

SYMPOSIUM (1)

ON THE VALUE OF PRECEPTORSHIP TRAINING

PART I

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One must learn
 By doing the thing; for though you
 think you know it
 You have no certainty, until you try.
 Sophocles (496?-406 BC)

For a number of years now, Dalhousie Medical School has conducted a general practice preceptorship, thereby exposing fourth year medical students to the trials and tribulations of a busy general practice for a week's duration. During this time, the "eager" student observes, assists, discusses and yea advises his Preceptor on the management and conduct of his practice. Working along with the doctor, one finds the hours to be long, the work insurmountable, the problems endless but the Art satisfying.

It is axiomatic that most medical schools are centres of diagnostic and medical acumen. Students learn and study about a myriad of entities which include common and the rare, but oft time too much emphasis is placed on that which is covered only by the "small print" of medical texts. The preceptorship affords an all too brief opportunity to study the common things - that which afflicts the population generally.

During our medical education we have no teaching in the management of an office on the conduct of a general practice. The preceptorship offers a golden period in which to see, discuss and learn how these things are accomplished. The matter of keeping accurate records and being able to find them, appointments, billing, arranging one's daily activities is taught and practised.

Most will agree that the prime aim of the Dalhousie Medical School is to graduate doctors fully capable to enter general prac-

tice. To do this without firsthand knowledge is pointless. Some medical schools have a much longer preceptorship than we have here at Dalhousie, even going as far as to have the student live in with a general practitioner in a rural area.

Personally, I do not think this would be acceptable to most students. The preceptorship is an integral part of our medical education. There should be no thought of abolishing it, and to increase it without letting the student take a more active part in the patient care will border on the monotony. It was Sir William Osler who said:

"A well trained sensible family doctor is one of the most valuable assets in a community, worth today, as in Homer's time, many another man . . . Free men, live lives of more devoted self sacrifice".

The value of preceptorship lies not in what it teaches us but in what we learn from it.

PART II

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Immediately following the last World War there was a tremendous surge within the medical profession towards specialization. The dedicated, hard working g.p., in his quest for greater knowledge and scientific

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skill began to undertake post-graduate training leading to certification or a Fellowship. These were men with a broad general knowledge many of whom were highly skilled in the art of medicine.

Today, for various reasons, notably lengthening of the post-graduate course, the high cost of education, and the ever-increasing tendency to narrow the field of specialization into a vast number of compartments, fewer actively practising G.P.'s are entering the specialties, and more and more recent graduates are by-passing the broad experience of a general practitioner and entering directly into one of the specialties.

It may be argued that medical knowledge is advancing at such a rate today that one can't hope to cope with it unless he is prepared to expend all his efforts within a narrow limited field.

We can compartmentalize medicine as much as we like but when it comes to practising the art of medicine we must be fully aware that the patient is a whole human being who is a member of society striving to earn and provide a living for himself and his family within the bounds of his environment.

It is with this in mind that a preceptorship program on a voluntary basis was initiated a few years ago by The College of General Practice and the Medical School. Its value was quickly recognized by the student and the Faculty, and it soon became part of the medical curriculum.

It provides the under-graduate student with the opportunity of coming into contact with family medical care outside the University and to a large extent, the hospital environment. Preceptorship offers the under-graduate a chance to observe at first hand the more common types of illnesses which beset mankind; the effects on the individual as a patient, on his family and his community. It provides an opportunity for the student to see the effects of social, religious and environmental factors which often play an important role in the progress of an illness.

It enables the student to see the Art of medicine practised by the capable and conscientious family doctor and the practical application of the scientific knowledge gained in the laboratories and classrooms during the first three years of undergraduate study.

It provides opportunity to observe team work between the various medical depart-

ments, consultants and para medical services.

Last but not least it provides the student the opportunity to observe the family doctor himself - the demands made upon his time and skill, the role he assumes in his community, his relationship with other members of the medical profession and the part he plays in the total effort to treat illness and safeguard the health of the community.

PART III

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In evaluating the preceptorship programme, it might best be considered under three headings:

Office Mechanics. Such things as office management, organization of charts, methods of billing as well as simple lab setups and distribution of time for an office call, lend themselves well to a programme where they are seen in progress. Double book keeping methods, important points on tax procedures and other such ideas of management are of value to the student and the ideas one accumulates during the preceptorship provide a nidus upon which one can build when the time comes to "hang out the shingle". All these things are important and few, if any, could be better demonstrated by any other method.

Common things. To see a physician at work after one is fresh from the realms of pathology and medicine, and literally a picked hospital patient acumen, may tend to disillusion the student until he realizes that, in fact, common things happen commonly. Influenza, measles, the garden variety of headache, such things as strains, sprains and so forth are just not available for the student at this time - rather the idea of medicine is centered around the "rare birds" and the pathologically elite, as it were. The preceptorship offers an opportunity to become

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