

September 26, 1975

CONGRESSIONAL RECORD — SENATE

PRIMARY CARE MEDICAL TRAINING

Mr. JAVITS. Mr. President, for some time I have been concerned about the lack of primary health care services in this country—a problem which is becoming increasingly apparent.

This growing concern led me to instruct Jay Cutler, minority counsel to the Committee on Labor and Public Welfare—of which I am ranking minority member—to have Dr. David Banta, a Robert Wood Johnson Health Policy Fellow with the Institute of Medicine—who served the minority professional staff of the committee, to survey medical schools in the United States respect to programs of primary care.

It is my belief that medical schools must make a special effort in the development of the primary care physician—the doctor who initially assesses and seeks to solve—with the patient's best interests in mind—as many of the patient's health problems as possible, refers the patient to physician specialists and consultants as necessary, and assume ongoing responsibility for the patient's health care. The complexity and scope of the problems in this area have only recently been explored by those concerned with health manpower education. Solutions will require vigorous action on many levels—particularly from our Nation's medical schools as they train our future physicians.

The initial results of the survey focused on New York medical schools and were reported in the CONGRESSIONAL RECORD, March 26, 1975.

The survey was then extended at my direction so that each Member of the Senate can compare the programs in the medical schools in his State to the universe of medical schools.

I ask unanimous consent that the results of the survey be printed in the RECORD.

There being no objection, the survey was ordered to be printed in the RECORD, as follows:

PRIMARY CARE TRAINING PROGRAMS IN SCHOOLS OF MEDICINE AND OSTEOPATHY

(Prepared by staff for the use of the Committee on Labor and Public Welfare, U.S. Senate)

First off, let us define a primary care physician as one who: a) is the physician of first contact for the patient; b) makes the initial assessment and attempts to solve as many of the patient's problems as possible; c) coordinates the remainder of the health care team, including ancillary health personnel as well as consultants, that are necessary to impinge on the patient's problem; d) provides continued contact with the patient, and often his family; e) acts as the patient's adviser and confidant; and f) assumes continued responsibility for his care.

If we accept this definition, it is apparent that the average academic medical center has few training programs that produce this type of physician and few role models after which the trainee can pattern himself. It also assumes that the Schools of Medicine, particularly their major clinical departments, need to consider making major radical changes in their training programs at the graduate level.

ROBERT G. PETERSDORF, M.D., Professor and Chairman, Department of Medicine, University of Washington School of Medicine.

While there has been a significant increase in the supply of physicians—first year medical school places went from 8759 in 1965 to 13790 in 1973—the absolute number of primary care physicians has decreased. In 1968 primary care physicians accounted for 46% of all active physicians, but by 1972 this percentage had fallen to 44.9%. Furthermore in 1972 family practice physicians accounted for only 1.4% of all active physicians. The most drastic change has been in the percentage of physicians in general practice, from 22.4% in 1966 to 15.3% in 1972. On the other hand, by 1970, 80% of practicing physicians were specialists.

The type of training medical students and residents receive has contributed to this problem. Since the Flexnerian reforms in medical education earlier in this century, the typical medical school in the United States has been based in a large teaching hospital in an urban area and has had a large associated research program and a faculty of researchers and clinical investigators. Even the faculty of the clinical departments tend to see themselves as researchers first, and clinicians second. The opening quotation by Dr. Petersdorf points out that few role models for a primary care-oriented physician or medical student are available in the classical medical school in this country.

The clinical curriculum deals almost entirely with the hospitalized patient: a patient with an acute illness, often with a rare or "interesting" disease and confined to bed. This is not the typical person seeking medical care. Yet student contact services to non-acute illness or preventive services is limited, and usually occur in a specialty-oriented out-patient department which is often considered "Siberia" by the clinical faculty.

The solution to the training of primary care physicians must include a reorientation of medical student and residency education in medical schools.

Admittedly, considerable change has occurred. In the 1950's many schools developed departments of community medicine, to, among other things, introduce students to the more realistic problems of people in their homes, places of work, and even in physicians' offices. That movement, not yet completed, has been accompanied by the rapid development of family medicine departments, dedicated to the production of physicians such as those described by Dr. Petersdorf.

