

Student Participation In C.A.M.S.I. Preceptorship

ELIZABETH MAYALL, '61

The word preceptorship is derived from the Latin **preceptor** meaning teacher. Thus in this programme, it is used to designate an apprenticeship, specifically that of a medical student under his teacher, the general practitioner. This does not involve a series of didactic lectures, nor a guided tour of a clinic or hospital ward, but endeavours to allow the student to live a borrowed life under guidance for the period of two weeks.

Unless a medical student has been fortunate enough to have a general practitioner as a near relative, he has very little idea of what general practice entails. However, during our present medical education, the opposite may be stated about other branches of medicine, such as Paediatrics, Surgery, Psychiatry, etc., where all the knowledge is presented by specialists. If we were to accept these specialists' opinions of the percentage of general practice which their branch of medicine represents then we end up with a total of 120%, which total, besides being ridiculous, makes no allowances for the common cold, sprained ligaments, cut fingers, etc. How better can we learn about the make-up of general practice than to see it functioning? This is what Preceptorship offers the student.

But what does the student gain from Preceptorship? As this summer saw the inauguration of the programme on a voluntary basis in Halifax and Dartmouth with fifteen students participating, we can now see how the Dalhousie student may benefit.

The majority of the time is spent in the office and on home calls, but as the plan includes every facet of a general practice, the time spent with the practitioner's family in his home must be taken into account. I think that the energy of the Preceptors was a surprise to most of us, and especially how many evening hours were devoted to patients both in the office and the home. To see the doctors striving, in the short half hour after a meal, to straighten out the household bills, to plan and supervise repairs on the house, to find time to plant a garden, to entertain close relatives and above all not to become a stranger to his wife and children, opens new avenues of thought. Is this the end towards which our education has been aimed for many years? No, obviously not, as the prevention, diagnosis and treatment of disease is the prime consideration of any medically trained man.

In the office the student is introduced to the patients as a doctor and remains in the

room throughout the interview and examination. Most of us found that we were warned in advance when intimate problems would be under discussion where our presence would prove embarrassing to the patient and hinder the acquisition of valuable information. In these cases we would leave the room and also at any other time when we felt the above situation had arisen during the course of an interview. The latter occurred only infrequently, so that we were able to obtain a good over-all picture of the types of patients seen in the office. There was of course a predominance of women and children. Some came for routine check-ups and immunizations; others for treatment of emergencies such as cut fingers. Although these conditions are also seen in the hospital and clinics, there is a difference in management, as here the doctor knows the patient's background and family relationships. Advised rest cannot be obtained if there is no way of relieving the stress of home conditions. Often, the doctor, through his knowledge of these conditions, is able to suggest a method of alleviation which the patient has not been able to see. Diseases, such as congestive heart failure, chronic nephritis, and multiple sclerosis, present more of a problem in management in the home than in the hospital. For the family doctor being able to follow the gradual changes, can see how greatly an interest and activity in their occupation and present environment is helping these patients. Often when ordering retirement from work, the doctor knows that it will bring a loss of interest in life and a consequent intensification of symptoms. The prognostic implications of such a decision are well-known to all of us in hospital, but to be faced by the reality of our intervention is a different matter entirely.

The house calls bring out more strongly the difference between hospital routine and outside practice. They present disease conditions in the earliest stages before the differential diagnosis has been aided by laboratory tests. A surprising number of the calls are for children with fever of unknown origin and colds with complications. In all cases there were worried and anxious relatives in the background instead of impartial uniformed nurses, awaiting the decision and orders. The treatment of the patient in the home is qualified by the ability of those present to understand and carry out orders and differs greatly from that in hospitals where drugs and treatment are ordered without thought to cost. The

home is the place where, at times common-sense, and not book-knowledge must prevail. One cannot demand alteration of conditions beyond the patient's control nor stretch the family resources to the limit by thoughtless, though accurate, prescription of expensive drugs. Between house-calls, the Preceptor and student were able to discuss the above factors in relation to the case just visited. Thus over the period of two weeks a greater variety of diverse situations and types of treatment is observed than is generally seen in the same period spent on a hospital ward.

Although the involvement of third parties in the practice of medicine is known to all, the exact and sometimes intricate details of medical ethics, referrals to other doctors, requisitions for laboratory examination, notifications to Public Health Authorities, use of hospital facilities, etc., are more easily learnt from observation and experience than from lectures or text-books. The Preceptors were able to show the students where and how to fulfill the paper-work required in general practice. It was noted that the majority of patients were members of Maritime Medical Care, and therefore created a certain amount of paper-work in this respect alone. In a port such as Halifax, a doctor may get passengers from the ships as patients and thus his knowledge of diseases, not commonly found in Canada, must be kept refreshed.

Besides the paper-work attached to Workmens' Compensation, etc., there is also the organization of the office accounts and filing system to be taken into consideration. This is not taught to the student during the regular curriculum and it might be considered a great advantage to be allowed to investigate and criticize the method used by the Preceptor. Certainly it makes the student aware of his lack of knowledge in this respect and in most cases results in the formation of definite opinions as to which method he, himself, will use in the future. Then again, there is the matter of the amount and type of equipment necessary for the type of practice under consideration. The student is able to observe for himself, and most probably finds that actually a great deal of elaborate expensive equipment is not necessary in an urban practice, although it may impress the patients.

As the student lives in the doctor's household, he might be called a shadow. This enables him to follow up all night calls which would otherwise be missed. It certainly is an adventure for the student to be woken up suddenly at 3.00 a.m., drive in the cold night air to arrive, still rubbing sleep out of his eyes, at the bed-side of a patient with acute abdominal symptoms. The patient is suffering and a decision has

to be made immediately as to whether it is a condition requiring hospitalization or home treatment. This is quite a different matter from viewing the patient in the hospital wards post-operatively listening to a recitation of the history.

A few disadvantages in the Programme are obvious almost immediately. The main one being that valuable earning time during the summer vacation is lost. As this year it was restricted to urban practices, those expecting to practice under rural conditions in the future, were unfortunate in not gaining first hand experience of such. The two weeks duration, although only just adequate time in which to gain knowledge of general practice, creates a strain on the Preceptor and Preceptee.

It is felt that this scheme should become an integral part of the medical curriculum without decreasing the already short summer earning time. As we are constantly exposed to the other specialties during our education, exposure to general practice, a specialty in its own right, is necessary before planning our future course in the practice of medicine. Those students who have participated in the programme are unanimous in their enthusiasm and would advise all students to take the time to complete their medical education by undertaking Preceptorship when they are eligible.

MITCHELL PRINTING SERVICE LIMITED

Printers of Professional Stationery



High Class Commercial Printers

5 Doyle Street
Halifax, Nova Scotia