News
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**Family practice preceptorship.

DALLAS--"Dr. Blackwell. Wanted in surgery! Dr. Blackwell. Wanted in surgery!" booms the loudspeaker down the hallway and through the emergency room.

On his way out, the young physician nearly runs over two paramedics carrying in a new mother and baby, born in an ambulance; a cardiac victim receiving emergency care from a couple of scared residents and an overlooked gunshot victim in the corner.

Oh, well! Another Tuesday night at St. Elsewhere. . .

Unfortunately, the dramatic TV versions of medicine today--as seen in "Mash" re-runs, "The Young Doctors" and "St. Elsewhere"--is what most people think of when they hear the word "doctor." And, after spending a year or two in hospital training, it's the kind of thing that medical students' nightmares are made of.

Even with long hours in the lab and classroom absorbing the latest information and endless patient care duties in teaching hospitals, something gets left out. That something is an understanding of what it's like to be a physician in private practice, to take care of individuals or families or children on a regular basis. To take time to talk with patients about how to take care of themselves. To counsel them when the body and the mind seem to be in partnership against them.

Sounds like the old family doctor, doesn't it? But hasn't the old white-haired codger with a kind face, and a black bag gone the way of the dodo?

The answer is "no." Family practice, the up-dated version of the old general practitioner, is a speciality in itself today--and a growing one. The American Academy of Family Physicians now claims a membership of 52,394 physicians and students--both M.D. and D.O.-- and has 387 residency programs around the country. Texas itself has 21 residency programs that aim at training family physicians for areas where there is a shortage of medical care.

And today's family doctor doesn't fit the old stereotype. Many are young, many are female, and officials at the Texas Academy say that an increasing number of minority students are opting for this new speciality. More and more students from Texas' eight medical schools are beginning to choose family practice as their way of life. These schools include The University of Texas Medical Branch at Galveston, the state's oldest medical school; The UT Health Science Centers at Dallas, Houston and San Antonio; Texas Tech Health Science Center; Texas A&M University College of Medicine; Texas Osteopathic College of Medicine and Baylor College of Medicine, the state's only private institution.

The curriculum at most schools requires medical education experiences only in hospital settings. Thus students aren't able to get a feeling for non-emergency and non-hospital care. In addition, the time necessary to study the major disciplines of medicine, such as internal medicine, pediatrics, obstetrics/gynecology, leaves no time to take a look at family medicine, except on an elective basis at a few medical schools.

Because of these needs, some medical schools had developed informal relationships with family practice physicians who would arrange to take a medical student into his or her office for a short period of time to see what a doctor's day-to-day practice is like. Usually, the student would receive academic credit for the experience, and sometimes the physician or the hospital would furnish housing and board. However, many students could not afford to leave home for a period of time, especially if expense money or food and housing could not be provided.

In 1982 members of the Texas Academy and leaders in medical education set up a formal preceptorship program in family practice. A curriculum was organized and funded so that every medical student in the state would have the opportunity to participate in a course of study with an experienced family practice physician in both an office and a small hospital situation. Dr. Jack Haley of The University of Texas Health Science Center at Houston is the program's first coordinator.

"Why do we need it? It's very simple," says Dr. William Ross, chairman of Family Practice at UT Southwestern and a member of the original committee. "This kind of program is the only way students can be exposed to family practice. There is very little that addresses the needs of a student to know what the practice of medicine is

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really like, except occasional anecdotes from faculty members.

"It's the environment and setting that makes the preceptorship different from learning medicine in Parkland or any other teaching hospital. The student also discovers that unlike in the teaching hospital setting, you see a variety of problems: it's not all internal medicine, all surgery or anything else. It's a matter of Christmas in every examining room!"

"Christmas in every examining room" is just what the students doing preceptorships in the state-wide program say they get to see. Mike Jutras, fourth-year student at UT Southwestern, believes more students should take the opportunity to do preceptorships "because they can see anything out here." Of course, that's true in a large metropolitan hospital like Parkland, Southwestern's major teaching hospital, he explains, but there is also a lot of decision-making in the Grapevine doctor's office where he spent the summer. And in Grapevine he had to get along without some of the fancy tests he was used to having in the hospital setting.

Southwestern graduate Mary Toland agrees with Jutras. Toland, who is now doing her residency training in family practice in Huntsville, Ala., spent a month this spring with Dr. C. J. Daniel in Taylor, a small town between Austin and Temple.

