

For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: In this month's column, Pablo Blasco, MD, PhD; Adriana Roncoletta, MD; Graziela Moreto, MD; Marcelo Levites, MD; and Marco Aurelio Janaudis, MD, of the Brazilian Society of Family Medicine (SOBRAMFA) describe the learning outcomes of a preceptorship program in Brazil that pairs medical students with family physicians. It is unusual for Brazilian medical students to receive this type of opportunity, and their descriptions of what they learned remind us of the contributions that family physicians can make to the education of medical students.

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.

Accompanying Physicians in Their Family Practice: A Primary Care Model for Medical Students' Learning in Brazil

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Programs that teach students about the physician's daily routine are absent from the curricula of most Brazilian medical schools.^{1,2} This paper describes an extracurricular project of the Brazilian Society of Family Medicine (SOBRAMFA), in which 15 medical students in their third through sixth years of training at four medical schools in São Paulo, Brazil (University of Santo Amaro, Jundiai Medical School, Federal University of São Paulo (UNIFESP), and the University of

São Paulo [USP]) accompanied a family physician in various professional settings (office, home visits, and inpatient hospital care) over a 2-year period.

In focus group discussions and our analysis and organization of learning issues that students reported, four themes emerged: (1) everyday features of the physician's job, (2) adopting a humanistic perspective, (3) medical subjects arising in the provision of primary care, and (4) reflecting over the medical education process. In this paper, we discuss each of these themes and provide supporting quotes from students translated from Portuguese into English. In reading these comments, office-based teachers of family medicine are reminded how much students

learn by being with them, even when there is no explicit teaching and learning discussion.

(1) Everyday Features of the Physician's Job

Observing the daily routine of the family physician helped guide students in the practical skills involved in doctoring: how to behave with the patient, how to guide the consultation, and how to manage ordinary tasks and problems. Students noted simple but important issues during these observations, such as the doctor's personal appearance and how he/she greeted the patient and effectively used the first few seconds of the interview.

Sometimes I don't know how to act toward patients the first

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time. I feel confused about how I should greet the patient. Thus, I observe the teacher, and I follow him. I greet in the same manner he does.

Managing time without seeming to hurry or rush the patient is an important skill and so marks the respect with which doctors must hold patients in their professional relationship:

In several consultations, I never noticed that the teacher was hurried. He neither looked at his watch nor claimed that he has a lot of people waiting for him in the waiting room.

Students also learn how to deal with professional remuneration, something that must be introduced to them in real life.

I remember a patient, who couldn't pay the entire doctor's bill. She talked with him, and they agreed on a lower fee. Then, the teacher said he was glad to accept another cup of coffee. I think this was a way of showing friendship and leaving the patient comfortable.

(2) Adopting a Humanistic Perspective

The practical work of the family physician is a fertile ground for teaching a humanistic perspective in the context of natural life experiences.³ In shadowing a family physician, students were able to build up useful knowledge about how to establish bonds with patients, how to induce trust and confidence, how to work with families, and note which style is most effective in improving empathic relationships.

Patients are not anonymous persons. They have real names and a life story to tell you. Your relationship with them is broader than simply providing a technical opinion. To do well, you must

know your patient. I observed that the teacher understood the patients' feelings and asked about their joy and their fears. That's what gives harmony to the consultation.

One of the students' greatest expectations is to know "real patients," who are members of their own families or citizens in their communities that need medical care for common health conditions. The students wish to learn to care for these patients during their medical training, but it is often difficult to learn how to do so in the university or hospital setting.

At the medical school, whether in the hospital or in the day clinic, patients know that they are coming into an institutional environment. In the doctor's office, the circumstances are different, since patients are looking for someone who is able to take care of them and in whom they can confide. You have a face-to-face encounter with them, something that fits well with their real needs.

(3) Medical Subjects Arising in the Provision of Primary Care

Through accompanying family physicians on home visits, students can appreciate the real needs of the community and learn how to deal with the primary care issues that in the near future will comprise most of their doctoring activities. They are motivated to become aware of the more prevalent complaints arising from patients. Visiting patients in their homes is also a useful tool for broadening their medical knowledge.

Primary care is great and amazing. You never know who is coming into your office and with what disease. You are continuously surprised, and you stay there offering help to whoever wants it.

(4) Reflecting Over the Medical Education Process

These shadowing experiences in the physician work setting challenge the students to integrate the knowledge they obtained in academic classes in medical school and motivate them to think about their own learning process.

Participating in a shadowing experience is wonderful! Everything becomes clearer. It's like a great lecture about the whole of medicine where things start to make sense. And I can reflect while I observe the teacher doing. We need to see how to do it!

Discussion

Working alongside a family physician preceptor gives students the opportunity to care for real patients.^{4,5} Similar to apprentices in past societies, students have the chance to observe and learn by doing tasks together with a master teacher. In this learning process, students put knowledge into practice and gain a perspective on life and patient care that resembles their teachers' patient-oriented practice. The family medicine setting is a broad learning environment that fits well with students' inquisitive approach. Thus, while making bonds with their patients, students can follow them in longitudinal sequence and learn to deal with the most prevalent diseases in the community, how to make decisions, and how to solve common problems. They also gain experience in case management, giving telephone advice, treating patients in their homes, and dealing with emergencies and unexpected occurrences. Students are able to live this experience in "real time"⁶ at the very moment it happens and become committed to the important task of being with their patients and giving them assurance that someone is taking care of them and helping them through recovery of their illness. The end result is the growth

of the students' motivation and in self improvement.⁷

Conclusions

Accompanying physicians in their daily routine is an efficient resource for learning that is lacking in most Brazilian medical schools. Through this experience, students incorporate attitudes, behaviors, and approaches to real patients that are useful for their professional future.⁸ Family physicians provide a broad learning environment that enables students to learn to care for patients in a community setting.

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