

## C.A.M.S.I. Preceptorship Programme At Dalhousie University

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This Spring, at the request of local officers of C.A.M.S.I., the N.S. Chapter of the College of General Practice of Canada, inaugurated, with the co-operation of the Dean of Medicine, Dr. C. B. Stewart, a Preceptorship scheme for medical students who had completed their third year.

This has long been a desire of local members of the College, who are intensely interested in the education of the medical student, and who are anxious that somewhere during his career he, or she, should be brought into close contact with general practice and general practitioners.

We realize well that with the tremendous advances in Medicine and Surgery during the past decade, and the vast and intriguing potentialities of the future, that our "whole-time" specialist colleagues will be more and more necessary for teaching purposes, but they must be supplemented by "part-time" specialists, and we feel, in a Medical School such as Dalhousie, whose prime purpose is, or at least was, to train doctors to serve the people of these Atlantic Provinces that general practitioners should also form part of that necessary supplement.

It is generally admitted that certainly in the Maritimes the family doctor will form the basis of the medical "team" for a good many years to come, and thus it is not only wise, but essential, that the graduating student, whose intention it is to practice within these boundaries, should be given some foundation upon which to build by men who have done similarly before him.

This foundation includes, among other things, the doctor-patient relationship, which obviously is entirely different to that which exists between a hospital patient and a specialist teacher; the necessity for an understanding of the economic and emotional background of the patient which is assuming more and more importance in the successful treatment of so many illnesses; the counselling of family members in domestic crises and difficulties; the preparation of patient and relatives for an incurable illness and their guidance through the eventual fatal outcome; the ethical approach to colleagues, general practitioner and specialists, to third parties, e.g., Insurance Companies, employees, etc.; the diagnostic and therapeutic methods applied to

85% of human ailments with which, it is generally accepted, the family doctor can deal; plus the more prosaic but necessary knowledge of how to set up and equip an office, the importance of keeping accurate records, the methods of accounting: where better can the student gain a glimpse of all the above mentioned procedures than watching the family doctor at work in the home, office and hospital?

Preceptorship training exists in other parts of Canada and we have been anxious to institute it here, but in all our discussions regarding it we have felt that the initiative must come from the students themselves or the University, for we hope that should the experiment prove successful it might, in due course, be fitted into the curriculum and become a valuable part of the students' training.

The scheme must at present be entirely voluntary, and it was decided this year to restrict it to members of the Halifax-Dartmouth Chapter of the College, and give the students volunteering the opportunity of "living-in" with a doctor's family for two weeks either in the Spring or Fall. This option proved unfortunate for, of the five students who had signified their intention to undertake the Preceptorship training in the Fall, four were unavoidably delayed in returning from their summer employment and only arrived back in time to commence their formal studies. The doctors' households who had planned to receive them were disappointed, and the wisdom of this option will have to be reviewed for the future.

It is hoped to reach out into the rural areas for Preceptors within the next year or two, for the difference between rural and urban practice is well recognized.

We have not yet had time to assess thoroughly the results of our initial effort, but there is some thought that two weeks "shadowing" one individual in his professional and domestic life is too long, and that possibly one week in two different practices would prove more valuable to the student, and less onerous to the doctor.

It is proposed to hold a round-table conference of those students and doctors who participated in the scheme this year, and out of that may come further suggestions for improving, expanding and emphasizing the importance and opportunities of the scheme. Its reception has been most encouraging and we look forward confidently to its future.



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