The report attempts to describe the progress which has been made, the degree to which medical schools are implementing programs to solve the problems of specialty and geographic maldistribution and the work which remains to be done.

Osteopathic schools, whose traditions are quite different, are also described in this report.

SURVEY METHODS

In general, the Chairman of the Family Medicine or Family Practice Department was contacted by telephone by Committee staff. If the school did not have a Department of Family Medicine, the Chairman of the Department of Community or Preventive Medicine was contacted, a person recommended by the Chairman's office. In schools having neither type of Department, the contact was directly to the Dean's Office.

The Departments of Family Medicine were chosen as the contact point on the basis that persons involved in this area would be most knowledgeable about primary care programs at each school.

All schools were contacted during February and March, 1975.

Each person contacted was told the purposes of the survey, and the name and identification of the staff person calling. No one refused to answer, and most were extremely eager to help the Committee obtain information.

The individual contacted was asked 7 specific questions:

1. "How many medical students in your first year class?"
2. "Does your school have required primary care clerkship?" (The definition of a primary care physician was read aloud. If the informant was not sure of the meaning of "primary care.")
3. "Does your school have a remote-site clerkship required of all students?" (Remote site was defined as any clinical experience away from the main teaching hospital or hospitals.)
4. "Does your school have a required ambulatory care experience within the teaching medical center?" (Although this probably does not represent "good" primary care, schools were given every possible opportunity to discuss the area concerned.)
5. "Is there anything else in your school related to primary care teaching to medical students?" (The answers, listed under "Other" in the table, were varied.)
6. "Does your school have a Department of Family Medicine?" If so, does the Department have a residency program? "How many residents?"
7. "Does your school have any other primary care program for residents?" (If this was not clear, it was explained that some schools are developing multi-specialty service programs and primary care curricula for residents based in the traditional departments of medicine or pediatrics.)

If the informant was uncertain about his facts, or recommended contacting someone else, further contact was made. Most of these additional contacts were with the Dean's office of the school, and often were to check facts.

The information received was then tabulated in much the form it appears in the report.

The information on numbers of residency positions in medical schools was obtained from the AMA Directory of Approved Residencies 1974-75. The total number of residents were generally those listed under the name of that particular medical school, as were the numbers of types of residents. The total of medicine, pediatrics and obstetrics-gynecology residents was taken as the upper limit of possible primary care training slots, since the schools contend that these specialists are indeed primary care practitioners. In a few cases, new family medicine programs were not listed in the book, and these were included in the figures. In some cases, the school's program was not listed by the name of the school. In these instances, the programs of the one or two most closely affiliated programs were used. This minimum total number of residents was used so as not to understate the percentage of family medicine residents. The numbers given are not actually residents, but positions offered, which generally coincide closely.

GENERAL RESULTS FOR MEDICAL SCHOOLS

The total numbers of positions offered in medical-school affiliated hospitals are as follows, according to the Director of Approved Residencies.

- Family medicine, 1,993 positions, 4% of total.
- Internal Medicine, 9,188 positions, 18.8% of total.
- Obstetrics/Gynecology, 3,090 positions, 6.3% of total.
- Pediatrics, 4,126 positions, 8.4% of total.
- Total positions, 48,713.

These figures allow comparison school by school. Officials of the Association of American Medical Colleges have recently predicted that the percentage of positions in general internal medicine, pediatrics, obstetrics/gynecology and family practice, which now totals 34%, will reach 50% by 1980.

There are notable variations between schools. 28 schools have no departments of

family medicine and no residents, and are not planning such a program. Only 1% of medical school positions in Georgia are offered in the area of family medicine, and only 2% in Tennessee, Connecticut and Massachusetts. On the other hand, 15% of the positions in Virginia are in family medicine, and 31% of those in Nebraska.

