

The Developing Academic Base of Family Practice in the Medical School

John P. Geyman, MD

The last decade has seen a number of fundamental changes in medical education in North America. One of these major changes is the development of family practice as a specialty and the beginning development of family medicine as its academic discipline.

This field has taken root from general practice, a community-based field essentially derivative in nature (ie, its content derived from portions of the other clinical disciplines) and lacking a formal academic base in undergraduate and graduate medical education. As pointed out by McWhinney in 1966, any specialty must meet four criteria in order to develop and maintain itself as a specialty: (1) a unique field of action, (2) a defined body of knowledge, (3) an active area of research, and (4) a training which is intellectually rigorous.*

Numerous basic issues are involved in the process of building the academic base of a new clinical discipline *de novo* in the medical school. These issues range from philosophic (eg, What is unique about the family physician's approach to patient care?), to educational (eg, What should be the curricular content of undergraduate and graduate programs in family practice?), to administrative (eg, What administrative unit is required to support a family practice program?), to logistic (eg, How can these new programs be funded?). Many related questions in these and other areas are inevitably raised and addressed as family practice takes root and grows within the formal system of medical education.

Now that many of the organizational and operational problems of the initial phase have been largely resolved by the developing family practice programs in the United States and Canada, it is important to assess the progress, problems, and opportunities of family practice in academic centers. Recently it has been pointed out that family practice is now entering Phase Two of its development,

which will include greater emphasis on research and further development of the academic discipline.* It is, therefore, timely to review progress to date and to seek some measure of the present status of the discipline.

Although a complete assessment of any developing specialty is probably not possible at any given point in time, it is the goal of this monograph to present an overview as well as selected in-depth perspectives of the current state of the art of family practice in the medical school. A case study approach is used along lines similar to the monograph *Medical Schools and the Changing Times: Nine Case Reports on Experimentation in Medical Education: 1950-1960* written in 1962 by Lee.**

*McWhinney IR: General practice as an academic discipline. *Lancet* 1:419, 1966

*Geyman JP: On entry into phase two in family practice development. *J Fam Pract* 4:15, 1977

**Lee PV: *Medical Schools and the Changing Times: Nine Case Reports on Experimentation in Medical Education: 1950-1960*. Evanston, Ill, Association of American Medical Colleges, 1962

Dr. John P. Geyman is Professor and Chairman, Department of Family Medicine, University of Washington, Seattle.

Three major subject areas have been selected for study: undergraduate education, graduate education, and research in family medicine. Three institutions were selected in each of these subject areas, so that nine case studies of family practice programs based in medical schools are illustrated in the present report. Each program has been selected on the basis of four major criteria: (1) exemplary program in area of focus, (2) program established over five years, (3) comparative value of different approaches, and (4) regional distribution in the United States and Canada. The case studies by the authors of each section are based on two-day site visits and subsequent analysis of the considerable information gathered. It is at once recognized that there are many other family practice programs of excellence in North America, but the resources and logistics of this effort prevented a larger study at this time.

The programs represented herein are as follows:

Undergraduate Education

1. McMaster University, Hamilton, Ontario
2. Southern Illinois University, Springfield, Illinois
3. University of Washington, Seattle, Washington

Graduate Education

1. University of Minnesota, Minneapolis, Minnesota
2. Medical University of South Carolina, Charleston, South Carolina
3. Medical College of Virginia, Richmond, Virginia

Research

1. University of Rochester, Rochester, New York
2. University of Utah, Salt Lake City, Utah
3. University of Western Ontario, London, Ontario

The results of these nine case studies show excellent progress of university-based family practice programs during the period from 1970 to 1977. The nine departments which have been studied provide ample individual, as well as collective, evidence that the first phase of family practice development in medical schools can be conducted successfully. Many of the earlier questions can now be answered in the affirmative. In family medicine at present, the process of defining a body of knowledge, a field of action, and an area of needed research is taking place.

Curricula for family practice teaching at both undergraduate and graduate levels are becoming well defined and are in the process of refinement. Relationships with other clinical departments, other disciplines in the university, and the community are being effectively developed along lines of mutual interest. It has been demonstrated that family physicians can adapt from practice backgrounds to the rigors of academic settings. A high level of interest in family practice among medical students has been developed and maintained. There is also ample evidence that graduates of fam-

ily practice residency programs are distributing themselves in a wide range of practice locations. Emphasis on problem-oriented teaching and practice, comprehensive care, behavioral science, data retrieval for the analysis of everyday clinical problems, and evaluation of objective-based curricula are some of the vigorous directions of family practice programs in academic centers. Of particular interest is the variety of relationships being developed by these departments with affiliated community hospitals and practicing physicians in communities distant to the medical school.

Although there are many factors in common among departments of family practice in medical schools, each institution represents a unique setting. The nine case studies reported herein illustrate varied approaches in clinical, educational, and research areas. This flexibility bodes well for the potential benefits of the infusion of family medicine into the process of formal medical education.

Although significant progress has been made by family practice as a relative newcomer to academic medicine, Phase Two of its development brings further challenges and opportunities to contribute to improvements in patient care and education. Virtually unexplored, but now accessible, is a wide vista of needed research in the various dimensions of family practice as a primary care discipline. The continued development of family practice in medical schools is vital to the teaching and practice of family medicine as an essential part of the larger health-care system.