

# Elective Experiences in Family Medicine for Medical Students

Rugh A. Henderson, MD  
Hershey, Pennsylvania

The place of elective experiences in the predoctoral educational program of the Department of Family and Community Medicine of the College of Medicine of The Pennsylvania State University is described. General educational objectives and brief descriptions of courses are presented, and the educational approach is discussed. An overview of the comprehensive educational program is provided, including the methods used and relationship to the total medical school curriculum.

This is the fourth in a series of articles describing the predoctoral curriculum of the Department of Family and Community Medicine of the College of Medicine of The Pennsylvania State University. Previous articles in the series provide an overview of the curriculum,<sup>1</sup> and descriptions of the first-year core curriculum<sup>2</sup> and the second-year core curriculum.<sup>3</sup> The scope of this paper is to describe the place of elective experiences in this comprehensive educational program in Family and Community Medicine.

## Educational Objectives

Elective experiences are designed to meet the following objectives:

1. To enable the student to obtain additional background in subject areas introduced in the core curriculum.
2. To extend the educational program into the community where the student may test and validate principles presented in the core curriculum.
3. To encourage individual student initiative in defining and exploring areas in which their interest has been stimulated.

Elective experiences emphasize the

small group or one-to-one format, which maximizes the opportunity for a meaningful interactive experience among students and between faculty members and students. Opportunities are available for flexibility in subject matter and approach to provide a teaching-learning milieu which encourages the interest and involvement of both faculty and students.

## Curriculum Content

Elective experiences take the form of either small seminar groups or preceptorships. During the 1974-1975 year, seminar experiences were offered in the areas of sexual and marital health, geriatrics, interviewing, and ambulatory care evaluation. Preceptorships or one-to-one experiences can be obtained by serving a primary care preceptorship with a community physician, an ambulatory clerkship in the model family practice center, community medicine preceptorships, or by doing independent research in family practice. Key elements of the above course offerings are described below.

## Sexual and Marital Health

Through film presentations and discussions, the course on sexual and marital health initially introduces and desensitizes students to the subject of sexuality. The anatomy, physiology, and psychology of human sexuality are presented along with the changing viewpoint regarding sexuality in our society. Sexuality is then expanded by consideration of the topic in the context of the life cycle. The next

approach is the physician's role in the area of sexuality. This includes both establishment of the data base and counseling. The availability of special resources and the role of allied health professionals are discussed. The course concludes with a description of common marital problems and counseling techniques. The students are given an opportunity to attend an optional session on homosexuality.

## Clinical Interviewing in Family Medicine

Clinical interviewing is intended to emphasize that communication between the patient and the physician is the essence of an effective relationship. The art and science of this exchange are analyzed by alerting the student to the obvious and subtle relationships of verbal and nonverbal communication. The techniques used include observation, role playing, clinical interviewing, and background reading. Participation by the student in the interviewing process with subsequent critique through video tape replay by peers and faculty is an integral part of the course.

## Geriatrics

In geriatrics, an overview is presented of the aging process and attendant problems that are commonly brought to the attention of the family physician. Topics include a consideration of the biologic component of aging; the common complaints of aging persons as seen by the family physician; and the physiologic changes that occur during aging with special emphasis on the role of the family physician. Related to the basic processes are associated problems such as sex in later life, institutional care, euthanasia, the unnecessary prolongation of life, and death with dignity.

## Family Practice Preceptorships in Areas of Medical Need

One of the most popular and important elective courses is the family practice preceptorship in areas of medical need.\* In actuality, this is a series of four courses making available to the students in each year a preceptorship with a family physician in the community. One to two-week

\*supported by HEW grant # O3D 005050-04

From the Department of Family and Community Medicine, The Milton S. Hershey Medical Center, The Pennsylvania State University, Hershey, Pennsylvania. Requests for reprints should be addressed to Dr. Rugh A. Henderson, Assistant Professor, Department of Family and Community Medicine, The Milton S. Hershey Medical Center, The Pennsylvania State University, 500 University Drive, Hershey, Pa 17033.

preceptorships are available for first and second-year students. One to three months of experience is available to third and fourth-year students. This elective is designed to provide the student with an opportunity to experience the practice of family medicine in a supervised setting in the community. Stress is placed upon the recognition of problems as they present in the ambulatory patient. Planning for the management of these problems is emphasized during the third and fourth-year preceptorships.

Over 100 family physicians serve as preceptors in the program. The practice of each of these physicians has been evaluated as a teaching practice. After serving the preceptorship, being evaluated by the preceptor, and submitting a written report, the student discusses the experience and the meaning of the experience with the departmental preceptorship director. This process provides a meaningful practice experience in areas of medical need, both rural and urban. Since the primary care preceptorship program is conducted in cooperation with the Departments of Pediatrics and Internal Medicine, preceptorships of a similar nature in these specialties are available to the students.

#### *Ambulatory Clerkship*

An ambulatory clerkship enables the student to participate in the service, educational, and research activities of the Department of Family and Community Medicine. The student is able to observe ambulatory patient care activities in a model family practice center and participate at a level of comfort and confidence under the supervision of faculty. Students are encouraged to pursue special interests or projects.