The geographic concentration of schools without departments of family practice is unique also. Of the 29 schools without departments of family medicine, 17 are in East Coast urban areas (including 6 in New York City). Also, there is a marked difference between private and public schools. Using the designation of the Association of American Medical Colleges of schools "privately endowed", and counting the three University of Illinois schools separately, there are 45 private schools and 67 public schools. Only five public schools have no department of family medicine (and are not developing one), and one of those is a two year school. Fully one-half of the private schools have no department and are not developing one.

Despite this marked difference in graduate (residency) training, medical student programs do not vary greatly between public and private institutions. Of the 55 schools which have essentially no primary care program for students, 23 are private and 33 are public.

Other findings emerged in staff discussions with the informants. It appears that there are three general groups of academic medical centers: (1) Schools resisting changes, and at most making cosmetic changes; (2) Traditional schools, which recognize the need for change, and attempting to make innovations (a considerable number) and (3) New schools, which have rejected the old model, and trying exciting new experiments. Examples of the last category include: (1) Michigan State University which has no university hospital, and carries out its clinical teaching through corporations for undergraduate education in 5 different communities, taking true responsibility within given areas; (2) the University of Missouri, Kansas City, which is training physicians in a six-year program from high school, and does it on the basis of small group clinical teaching in tutorials, beginnings very early in the student's educational experience; (3) the University of Illinois, Rockford, where the university has set up clinics in 5 under-served areas, staffs these clinics, and requires a continuous experience for all medical students from the second through the fourth year, to familiarize one group of patients and the entire spectrum of their problems.

Another area of interest is State activity. New York and Ohio (and perhaps others) now have laws requiring family practice departments in state-supported medical schools. In Texas, the state schools are seeking state funding for all the University of Texas schools, which are experiencing financial difficulty in supporting new family medicine programs from existing funds. Despite state activity, at least half of the informants

in family medicine departments stated that federal funding was critical for their particular programs and they expressed considerable anxiety about the future of such funding.

The results of the survey establish that much more is happening than was expected.

Many schools are seriously examining their roles in the community, and are providing service and teaching models which address real problems. Unfortunately, there are still a significant number of schools which resist change, and continue to train specialists and clinical researchers and ignore the proposition that this nation may already have an excess of such medical personnel, or that each medical school should bear its part of the burden of training a new kind of physician.

#### GENERAL RESULTS FROM THE SCHOOLS OF OSTEOPATHY

Schools of osteopathy have a tradition of training primary care specialists. If there is doubt that the medical student curriculum affects the career goals of a physician, the schools of osteopathy offer a significant avenue of investigation. Informants in these schools stated that 60-85% of their graduates go into general or family practice.

Doctors of Osteopathy are licensed as practitioners by almost all states, and may carry out essentially all functions which physicians consider their domain.

Internships are required of all graduates of schools of osteopathy, but residencies are not common. Therefore, residencies have not been tabulated for these schools. Residencies in family medicine are beginning to develop in response to societal pressures, especially Congressional mandate. This change is not being received entirely happily. Some informants feel that an Osteopathic Physician may be a perfectly adequate practitioner without a residency. Furthermore, schools of osteopathy have traditionally had departments of general practice, which are now changing their names to conform to the family practice trend.

The important point is the amount of primary and ambulatory care in the clinical curricula of schools of osteopathy. The Philadelphia College of Osteopathic Medicine, for example, requires 42 weeks of such clinical experiences of all students. This is far beyond what the average medical school would require, and considerably more ambulatory experience than required by even the newest, most revolutionary medical school.

While the staff expresses its confidence that the facts and figures presented do have a general validity, whose importance can only be appreciated in the comparison of individual medical schools, the staff recognizes it is undoubtedly flawed as social research.

[From the CONGRESSIONAL RECORD, Mar. 26, 1975]

#### PRIMARY CARE MEDICAL TRAINING

Mr. JAVRS. Mr. President, one of the most critical health care issues confronting our

Nation is the documented shortage of physician primary care services for the American people.

In 1949, 50 percent of all physicians considered themselves to be general practitioners. However, by 1970 that percentage had dropped to 23 percent. At the same time physician specialists increased from 37 percent in 1949 to 80 percent in 1970.

