

A New Advanced Studies Program for Faculty Development in Primary Care

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To meet the growing demand for more innovative teaching in primary care medicine and simultaneously to improve the overall quality of family practice, McGill University and The Montreal General Hospital, with the cooperation of the McGill School of Nursing, have inaugurated a faculty development center offering a program for advanced studies in primary care medicine and nursing. This program is offered to physicians and nurses who are already members of, or plan to join, a university faculty to teach primary care medicine. The program is diverse and interdisciplinary. Advanced courses are offered in teaching methods, investigative principles, biomedical communication, and management. In addition, each student Fellow participates in academic activities in fields of education, clinical practice, research, and community health care.

All Fellows and faculty of the center rotate periodically to several satellite community-based teaching practice units in urban and rural areas of Quebec and to a region of northern New Brunswick. This activity enriches the medical manpower of the various regions, and the urban physicians acquire an increased awareness of the particular problems and challenges of practicing medicine where full hospital and laboratory services are not always available.

Since the emergence and dominance of specialism in medicine, choosing a career in family practice has been viewed by some with suspicion as a form of intellectual, if not professional, suicide. Medical schools are partly to blame for the poor image of family medicine perceived by some, particularly in academic circles, for their expenditures have been devoted largely to teaching and research in the various specialties. The

teaching of family medicine, with few exceptions, has previously followed a conventional type of apprenticeship training. In schools of nursing, the educational programs for primary care nurses, while often pedagogically sound, have generally not provided adequate teaching and practice of clinical skills.

In the past, primary care physicians were slow to recognize that research (or scholarly study) and family practice need not be mutually exclusive. Today, however, the trend is changing and primary care physicians and nurses are eager to participate in and contribute to numerous important areas of research. Consider the following examples: There exists a need to define family determinants of health and disease. Also, it is essential

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to improve the quality of data gathered for clinical research; current methods are not fully acceptable, for example, for quantifying pain, measuring the quality of survival, or describing a taxonomy for behavior associated with disease.

It is most important to re-establish and reassert the intellectual worthiness of family medicine.¹ There is some indication that this is beginning to happen, and in the last few years leaders in government, professionals in health science, consumer groups, and university faculty have shown a new awareness of the importance of primary care. In some countries, too, the discipline is enjoying a renaissance manifested by the growth in numbers of family physicians and primary care nurses.²

At McGill University members of the Department of Family Medicine and the School of Nursing have studied several methods of achieving and maintaining academic excellence in primary care programs. They have concluded that standards and outlook of family practice would best be raised by improving the quality of teaching of primary care, in both medical schools and schools of nursing. Their conclusion led to the following belief: The most direct and efficient way of improving the quality of teaching would be to provide advanced and innovative training for prospective and established faculty, the individuals with the most immediate contact with the future practitioners of the discipline. These teachers, having taken either a one or two-year advanced program, would then be able to assume their teaching duties and begin implementing new teaching methods, course material, and other skills, both in the teaching centers and in the field.

In keeping with this approach, a formal proposal was made to open a faculty development center under the auspices of the McGill University Faculty of Medicine and The Montreal General Hospital (a large, affiliated teaching hospital) and with the co-sponsorship of the McGill University School of Nursing. The function of this center was seen as correcting present weaknesses in the teaching of primary care medicine by providing physicians and nurses with the skills they need to function optimally in a university atmosphere. The proposal recognized the need to provide physicians with special exposure to investigative design and practice and to teaching methods; similarly, for nurses coming to the program with strong academic backgrounds, the importance of an op-

portunity to learn and teach clinical skills was recognized.

In the spring of 1977, this proposal was approved and generously supported by the W.K. Kellogg Foundation of Battle Creek, Michigan. Now known as the Kellogg Centre for Advanced Studies in Primary Care, the center has already begun to function. This paper describes the aims and organization of the center, eligibility criteria for Fellows, and the curriculum offered.

Primary Objectives of The Kellogg Centre

The Kellogg Centre for Advanced Studies in Primary Care provides postresidency and career development advanced education for physicians and nurses who already have confirmed future faculty posts in a university faculty of medicine or nursing. Although the curriculum provides for guided academic investigative activities, the center is not a research institute, as such, but is operated exclusively for faculty advanced education. At the same time, courses are designed to cover specific strategies of scholarly pursuits for academic primary care professionals.

As an extension of these functions, the center serves the McGill Faculty of Medicine by extending educational activities in family medicine to rural and remote areas that are traditionally deprived of primary health-care resources. Such demonstrations of increased academic exchange should foster greater awareness and interest in these areas and perhaps stimulate greater numbers of McGill residents to undertake practices in those geographical locations with the poorest distribution of physicians. It should also sensitize the Fellows to the importance and feasibility of such satellite teaching units as part of the educational programs which they will eventually join in their own universities.

