L. Stewart, Department of Community Health and Family Medicine, College of Medicine, University of Florida, Gainesville, FL 32610.

There should also be a required number of hours devoted to the humanities prior to admission to medical school in the same manner we currently require science courses. Knowledge in these areas should be tested just as rigorously as the sciences by the MCATs. Basic knowledge in the humanities should be elaborated on in medical school with clinical relevance.

Preventive medicine, epidemiology, and public health should receive greater emphasis in the medical school curriculum. It is interesting to note that medical students learn very little with respect to health promotion and wellness, despite technological advances rapidly outstripping the ability to pay for them. Physicians might be likened to the man trying to fish pollutants out of a stream with a net while a number of trucks dump garbage upstream. The preoccupation with the end-stage treatment of disease must someday give way to prevention, which now accounts for only approximately 1 percent of our medical expenditures.

Since 95 percent of medical care in the United States is delivered to ambulatory patients, students should spend more time than they do currently learning to take care of outpatients. There should also be greater emphasis on the diagnosis and management of patients with common diseases as well as greater attention to the multitude of factors influencing health and disease, including family, occupation, environment, and so on. A mandatory clerkship in family medicine would help to create such an emphasis.

Basic sciences should not be taught as something apart from clinical medicine. Physicians do not think this way. When presented with a clinical problem, most physicians attempt to determine first what organ system is involved, and do not separate each of the basic sciences from clinical medicine in arriving at a diagnosis. There should be a much greater integration of the basic sciences with clinical medicine with less time spent in basic science blocks. That students have been able to perform this integration themselves is a tribute to their intelligence rather than to the educational system. We should never lose sight of the fact that we are preparing students for the most part to become practicing clinicians.

Not only must medical students be given the fundamental knowledge to solve problems, but also they must be consistently challenged with

problems that they have not seen before to test their ability to reason. They must be given increasing responsibility for their own education through increased reliance on the library and less reliance on didactic lectures and handouts. There are not handouts in the practice of medicine outside medical school.

Personal qualities, values, and attitudes received a great deal of attention from our group. There is a very real problem in providing exposure to these factors in medical school. In the typical tertiary care university hospital, most patients are referred. The faculty have never seen them before and in most cases will never see them again. In addition, the care of the patient is divided among attending faculty, residents, medical students, and various allied health professionals, a division hardly conducive to the development of a warm, caring, and personal relationship. This relationship can best be demonstrated in the practices of physicians in private practice. Particularly since the vast majority of medical graduates end up in private practice, it would seem appropriate to expose medical students to carefully chosen models of such a practice. I do not mean to denigrate faculty physicians, many of whom certainly are caring physicians, but a different relationship develops between a patient and his physician over time that students need to see first hand.

In summary, the Association of Departments of Family Medicine recommends the following:

1. Required courses in the humanities prior to medical school
2. Rigorous testing of knowledge in the humanities by the MCAT
3. A course in computer science prior to medical school
4. Greater emphasis on problem solving and less on memorization
5. Greater emphasis on preventive medicine, epidemiology, and public health
6. Greater emphasis on health promotion and wellness
7. Integration of the basic sciences with clinical medicine
8. Greater exposure of students to practicing physicians
9. Greater emphasis on and exposure to outpatient medicine, with a mandatory clerkship in family medicine