

taught as if he will be a "family doctor." In fact, the subject is rarely mentioned in the medical school curriculum he pursues. And since all his teachers are specialists, he will seldom brush up against a general practitioner who can explain the rewards of this type of practice to him.

During years 1 and 2 in the new-type medical school, the student's education would approximate that of the traditional freshman and sophomore (Table 2). But because he has already received a good deal of the necessary basic science instruction during his high school years, less time would be spent on these subjects than would occupy his traditionally-educated counterpart. In year 1, for example, about 30 per cent of his time would already be spent on subjects germane to general practice. In year 2, it would climb to 65 per cent, as nonessential subjects were pared away. In years 3 and 4, all of his time—100 per cent of it—would be expended on the problems and illnesses encountered in general practice. He will learn of them not from books or classroom instructors, but will see them in ambulatory patients who attend out-patient clinics or when he attends ill patients in their homes to which he has been assigned (Table 2).

His teachers will be general practitioners of repute and internists of professional status. These faculty members know the problems a family doctor must deal with. They also know how to differentiate common ills from those that require the skills of a specialist, and will pass this knowledge on to the student.

Specialists, too, will instruct our neophyte, for he must be aware of what specialists and specialties can offer his patients when his own limits have been reached. But the instruction here, too, will be "live" and "by example," not from didactic lectures and textbooks. The specialists will demonstrate using the very patients the student has been following in clinic or at home, whose illness has progressed to a stage that requires hospitalization and greater skills.

Allowing the student to collaborate with specialists in the care of hospitalized patients is a form of education that cannot be excelled. While the student watches the specialist at work he not only learns about highly sophisticated medical techniques of diagnosis and treatment, and how they can help his patients, but from casual small talk he becomes familiar with many intangible aspects of medical practice.

In the fifth, or mandatory "intern year" (Table 2), the student physician is working pretty much on his own. He is now precepted to a traditionally-educated physician (M.D.) practicing alone, or to a group. Thus, the emphasis of the student's training never wavers in the five years; it is family practice-oriented from high school onward.

This single-purpose educational system will engender a very important attitude in our young physician—that of being responsible for the *comprehensive* care of his patients. He learns to be responsible for the decisions that affect their welfare whether they are very young or very old, in good health or bad. The only time he surrenders his province to the specialist is when a problem arises that he has been trained to recognize as lying beyond his capabilities. The tacit agreement between his specialist instructors and him is: "You teach me (the primary physician) how to differentiate the various special problems from the ordinary, and when they arise I will turn them over to you (the specialists) for treatment. But I will remain, as I have been, the patient's personal doctor." For the return of such an arrangement the public would be immensely grateful, for the disappearance of a "doctor of one's own" is one of its chief complaints.

HOW DO WE CREATE, STAFF, AND FUND SUCH NEW-TYPE MEDICAL SCHOOLS?

Medical schools geared to training primary physicians exclusively could be created quickly and at very little cost if we *use existing medical centers as their nuclei*. Many of the faculty that now staff these centers could teach the new-mold medical students. Expanded classroom and office space is all that is required. Every medical center already has the most necessary component to any physician's medical training—an established hospital and its busy cluster of out-patient clinics.

ALBERT EINSTEIN MEDICAL CENTER—AN EXCELLENT PROTOTYPE

In Philadelphia, for example, the Albert Einstein Medical Center is eminently suited for conversion to such a medical school. In this institution is a broad spectrum of physical facilities and teaching personnel. Most staff members are general practice oriented and would make ideal instructors for the new-type medical student.