Toland, who is interested "in doing a little bit of everything" in the practice of medicine, was able to do just that during her preceptorship program. Since she lived at the hospital, the physician permitted her to see his patients while he was on his way to the hospital to admit them. When Daniel arrived, Toland would make recommendations and they would discuss the case.

The young doctor says many of the patients she saw with Daniel and others in the clinic came in for chronic problems, such as diabetes, arthritis and heart problems. However, she was also allowed to sew up cuts and lacerations and scrub for surgery.

"The neatest thing for me," she says, "was finding out that medicine isn't really like medical school. I had gotten so bogged down day and night at the hospital that I was feeling that there was so much I needed to know, so much to learn that I'd never please my supervisor."

Another reason that these learning experiences are so valuable, Ross and Haley agree, is that it gives the student who is thinking about family practice an opportunity to see what it is like. Unless medical students are close to a family doctor, they have no way of knowing whether they are suited to the life of the family practice doctor.

"Remember," says Ross, "in family practice you deal with the whole patient, not just part. In fact, you deal with the whole family dynamic in looking at your patient because it's impossible to separate a human being from his life situation."

In fact, the preceptorship students learn that counseling plays an important part in family practice medicine.

Jutras says many doctors see as many as 80 patients a day, and that leaves no time to talk. But that's not true in Dr. Ed Lancaster's office where he spent a month this summer. "Dr. Ed," as his patients call him, takes the approach that a lot of the problems people come in with start with what's going on in their lives. In his 30 years of practice, the physician says he has grown up with Grapevine, which has boomed from 1,200 to 12,000. His desk is often littered with graduation invitations or holiday cards from kids who have grown up and still remember the care and attention he has given them throughout the years.

"I've lain in this examining room and heard Dr. Ed talking to another patient for an hour. But I always know that when it's my turn, I'll get that hour if I need it, too," said one patient, a school principal.

"I always tell the student that the patient's minds and bodies cannot be separated." says Daniel, whose clinic also has visiting students on family practice rotation from Texas A&M's medical school. "You have to know about what's going on in their minds in order to attack their physical problems."

The Taylor physician says counseling is always integrated with medical treatment. He learns about major emotional problems from his patients during a visit for a medical problem.

"Just when I think we're through, the patient will say, 'By the way, I'm getting a divorce.'"

Daniel and his associate Dr. Tom Pullen say they each see probably one or two counseling problems a week. In cases where there is serious disturbance, they make referrals to professional therapists.

Medical students have to make a decision about residencies at the end of their third year. If they think they're interested in family practice but are also drawn to some other specialty, the preceptorship can often help them in making that decision. For some students, says Haley, the decision becomes obvious after spending time in the "real world" of a family physician: the student knows that family practice is the life he or she wants. And sometimes it works the other way. Spending a month with a family doctor may help the student see that family medicine would not be the right choice.

Toland says her preceptorship in Taylor settled her doubts about whether she would like this type of practice. In her words, "it put the icing on the cake."

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"My experience with a family doctor crystallized the fact that I could practice quality care in this kind of situation and provide an effective type of intervention," says Dr. Jim Winn of Uvalde, Texas. Winn, who said the preceptorship experience made him feel about two months ahead of the other interns in his class, often acts as a preceptor himself.

Jutras, who works as a pharmacist to finance his medical education, was feeling pressured about having to make the decision for post-graduate training programs in August. Interested in both obstetrics/gynecology and family practice, the student took the preceptorship as a way of helping him make that decision. During the fall semester he will take a month off to travel to various family practice residency programs for interviews.

Why did Jutras decide on family practice for his specialty training?

"Making this kind of decision is really complicated," he says. "But I guess my ideal doctor is really like Marcus Welby, one who treats all ages, both sexes and people with all kinds of problems.

"Sure, some kinds of problems are too complicated for family practice, but I can always refer them to another specialist. I don't want to be limited."

The student said that during the time he was trying to make his career decision, he found friends and family supportive. Also, the people in the community seem to want more of that kind of medicine. "When I'd tell them I was thinking about going into family practice, they'd say 'Great! We need more family practice doctors.'"