Eligibility Criteria for Fellows

When the center achieves full operation, 11 to 15 physicians and nurses will be enrolled every year as Fellows. Instruction is given for one or two years, depending upon the needs of each Fellow and his or her time constraints. Physicians must be Certificands of the College of Family Physicians of

Canada or the equivalent in their own country; nurses must hold a Master's Degree in a field relevant to ambulatory care nursing.

To become Fellows, all candidates must show evidence of a bilateral agreement between themselves and the school of medicine or nursing with which they are or will be affiliated. This agreement must extend for two years beyond the date the candidate expects to complete the center's program. Fellows must be sponsored by their own institutions. In selecting potential candidates, those who receive adequate financial support from their sponsors to match that received from Fellowship sources will be preferred.

Fellows will not receive a degree or diploma at the conclusion of their studies at the center, because specific degree requirements will severely limit the desired flexibility in the curriculum. If, however, candidates insist on entering into a degree program, they will have to register with the corresponding department or school of McGill University and comply with its requirements. They will also have to accept the possibility of more than two years of residency, but the center will not be able to provide support beyond the end of the second year.

Curriculum

A basic premise in planning the curriculum has been that different Fellows will have different academic needs relative to their own careers and sponsoring institutions. Thus, each Fellow will follow an individually tailored curriculum.

A central curriculum is offered, composed of four courses to be given as seminars. These courses offer both theoretical and practical applications in primary care. While none of these courses are compulsory, most Fellows are expected to find at least two or three of them both necessary and desirable. In addition to the central curriculum, there will be guided academic activities and elective opportunities.

Central Curriculum

Course 1: Investigation in Primary Care—Principles and Practice

In this course, lasting one year, Fellows con-

sider the main principles of biomedical and educational research, with an emphasis on generating and evaluating scientific evidence. This course permits Fellows to learn to plan and implement research projects on topics of current importance such as health-care services research, research in medical or nursing education, and epidemiologic or clinical research.

Course 2: Educational Methods—Teaching, Learning, Evaluation, and Research

This course, which also lasts one year, reviews general principles of education. Specific learning and teaching techniques in clinical skills are considered in-depth as are methods of evaluating students. Research in medical and nursing education is treated in greater depth than in Course 1. Also included are practical exercises and supervised "real-life" experiences with students of the various McGill teaching units of family medicine or ambulatory care nursing.

Course 3: Literary Skills and the Communication of Science

Fellows learn to carry out reviews on specified subjects through literature searches, and are introduced to techniques of interpreting and summarizing scientific data in this half-year course. The principles of medical writing are introduced and the correct organization and presentation of scientific papers are taught, including concepts of style, structure, and clear expression. Before completing the program, each Fellow should be able to write scientific articles suitable for publication and prepare good oral presentations with appropriate audiovisual aids.

Course 4: Program Development and Management Skills

This half-year course introduces Fellows to the main principles of program development and management within the context of a health science center. Fellows learn the basics of program conceptualization, formulation of proposals, budget preparation, budget and program surveillance, interaction with funding agencies, personnel management, and reporting.

Guided Academic Activities

The Fellows are expected to participate in at least three kinds of guided academic activities:

1. Teaching Activities

Each Fellow is associated on a continuous basis with the practice of a faculty colleague of the McGill Family Practice Teaching Unit. This activity has particular importance to nurses, who have the opportunity to be associated with a faculty physician and the family practice nurse on the same team. For one or two half-days a week, Fellows participate in the teaching responsibilities of the team with which they are associated. Fellows also rotate through a variety of models of teaching centers within the McGill network, including rural teaching practices, private urban teaching practices, and Local Community Service Centres (LCSCs) which are the Quebec equivalent of the US Neighborhood Health Centers. Finally, each Fellow is asked to be a preceptor or co-preceptor for one or several McGill medical students or nursing students enrolled in the family practice undergraduate program.

2. Clinical Practice Activities

For Fellows who are physicians, clinical practice involves the care of patients, and is accomplished with the same team doing the teaching activities. The precise arrangements and time involvement depend on stage of career, prior clinical experience, and, in the case of Fellows from other provinces and countries, license restrictions.

With respect to nurses, supervised clinical practice is likely to be much more important. Special arrangements are made to maximize this experience, as it enhances and balances the structured, theoretical training received earlier by the candidate in nursing school.

