

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

D. DUNCAN MURRAY¹

Halifax, Nova Scotia

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

¹IV Year Medicine, Dalhousie University.

familiar with an average patient-disease ratio. Realizing that patients are usually not pathological museums, but on the other hand having an adequate office examination is a balance that must be learned in the field. **The Physician heals; nature makes well** (Aristotle). The concept of a physician is as old as time, having been incorporated into man's life with the same intensity as his religion, in fact the two were often as one. To heal the whole man was their credo and purpose, as it should be ours. Because of the necessity of studying medicine in units, one begins to see one organ system as being the isolated problem - a time worn example being the physician's reference to the pan-being the physician's reference to "the pancreas in the end bed," or "the fracture in the west wing". With preceptorship, one has the opportunity of seeing a patient in terms of his problem, his environment, and his mode of living, any one of which will have an effect on an illness. One must be familiar with the patient as well as his disease process. Nature will make him well, but a physician must heal him in a sense, has protean manifestations. This is an important concept and, in its own right, is as important a fundamental as is antibiotic therapy. On the other end of the scale, however, one is availed of the opportunity to witness the doctor-patient relationship in which the doctor maintains a professional footing while at the same time inspiring confidence in his patient. Things such as these cannot be taught in the classroom, but a good example does much in the line of instruction.

These few words only briefly outline the benefits of a preceptorship. Perhaps some students realized many of these principles by way of advantageous summer employment, but the ideas bear repeating as well as a varied exposure. Certainly such a programme as a preceptorship serves to standardize the experiences of fourth year students.

In closing, I would like to take this opportunity to thank all the physicians who are contributing to our training in fourth year by availing themselves as preceptors.

¹Committee of General Practice, Dalhousie University.

PART IV

PRECEPTORSHIP - BOON OR BANE

H. I. MACGREGOR¹, B.Sc.,
M.D., CM., MCCP.

I have been attached to the Dalhousie Preceptorship program for the past three years, and there are times when I ask myself the above question. However, having given it considerable thought, my answer is a definite "boon", both to the student and the Preceptor.

VALUE TO THE PRECEPTEE

1. His first taste of active patient care outside of hospital.
2. Contact with the 85% of the common ills of mankind, so seldom seen in the confines of the teaching realm of medical school and hospital.
3. An idea of a doctor's whole activity in a working week, both professionally and in the community.
4. Introduction to the financial side of medicine - bookkeeping, records, collection, etc.
5. The opportunity to observe the doctor's professional life in relation to his family.

VALUE TO THE PRECEPTOR

1. Enables him to play a definite role in the undergraduate medical student's education, and by so doing, to at least introduce him to general practice.
2. In ordinary office procedures, it makes one stop and think, "Am I doing this in the best possible way"?
3. Gives one the opportunity to pass on some of one's experiences in general practice, and some advice for the young student.

There are several points on which I feel more should be done for the student - a little more preparation insofar as their "role" during this week. I think they could be encouraged to take a little more active part - question, etc.

1. A longer time if possible with the Preceptor - a week merely gets one started. Perhaps if each Preceptor has fewer students