Other medical students may know that family practice is the life that they will choose. But they don't know what kind of practice--solo, which is rare today; partnership; health team approach; clinic--or what kind of area or community they'd like to live in. The state preceptorship program helps with these decisions, too. Each of the approximately 400 physician-preceptors participating in the program is listed in a program guide along with detailed information about the location and size of the community, the type of practice, the percentage of the different kinds of medical care the doctor renders his patients and the size of the hospital where he or she practices. This information helps the student to get a picture of the preceptorship experience and request individual preceptors in order of preference. A computerized matching system is used in making the determination.

While most people think of family practice as something that goes on in small towns, there is a growing number of family physicians choosing to practice in the city. Dr. Phillip Hudson, started his practice four years ago in the northern area of San Antonio.

Hudson had lived both in a small town and in cities during his growing-up years. And he had enjoyed both. However, when it came time to make the decision about practice, the deciding factor was the fact that he was single. He felt his chances for an active social life were much better in San Antonio.

The physician chose the northern part of the city because there were fewer family practitioners there. He also had few problems getting hospital privileges in that area of town.

Although city practices are generally harder to get started because of the large number of physicians already in practice, Hudson is happy with his decision. His office is located in a small complex of medical buildings. The waiting room is bright and cheerful with chairs in red, green and blue, accented by white cube tables topped with healthy plants. Poster art adorns the walls, and he keeps an old polished wood propeller in his office as an informal sculpture piece. His lab is able to handle many of the diagnostic tests he needs, and a special pediatric examining room is stocked with bottles and diapers.

Students get a great gain from being able to say "I picked my experience" whether it be in the city or the country, says Dr. Robert Brown, educational psychologist at UTHSCH. And so far 80 percent of the students who have taken a preceptorship have said that they would choose the same doctor again. Ninety-five percent are glad they signed up for the program.

Brown says some of the finest physicians in the state are among those who sign up to be preceptors. First-timers--or even those who repeat--are given the opportunity to attend formal teaching seminars for preceptors held around the state.

Whether the preceptor is in the city or the country, all the students agree that there is one area where they are able to get an experience that is left out of most medical school's curriculums. That area is the business of being a physician. For the first time, the students have someone to discuss the financial and lifestyle implications of different kinds of medical practice. They have the opportunity to learn about the cost of setting up a practice and what is involved, ordering equipment and supplies for an office and the difference in income one can expect in various kinds of practices and sizes of communities.

"Money was looser when I went into practice, and I could have used a little advice," says Hudson. "I've learned from others that there were some things I could have done without at first."

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Dr. Ed and his wife Dr. Minnie Lee (Lancaster) believe that it is important not only to talk with their students about the business aspects of practice, but also to educate them about the community they work in.

"Dr. Ed has taken me to Rotary, to coffee with people he knows around the town and to meet the local pharmacists," commented Jutras.

Students often have questions about practice and "proper" behavior. One thing that Toland wanted advice about was gifts.

"When does a physician accept a gift from a patient?" she asked when the situation arose during her preceptorship.

Daniel told her that most of the time patients are going to give you something you can use. It's usually a cake or vegetables from their gardens. And it's gracious to accept. The only time the physician should be wary is in a situation where something of monetary value, such as land or cash, is involved.

Toland was charmed by one gift she received from a patient during her month in Taylor, a certificate from the governor honoring her as a "Yellow Rose of Texas."

Donna Barhorst, a second-year student at Texas Tech, spent time with Dr. Minnie Lee this summer.

"She had me over to her house nearly every day for lunch, and we'd talk," says the student. "I could ask her questions about anything. It was great: she was the first woman doctor in family practice I've been around. She'd talk about a woman's special problems in medicine.

"And both she and Dr. Ed talked to me about the problems of a woman physician's getting married. Dr. Ed told me, 'When you think about marriage, be sure you pick a husband who is compatible with medicine.'"

The Lancasters met in anatomy lab in their school days at The UT Medical Branch at Galveston and have been partners as family practitioners for 30 years.

The student preceptorship program is also a partnership. Daniel and Pullen stress that a preceptorship is a two-way street. Not only are the students learning, but the preceptors can also "pick their brains" for the newest information being taught at the med schools.

A preceptorship can also serve as an introduction. Past experience with informal programs have shown that it's not unusual for a student to return after completing a residency and become the new doctor in town. Haley points to Bastrop where eight physicians who had done preceptorships returned to practice medicine. And Daniel admits that his clinic, where some physicians are nearing retirement age, uses the preceptorship program as a way to look over new talent.

"It can be a really romantic time," says Brown. "When the right student meets the right doctor and the right community, something really exciting happens."

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