

## 100 Years Later: Clarifying Family Medicine's Role in Medical Student Education

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When Abraham Flexner wrote his report for the Carnegie Commission 100 years ago, family medicine was not part of the model that he espoused. He was, in fact, moving medical education away from the apprenticeship model (which may favor family medicine) and into the hands of academic medical centers, namely Johns Hopkins. While this has certainly improved medical education, it would be difficult to imagine how the report would be framed in the world of specialized medicine and the business model of medicine as it is today.

Since the report was issued, medicine has become highly specialized. Much of this was due to the technology that developed during and after World War II. There is no doubt that the technical revolution and the development of new medical equipment and medications, along with the public's demand for their specialist, has fueled the fire of specialization and led to the medical curriculum of today. It can also not be ignored that the current payment method used in medicine today highly favors specialists and that the "best and brightest" that are recruited to medical school un-

derstand this and see that the quick way to handle their student debt is to specialize.

Family medicine's forefathers tried to appeal to medical students. They spoke of the "counter culture" that family medicine supported and of the relationships developed with patients, families, and communities. Their appeal did not fall on deaf ears in Washington, DC, and in 1971 Congress passed the Comprehensive Health Manpower Training Act. This legislation awarded grants to public or nonprofit hospitals for professional training programs in the field of family medicine for medical students, interns, residents, or practicing physicians. In 1977, the Health Professions Educational Assistance Act was passed, and this authorized funding for "predoctoral training." Thus, since 1977, family physicians who taught medical students have been engaged in "predoctoral" education.

While historically this term was useful and remains true today, it has become confusing for some to understand. Educators in other departments at academic medical centers often wondered what "predoctoral" educators did. It was sometimes confusing to deans to understand the role of a "predoctoral division" in a department of family medicine. Students were also confused by this term and thought that "predoctoral" might be referring to undergraduate "premedical students."

Many family medicine educators were wondering if our nomenclature should be changed to clarify what the role of "predoctoral educators" is. Two years ago, the Association of Departments of Family Medicine retitled their "Predoctoral Education Committee" to the "Medical Student Education Committee" at the suggestion of Andrea Munyon, chair of family medicine at SUNY-Syracuse. In turn, many departments followed suit, and the STFM Board was questioned about the possibility of changing our nomenclature to reflect this movement within family medicine.

After careful thought and input from other organizations within family medicine, the STFM Group on Predoctoral Education and the Group on Predoctoral Education Steering Committee unanimously recommended to the STFM Board of Directors that the Society move from the term predoctoral education to medical student education. The Board unanimously approved this change at their January 2010 meeting and recommended that the term predoctoral be changed to medical student education in all communications from STFM. This change took effect in March 2010.

The most visible change that will be evident is that the 37th annual Predoctoral Education Conference will be the 37th annual (or 1st annual for the purists) Conference on Medical Student Education and no longer be called "predoc." You will

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also see this change in various communications from the STFM staff as they implement this change. Our advocacy staff will continue to use the term predoctoral when referring to Title VII, Section 747 funding, as this is the name by which Congressional officials know and understand this program. STFM staff is already hard at work to develop new (and easy) acronyms for our work in the area of medical student education.

By changing our nomenclature for medical school activities to medical student education, it is the Board's hope and desire that the dedicated educational activities

performed by family physicians with medical students will be more recognized and understood. And I would hope that Flexner would not use Johns Hopkins, a family medicine "orphan school," as his model. Rather, he would look for an environment where all specialists, including family physicians, are actively engaged in teaching

students, researching important questions, and caring for patients in the context of families and communities.

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*The goals for Dr Steyer's year as president use STFM as an acronym:*

- *Strategically plan and use it*
- *Team with others*
- *Facilitate the development of new leaders*
- *Motivate more family medicine advocates*