Utilizing the definition of primary care set forth by Dr. Robert G. Petersdorf at the Primary Care Conference organized by the Association of American Medical Colleges—the physician of first contact for the patient, who solves as many of the patient's health problems as possible, and who coordinates the remainder of the patient's health care through an ongoing and continuing relationship with the patient—to determine the extent to which the medical schools are in fact carrying out programs to achieve that goal, I have had Dr. David Banta, a Robert Wood Johnson Health Policy Fellow with the Institute of Medicine, who is serving as a fellow on behalf of the minority professional staff of the committee, survey medical schools regarding the programs they are conducting with respect to primary care.

The initial survey conducted by Dr. Banta was of the twelve New York medical colleges. I ask unanimous consent that his findings be printed in the Record at the conclusion of my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. JAVRS. Mr. President, upon reviewing Dr. Banta's survey, which indicates that only 1 of the 12 medical schools have a required clinical experience of any duration in primary care and only 3 others have remote site training. I have asked Dr. Banta to expand the scope of the survey to all medical schools and report on his findings.

I believe this information will be of great value to the Committee on Labor and Public Welfare, as it considers various legislative proposals which seek to insure that Federal funding for medical education will provide the requisite incentives to medical schools to contribute to the solution of the problems of shortages of primary care physicians.

While the percentage of residents training in primary care is almost 40 percent, if residents in internal medicine, pediatrics, and obstetrics/gynecology are included, only 4 percent of the total are in family medicine residences. Thus, while all would appear to qualify under the definition utilized, we must continue to be concerned about the issue of whether other than family medicine "specialists" will provide care in medically underserved areas—for we know there is a tendency for the internal medicine, pediatrics, and obstetrics/gynecology specialists to practice in urban areas.



MEDICAL SCHOOLS OF THE UNITED STATES

(By Public Health Service Region and State)

	Primary care teaching of medical students					Primary care teaching of residents							
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of residents in medical school program		Number of family medicine residents (and percentage of the total)		Number of medical pediatricians and obstetrician gynecologist residents (and percentage of total)	
								Number	Percent	Number	Percent	Number	Percent
<b>REGION I</b>													
Connecticut: The University of Connecticut Health Center, School of Medicine.	70	Being planned.	None	Being planned.	Limited specialty focus.	Yes—Division in department of community medicine.	None	148	10	7	64	43	
Yale University School of Medicine.	102	None	None	4th year, 6 weeks full-time or 18 weeks part time; HMO option.	Primary care center being built; Specialty focus.	None	Primary care center being developed—New general medicine program for residents.	375	0	0	99	26	
<b>Total for Connecticut</b>								523	10	2	163	31	
Massachusetts: Boston University School of Medicine.	165	Option in community medicine; 3d year, 2 weeks during Pediatrics clerkship, full-time.	4th year, 4 weeks full-time home medical service or M.D. offices.	None	Community medicine course, 1st year—field visits.	None	Elective tracks for residents in medicine and pediatrics.	203	0	0	133	65	
Harvard Medical School	160	None	None	None	Very elective program—20 students per year do family care program—3d year, 1 afternoon per week.	Being considered in affiliated hospital.	Being planned—expect to take in 7 percent of medical residents eventually.	903	0	0	262	29	
Tufts University School of Medicine.	145	None	None	None	AHEC program; very elective program—40 students per year do remote site or ambulatory elective.	None	Community placements in pediatric residency.	286	0	0	85	29	
The University of Massachusetts Medical School, Worcester.	64	1st year, 3 weeks full-time, physicians offices; 3d year, 6 weeks clinical clerkship.	2d year, 2 weeks full-time, community diagnosis.	None—but entire curriculum focused on primary care.	Primary care planned—Medicine, pediatrics, and community and family medicine cooperatively active electives.	Yes—Department of community and family medicine.	Being planned—Departments of medicine, pediatrics, and family medicines.	36	36	100	(?)	(?)	
<b>Total for Massachusetts</b>								1,428	3	2	480	34	
New Hampshire: Dartmouth Medical School, Hanover.	64	None	3d year, 4 weeks full-time, community-based ambulatory clerkship.	See "Remote site."	Electives in GP offices; 3 year school.	None	New inter-departmental residency coordinated by Department of community medicine.	138	0	0	42	35	
Rhode Island: Brown University, Division of Biological and Medical Sciences.	60	Being planned.	3d year, 6 weeks full-time, clinical work emphasizing chronic illness.	None	Ambulatory care center in main hospital—emphasis on primary care.	Yes—Section of family medicine in department of community health.	Primary care center, active in resident teaching, especially internal medicine.	259	(?)	(?)	146	56	
Vermont: The University of Vermont, College of Medicine.	83	None	None	None	Some emphasis on primary care in clinical teaching.	Yes	Comprehensive care center at medical center—little used for teaching.	133	5	4	46	35	
<b>REGION II</b>													
New Jersey: College of Medicine and Dentistry of New Jersey, New Jersey Medical School.	120	None	None	None	Some electives; student interest.	Being discussed.	None	321	0	0	148	46	
College of Medicine and Dentistry of New Jersey, Rutgers Medical School.	115	4th year, 4 weeks full-time, physicians offices.	Under "primary care."	None	Electives—Home care program, well-baby clinic.	Yes	HMO planning	80	0	0	34	41	
<b>Total for New Jersey</b>								401	0	0	182	45	

