

## FAMILY MEDICINE CLERKSHIP IN BASIC MEDICAL EDUCATION

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### Abstract

Primary care is the center of the health care systems in many developed countries. It has been awarded by improving health and well-being of the population, and decreasing health expenditure. Unfortunately, since the teachers' expertise in medical faculties becomes more specific, the basic medical education (BME) becomes more specialization-oriented and the students do not have the opportunity to learn the actual profile of primary care and the needs of the community. The faculties of medicine should renovate their curriculum and should provide early clinical exposure to improve the student's affinity to primary care. Family medicine clerkship should be a part of curriculum in each medical school and this period should be used as an opportunity for the young physicians' career choice in Family Medicine.

**Key words:** Family Medicine, Basic Medical Education, Early Clinical Exposure, Clerkship, Turkey.

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### Medical Education and Family Medicine

In the 1950s medical educators and professionals have constructed the problems on rare diseases of the hospitalized patients forming the disease-center educational model, away from the community health priorities but later, few changes occurred in the organization of the educational program and the educators began to explore new ways in medical education to train medical students to become qualified, priority-oriented primary care physicians providing comprehensive care. New education models were developed to integrate basic sciences with clinical problem solving and to enable medical students contact with patients in their own environment.<sup>1</sup> Community-based, comprehensive primary care education given by the primary care team is necessary for medical students.<sup>2,3</sup> In many European countries family medicine programs are generally affiliated with primary care centers and are placed in later periods of the medical curriculum<sup>4</sup> however there are many studies concluding that early clinical exposure to primary care has positive impact on the educational quality and career choice.<sup>5-10</sup> Students can understand the complex interaction between individual and

community health, prevalence and management of common diseases, and problem solving methods.<sup>11-</sup>

<sup>13</sup> The Family Medicine discipline is a pioneer in community-based medical education and biopsychosocial approach.<sup>14</sup>

### Encouraging Students for Family Medicine

The students' carrier chose are affected by many factors including gender, age, professional affinity, competencies, family factors, medical school environment, theoretical and clinical experiences and employment opportunities, professional and financial satisfaction.<sup>15</sup> Every medical curriculum should include family medicine clerkship and every medical student should be familiar to the primary care environment.<sup>5</sup> This will enable medical students to be more enthusiastic for choosing family medicine as their specialization career. The role model family physicians should have humanistic values, should provide high-quality patient care, and should be competent and enthusiastic preceptors. On the contrary, students not meeting with family physicians, will not be aware of the content and changes in family medicine and will less likely prefer this discipline.<sup>1-4,6,14</sup>

Patients also think that they contribute medical students' education during the family medicine clerkship and they are satisfied with the health care they received.<sup>1</sup> Similarly, results of the original studies and systematic reviews conclude that early clinical exposure and primary care experience

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contribute to students' specific problem solving skills.<sup>6-13</sup>

### Conclusion

A successful family medicine program needs institutional support, structured curriculum, patients, clinical setting, evaluation process, volunteer faculty, preceptors, and financial support.<sup>16</sup> Medical schools should renovate their curriculum, should have primary care teaching settings, should provide early clinical exposure, and mandatory family medicine clerkship.

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