GENERALISM TASK FORCE RECOMMENDATIONS - 2005

A – Recommendations for Overall Curriculum

A1 – Create a primary care/generalist theme coordinator

Objective: To promote the understanding of 'generalism' and enhance its stature within the formal and informal curriculum.

We strongly advocate the creation of a primary care/generalist theme coordinator position. This individual would be a 'champion' who would monitor the formal curriculum, and facilitate incorporation of 'generalism' throughout the curriculum. This theme coordinator would assist with preparation of various learning exercises such as PBL cases and seminars. This individual, together with the implementation committee, would play a prominent role in the design, implementation and evaluation of other plans as described in the recommendations below (particularly the longitudinal generalist curriculum), and take part in faculty development of both generalists and specialists. This position would require an appropriate level of influence so that meaningful change in support of the generalist mission,
always in consultation with appropriate course directors and course committees, can be implemented in the relatively near future.

Timeline: Near

A2 – Establish an implementation committee

Objective: To provide the necessary leadership to oversee the implementation of the recommendations, once governance approval has been received.

Successful implementation will require appropriate infrastructure support from the University of Toronto. This committee would oversee the necessary recruitment of additional teachers and community physicians, in co-operation with the participating departmental representatives. It would be responsible for developing and conducting an evaluation of the curriculum changes. Recognizing that new community teacher recruits may benefit from some additional faculty development, this committee would, in co-operation with the Centre for Faculty Development, facilitate appropriate supports as needed.

Timeline: Near

B – Pre-Clerkship

B1 – Year One

All students assigned to family physician for longitudinal experience in year one

Objective: Consistent with our results that early exposure and role modeling are key influencing factors in choosing both family medicine and generalist careers, this recommendation, in conjunction with B2, will provide significant increases in our students' exposure to generalists in a clinical setting. It is hoped that this experience, by incorporating the learning goals of ASCM (i.e. history taking and physical examination

skills) will reinforce the relevance of the curriculum for our students.

Our task force strongly suggests that all students participate in a mandated, longitudinal experience with a family physician in Year One. Eight half-days would be required to accommodate a once per month placement. Each of the first year courses will be asked to free up several half days. Ideally, each student would be assigned a single preceptor, although it is possible that students could be placed in pairs, or small groups. It is possible that with the introduction of Academic Family Health Teams throughout the GTA that this experience could be integrated
into the FHT model. Adequate compensation for the physicians would have to be addressed. This program would require increased student travel, and this may also require special travel arrangements to be made. This recommendation received strong support from the task force.
Timeline: Near

B2 – Year Two

All students have mandated community longitudinal experience in year two, with any MD discipline, including family medicine

Objective: Again, the primary motivation for this recommendation is to increase student exposure to community and generalist clinicians, as early as possible in their medical training. 'Community' is emphasized because many generalist physicians are located outside of the hospital-based setting. At this stage, students could choose which clinical discipline they would like to have exposure to. The emphasis during the encounters could shift to diagnosis and management of illness, commensurate with their year two curriculum learning objectives.

Eight half-days would be required to accommodate this monthly longitudinal experience. Each course in year two will be asked to find several available half days. Consideration may be given to moving the Ambulatory Community Experience to year two, to assist in the implementation of this recommendation. We recognize that there are many logistical challenges; and that this idea is similar to the Career Exploration in Medicine (CEM) model, which has had implementation problems. However, we believe that there is sufficient support from our study findings to actively pursue all options that increase student exposure to community, generalist teachers.
Timeline: Near to Medium

B3 – Tutors

Generalists should continue to play a key role in ASCM, DOCH and other pre-clerkship courses

Objective: To provide role modeling and positive exposure to generalists, thereby improving students' awareness of the generalist physician.
Where generalism core content is predominant, i.e. ASCM and PBL tutorials, tutors must maintain an awareness of generalism issues. Course directors should ensure that all students are exposed to some generalist tutors. To do this, they should develop mechanisms to monitor and tabulate the level of specialty of tutors and ensure an appropriate balance for students. Again, recognizing the importance of positive role

modeling and exposure, the task force believes that this recommendation supports a positive pedagogy.
Timeline: Near

B4 – Pairing

Pair a generalist teacher with the current sub-specialist teacher for any appropriate teaching opportunity

Objective: To reinforce the role and credibility of the generalist physician within the academic setting.

This suggestion would be incorporated into existing course time, and contribute to an improved balance of generalist and sub-specialist exposure. Physician resources may pose a challenge, and it is critical that the co-teachers establish appropriate levels of contribution to the lecture, with appropriate recognition of expertise for both. Academy Directors and Course Directors are in an ideal position to implement this approach. It is suggested that this approach can be phased in over time, implementing each course independently, perhaps starting with Foundations of Medical Practice, as generalist and sub-specialist teachers are already involved in this course.
Timelines: Near

C – Clerkship

C1 – Family medicine rotation

Family medicine rotation increased to 6 weeks

Objective: To provide increased exposure to family medicine and the comprehensive primary care physician.

The average length of family medicine clerkship rotations in Canada is 5.3 weeks. In contrast, the current rotation in Family and Community Medicine at the University of Toronto is of four weeks' duration; so we are well below the national average. The recommendation to increase the duration to six weeks was clearly supported by all the medical student participants in our study and strongly reinforced by the generalism task force. It is understood that this curriculum change is under serious review and should be implemented as soon as possible.
Timeline: Near (immediate)

C2 – Community rotation

Generalist community-based clerkship core rotations

Objective: To provide increased exposure to generalist surgeons and general internists.

Given the challenges related to adequate exposure to generalists noted both in the literature and from our study results, it is suggested that consideration be given to providing opportunities for part of the medicine and surgery core clerkship rotations to be completed in community hospital settings. This is already done in other core rotations such as pediatrics and family medicine. Mechanisms for quality assurance of the clinical experience for students would be an integral component of this curriculum change. The implementation of the electronic log cards in clerkship has greatly facilitated meaningful evaluation of the students' clinical experience. With this tool, it will

be possible to evaluate the breadth of the learning experience in the community-based medicine/surgery clerkships, ensuring that the learners at community sites are receiving equally high quality learning experiences.
Timelines: Medium

C3 – Community elective

Mandatory 2-4 week community elective during clerkship or during summertime after second year

Objective: The University of Toronto students should have substantial experiences in non-teaching hospital settings.

Consistent with the need for increased exposure to community practice, we suggest that all students complete a mandatory 2 to 4 week community elective, in any discipline of their choice. Time will be available within the clerkship, or students can choose to complete this elective during the summer between second and third year. Adequate community elective resources will need to be developed, and students will be encouraged to go beyond their 'downtown comfort zone'. The key challenge of this model would be effective monitoring of the electives.
Timeline: Medium

Conclusion

These nine recommendations for the Undergraduate Medical Education curriculum at the University of Toronto have been carefully developed in response to the results of our generalism task force study. We believe they are achievable and would significantly contribute to the enhancement of the 'generalism' curriculum within our program. An evaluative component must be integral to any change implemented, in order to determine the impact of the curriculum changes on our future students' career choices. One clear goal is to promote a more positive view of generalism among our students and faculty and within our curriculum. A secondary goal may be for University of Toronto to produce more comprehensive, 'generalist' physicians for the future.