See footnotes at end of table.

MEDICAL SCHOOLS OF THE UNITED STATES—Continued  
(By Public Health Service Region and State)—Continued

	Primary care teaching of medical students					Primary care teaching of residents							
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of residents in medical school program	Number of family medicine residents (end percentage of the total)		Number of medical pediatricians and obstetrician-gynecologist residents (and percentage of total)		
									Number	Percent	Number	Percent	
<b>REGION II—Continued</b>													
New York: Albany Medical College of Union University.	112	None	None	4th year, 1 morning per week for a year.	Strong family practice program in department of community medicine—various electives.	Begins, 1975.	Train nurse clinicians.	312	0	0	128	41	
Albert Einstein College of Medicine of Yeshiva University.	175	None	None	4th year, 10 weeks full-time.	Field visits in 1st year—Community health course.	None +	None +	427	0	0	136	31	
Columbia University College of Physicians and Surgeons.	150	None	None	None	Field visits in 2d year—Public health course.	None +	None	376	0	0	97	25	
Cornell University Medical College.	105	None*	None	3d year, 1 day per week for 12 weeks.	Electives in family medicine.	None	Being planned.	340	0	0	120	35	
Mount Sinai School of Medicine of C.U.N.Y.	85	None	3d year, 6 weeks full-time.	None	Community medicine requires field visits and offers.	None #	Being considered.	431	0	0	128	29	
New York Medical College.	180	None	None	None	Field visits in 2d year—Community and preventive medicine course.	None	None	396	0	0	144	36	
New York University.	177	None	None	None	Field visits in 1st year—Urban affairs course.	None	None	454	0	0	178	39	
The University of Rochester School of Medicine and Dentistry.	90	None	None	4th year, 3/4 day per week.	4th year, 4 week rehabilitation medicine course.	Yes	Being planned.	419	32	8	136	32	
State University of New York at Buffalo.	135	None*	None	None	2d year, 3/4 day per week for 9 weeks—Family medicine course.	Yes	None	254	41	16	142	55	
State University of New York—Downstate Medical Center, College of Medicine.	218	None	2d year, 4 weeks full-time—Family study.	None	Strong elective program in family medicine.	Yes	Being considered.	551	18	3	157	28	
State University of New York—Upstate Medical Center (Syracuse).	120	None	None	None	Very elective curriculum.	Yes	None	327	36	11	98	29	
State University of New York—Stony Brook Health Sciences Center College of Medicine.	48	2d year, 4 weeks full-time.	1st year, 3 weeks full-time.	None	Many outside affiliates—electives in family and community medicine.	Yes	None	528	54	10	252	48	
<b>Total for New York</b>								<b>4,815</b>	<b>131</b>	<b>4</b>	<b>1,716</b>	<b>36</b>	
<b>REGION III</b>													
District of Columbia: Georgetown University School of Medicine.	205	See "remote site."	3d year, 3 weeks of pediatric clerkship—3/5 of class required to work in offices of practitioners.	4th year, 4 weeks full-time, emergency room rotation.	2d year—Course in community medicine—10 hours' field work HMO electives.	None	Being planned—Track in medicine residency.	305	0	0	241	79	
The George Washington University School of Medicine.	150	3d year, 8 weeks full-time—HMO site, private practitioners.	See "primary care."	None	HMO electives.	None	Being planned—Multispecialty model.	294	0	0	148	50	
Howard University School of Medicine.	135	4th year, 4 weeks full-time—family practice rotation.	2d year, 15 weeks, 1 afternoon per week in physicians' offices.	None	Electives—4th year preceptorships; primary care emphasis.	Yes	Being discussed.	231	28	12	95	41	
<b>Total for District of Columbia</b>								<b>830</b>	<b>28</b>	<b>3</b>	<b>484</b>	<b>58</b>	
Maryland: The Johns Hopkins University School of Medicine.	120	None	None	None	Electives—HMO available.	None	Being discussed.	408	0	0	123	30	
University of Maryland School of Medicine.	169	3d year, 8 weeks full-time—different clinics, "primary responsibility."	None	3d year, 8 weeks options of different clinics.	1st and 2d year site visits to different system.	Yes	Primary care clinic—New primary care residency (small).	395	49	12	111	28	
<b>Total for Maryland</b>								<b>803</b>	<b>49</b>	<b>6</b>	<b>234</b>	<b>29</b>	