3. Investigative Projects and Scholarly Presentations

Five scholarly and/or investigative projects are suggested for Fellows in residence for two years. For candidates in residence for one year, three projects are treated. The scope, depth, and caliber of each project are expected to be such that the work may reasonably lead to publishable articles in recognized journals.

Projects are to be based on the following broad topics: (a) clinical investigation, (b) clinical

epidemiology of primary care, (c) health care research, (d) educational methodology, and (e) a subject selected by the Fellow.

Fellows are expected to spend a considerable portion of their time of residence on these projects. Each is closely supervised by faculty supervisors. Periodically, Fellows present the work in progress and the final results to the other Fellows and to members of collaborating departments at McGill University.

Elective Opportunities

From the outset of their participation in the program, each Fellow is encouraged to identify particular needs, interests, or special career opportunities. At that time each is assured that the extensive educational resources of McGill University will be made available with guidance from the tutor. Such elective opportunities might include advanced graduate courses in epidemiology, biostatistics, research methods, sociology, economics, management, and education. The School of Nursing offers advanced courses that may interest all Fellows, and the Department of Psychiatry is cooperating by providing structured or informal educational opportunities to nurses and physicians.

Fellows who have elected to be candidates in a master's or doctoral program work on their theses as an elective opportunity, but their workload in other areas must be revised. For some physicians, and probably most nurses, special clinical affiliations and rotations will help strengthen certain clinical skills.

Faculty

The overall strategy in faculty development and organization is to create a highly stimulating and powerful scientific environment that encourages academic leadership in family medicine.

The core faculty of the center presently consists of a Director (who holds the position of Professor in the Departments of Family Medicine and Epidemiology), and one full-time faculty, whose specialty is biomedical communication. Assisting the core faculty are associated faculty with responsibilities for research methods, education, nursing, and administration. Each satellite unit has an educational coordinator, who ensures that the program of the unit is functioning well at all times with respect to the Fellows' needs. Various de-

partments of McGill are represented among the associated faculty—the Faculty of Management, and the Departments of Medicine, Family Medicine, and Psychiatry. Each of the three Quebec medical schools, other than McGill, is represented in the center by a part-time associate faculty member.

Well-known leaders in fields important to family medicine or primary care nursing are invited as affiliated faculty for periods of varying length to give social courses or seminars. Renowned leaders from other health science centers are also invited to spend some of their sabbatical leaves at the center as visiting professors.

Integrated Rural Demonstration Program

One of the most compelling aspects of the new center is the concept of Fellows and faculty rotating not only through the five McGill hospital-based family medicine teaching units, but also through community-based urban practices, remote or rural teaching practice units, and community health centers. An important feature of the center is the institution of a demonstration model of an integrated rural program of teaching and service in northern New Brunswick, several hundred miles from Montreal. A New Brunswick site was selected because that province is one of only two Canadian provinces without a medical school and because the northern French-speaking area welcomed association with a Quebec-based school with bilingual facilities. It is also an area with an acute need for a valuable new teaching resource, as well as for a health service center in a region of thin physician distribution. An impact from this rural center is being felt over a broad region, and four outposts are being established in remote villages for purposes of both education and health-care delivery.

The New Brunswick model is evolving as an interdisciplinary unit combining teaching, learning, and research activities. The unit integrates the services and expertise of several family physicians, two or three local specialists, a local community hospital, community health personnel, and nursing institutions. The permanent on-site staff will, in turn, be enriched by additional faculty re-

sources from the McGill health sciences. In this way, McGill will help develop local physicians as faculty members and, by rotating advanced residents and Fellows to these areas, their medical manpower will be enriched in numbers and caliber. Furthermore, through the facilities of McGill and The Montreal General Hospital, the rural program will streamline access to secondary and tertiary health-care resources for the local population.

Discussion

The organizational groundwork for the Kellogg Centre has been laid. The academic year of 1977-1978 is identified as a developmental year, during which the most important task is to complete the recruitment of the core faculty and to consolidate the central curriculum. During the year, the plans for the guided academic activities must also be completed and all satellite units organized.

Four Fellows are now participating in the developmental year. These individuals are enjoying the unique opportunity of being involved in the "ground floor" and of participating in the organization of the center as junior faculty colleagues. Other applications are being received and considered for 1978-1979, when it is expected that six Fellows will be admitted.

The center, as well as the New Brunswick unit, should be in full operation by the end of 1978. If it proceeds as planned, it should stand as a model for similar programs throughout North and South America, the British Commonwealth, and probably Europe. This center, and others to be created in the future, can be expected to enrich and enlarge the pool of competent teachers of family practice and primary care and, thereby, contribute to an improvement in the quality of primary health-care services in many countries.

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