For the Office-based Teacher of Family Medicine

William Huang, MD
Feature Editor

Editor’s Note: As chair of Task Force 6, Stephen Spann, MD, of the Department of Family and Community Medicine at Baylor College of Medicine, worked with other family medicine leaders on the Future of Family Medicine project, which investigated how the specialty can adapt to provide quality health care in a changing environment and proposed a New Model of Family Medicine care. In this month’s column, Dr Spann briefly describes the New Model of care and discusses how office-based teaching of medical students may change in practices that adopt it.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate Family Medicine citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

A New Model of Practice: Implications for Medical Student Teaching in Family Medicine

Stephen J. Spann, MD, MBA

The leadership of the seven national family medicine organizations collaborated from 2002 to 2004 in the Future of Family Medicine project. This project was a major strategic planning effort that was dedicated to providing a framework for transforming and renewing the specialty to meet the needs of patients and society in a changing environment. Initially, five task forces studied various aspects of the specialty and made recommendations in a number of areas. After a report summarizing the findings of the five task forces was finalized, a sixth task force was named that provided additional important information.

The first of 10 recommendations in the Future of Family Medicine report states that “Family medicine will design the work and workplaces of family physicians. This redesign will foster a New Model of care based on a relationship-centered personal medical home...” The project leadership envisioned that the New Model of Family Medicine care will be one centerpiece of change that will result in numerous enhancements to patient care. Characteristics of the New Model of care are summarized in Table 1.

The report also recommends that each New Model practice offer a complete spectrum of clinical services through its own physicians or by direct associations with physicians and clinical organizations outside the practice. These services are summarized in Table 2.

Since the report discusses in detail the changes that family medicine residencies will undergo to provide the New Model of care, this article will focus on how the New Model may change the office-based teaching of medical students. As family physicians involved in medical student teaching redesign their practices, they should carefully consider the roles that the students can potentially play in those new care processes. Students will be able to assume new and expanded responsibilities compared to their roles in the current model of care.

Since one emphasis of the New Model is a team approach to patient care, medical students can assume many roles on the office practice team. As practices adopt open-access scheduling, they can assign a few same-day appointment patients for advanced medical stu-
Table 1

Characteristics of the New Model of Family Medicine

- Personal medical home
- Patient-centered care
- Team approach
- Elimination of barriers to access
- Advanced information systems
- Redesigned offices
- Whole-person orientation
- Care provided within a community context
- Emphasis on quality and safety
- Enhanced practice finance
- Commitment to provide family medicine’s basket of services

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Table 2

Basket of Services in the New Model of Family Medicine

- Health care provided to children and adults
- Integration of personal health care (coordinate and facilitate care)
- Health assessment (evaluate health and risk status)
- Disease prevention (early detection of asymptomatic disease)
- Health promotion (primary prevention and health behavior/lifestyle modification)
- Patient education and support for self-care
- Diagnosis and management of acute injuries and illnesses
- Diagnosis and management of chronic diseases
- Supportive care, including end-of-life care
- Maternity care; hospital care
- Primary mental health care
- Consultation and referral services as necessary
- Advocacy for the patient within the health care system
- Quality improvement and practice-based research

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practices compared to the current model of practice. This expanded role will help them achieve a number of the target competencies for medical students, including those described in the Family Medicine Curriculum Resource Project. In addition, by exposing medical students to the New Model of Family Medicine practice, the core attributes and values of the discipline, and the basket of services provided by family physicians, the unstated hope is that such exposure will enhance student interest in the specialty, resulting in increasing numbers of US medical students matching in family medicine residencies.

The next step is active testing of New Model concepts and changes in residency-based and office-based family medicine practices. As the New Model of Family Medicine care evolves into a reality, office-based teachers will be able to provide high quality care to their patients and give new learning opportunities to their medical students.

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REFERENCES