#### *Special Topics*

Other elective opportunities are provided to study special topics in family and community medicine. This includes an elective in evaluating the ambulatory practice based on an ambulatory data system functioning in the model family practice center. A general course is available to allow a student to pursue special interests in any area using the resources of the department under faculty supervision. This enables the faculty to meet the

educational needs of those students who "do not fit" into more structured course offerings.

#### *Community Medicine*

Two specific educational opportunities have been designed to provide experiences in medical and medically related health services in the community exclusive of the private practice of medicine. The first is a longitudinal course of a minimum of 40 hours designed to introduce the students to community medical programs. The second is a block one to three-month experience which provides a comprehensive educational program in community medicine under the direction of a preceptor. The preceptor uses his work setting to demonstrate the program and the principles upon which the activity is based. During the experience the student is responsible for initiating or participating in the initiation of a significant program development, either the initiation of a new activity, expansion of an existing activity, or the critical review and/or revision of an existing activity. This allows the student to be involved in the process of implementation of change in the community setting in order to demonstrate the optimal way to deal with constraints and to effect changes.

#### *Research in Family and Community Medicine*

This elective is intended to provide medical students an opportunity to learn first-hand about research methods in family and community medicine. The course is conducted on the basis of individual tutorials. Each student is responsible for selecting a research question, carrying it through as an empirical study, and providing a written report. This enables the medical student to have an opportunity to do small scale empirical studies of the type that will fit within the time and resource limits of physicians engaged in full-time practice.

#### **Discussion**

The elective courses are designed to build upon the first and second-year core emphasis on the physician-patient relationship, communication between patient and physician, and the related skills and interactive roles of the

physician, the physician's associates, and the patient. Also emphasized is their interaction in information gathering, establishment and monitoring of plans for problems, and periodic evaluation and feedback to those involved. The importance is emphasized of the problems of groups of patients, the environment, and the communities. The student is encouraged to develop a personal awareness of his attitudes and beliefs as well as cognitive knowledge. This often entails experiencing stressful situations, but only with faculty involvement for support and guidance. The development of superficial or insensitive attitudes is thus minimized. This fosters in the students the capability of objectively providing care for patients while maintaining a sensitivity to the patients and others participating in their care.

The preceptorship mode particularly provides an opportunity for the student to become personally involved in designing a meaningful educational experience. This is done in cooperation with a health-care professional who serves as teacher and colleague. In some cases, the preceptor-student relationship is well defined, as in the primary care preceptorship program. In other cases the relationship is developed as an outgrowth of an independent interest on the part of the student which is carefully nurtured and guided by the faculty.

Student interest and motivation are precious commodities. The teaching faculty of the department have stressed an "open door" attitude in which students are encouraged to establish relationships with faculty as individuals, rather than only as authority figures. The curriculum is designed to maximize student-faculty contact. Faculty strive to create an atmosphere where learning is enjoyable because they think this is the most productive learning situation.

Despite these good intentions, concerned faculty soon recognized that a receptive attitude was not sufficient to enable the student to cope with a department involved in the provision of clinical services, residency training, physicians' assistants training, continuing education, and a myriad of associated activities. Too often, an interested student would approach different faculty on separate occasions to attempt to germinate his plan for initiating an

educational process. Faculty, however, were often unaware of each other's involvement with the student. The result was often underestimation of student interest or two or more sets of signals to the student which were perceived as conflicting. What was needed could be defined as "comprehensive educational care."

To accomplish this analogue to comprehensive clinical care, a team was formed called the Committee on Independent Study. The chairman of the committee is the director of predoctoral education. Other members are the director of research, the director of community medicine, and the administrator of the primary care preceptorship program. This committee meets regularly to coordinate student educational interests. This is done by assessing student contacts with members of the committee and other faculty members, referral of interested students to department faculty or other faculty for guidance, and providing feedback on student activity to other department faculty. This communication system improves the quality of the elective experiences and increases productive student contact

with faculty members.

Several adjuncts exist which, while not formal elective courses, often serve to bridge the gap between the initial student interest and an educational experience. The first of these is the public health traineeship program\* which provides stipend support for three-month projects in the area of public health and community medicine. The second is the problem solving experience which is a requirement for graduation from the College of Medicine. Members of the Committee on Independent Study guide the student through the process of learning to do studies in health care in medical center settings. The student not only learns about the subject for study but is also helped in coping with and appreciating the necessary but, for the inexperienced student, often incomprehensible administrative mechanisms of medical education and research. This experience prepares the student to continue his independent learning and research after graduation.

\*supported by HEW grant # 5 A07 AH 00285-03

The curriculum thus functions as an educational support system. This is necessary to transform core courses and a set of elective courses into a comprehensive program which presents family medicine on a multi-dimensional level. This is the method thought to be most beneficial to the student with an interest in family medicine as a career. Equally significant is that an important educational experience is provided to those students who will enter other specialties, but will continue to interrelate with family physicians throughout their careers.

**Acknowledgements**

Portions of the curriculum development described in this paper were supported by an NIH Grant #D08 00402 (7/1/72-6/30/75).

**References**

1. Leaman TL: A predoctoral curriculum in family medicine. J Fam Pract 2:107-109, 1975
2. Wiest HL, Kennedy DA: A core course in family medicine for first-year medical students. J Fam Pract 2:433-437, 1975
3. Crutcher JE, Wiest HL: A core course in family medicine for second-year medical students. J Fam Pract 3:181-185, 1976