MEDICAL SCHOOLS OF THE UNITED STATES—Continued  
(By Public Health Service Region and State)—Continued

	Primary care teaching of medical students					Primary care teaching of residents							
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of residents in medical school program		Number of family medicine residents (and percentage of the total)		Number of medical pediatricians and obstetrician gynecologist residents (and percentage of total)	
								Number	Percent	Number	Percent	Number	Percent
<b>REGION III—Continued</b>													
<b>Pennsylvania:</b>													
Hahnemann Medical College and Hospital.	160	3d year, 12 weeks.	None.....	None.....	Electives—40 students a year.	Yes—Division in department of medicine—Family medical clinic.	Division of general medicine in department of medicine—General medicine.	245	12	5	83	34	
Jefferson Medical College of Thomas Jefferson University.	223	3d year, 6 weeks full-time.	None.....	None.....	Electives—4th year preceptorships with practitioners.	Yes.....	Being discussed.	301	30	10	161	53	
The Medical College of Pennsylvania.	88	None.....	None.....	None.....	Primary care center being planned; fellow in emergency medicine, good elective.	None.....	Being planned; strong emergency room program.	139	0	0	63	45	
The Pennsylvania State University College of Medicine, Hershey.	91	3d year—20 days full-time—in medicine, pediatrics or family medicine.	None.....	None.....	Electives—70 percent take 4th year preceptorship; 1st year course, some family visits.	Yes—Department of family and community medicine.	Primary care clinic—Medicine, pediatrics, and family medicine.	126	18	14	42	33	
Temple University of the Commonwealth System of Higher Education, School of Medicine.	180	Being planned.	None.....	None.....	Electives—30 students a year take senior preceptorship; 2d year course; same field visit.	Yes—Program being planned.	None—Accept family medicine model.	288	0	0	131	45	
The University of Pennsylvania School of Medicine.	160	None.....	None.....	None.....	HMO electives.....	None.....	Being discussed.	434	0	0	100	23	
The University of Pittsburgh School of Medicine.	130	None*.....	None.....	None.....	Electives—50 percent take primary care apprenticeship in 2d year.	None.....	Being planned—Medicine and pediatrics cooperatively.	359	0	0	194	54	
<b>Total for Pennsylvania</b> .....								<b>2,137</b>	<b>60</b>	<b>3</b>	<b>674</b>	<b>32</b>	
<b>Virginia:</b>													
Eastern Virginia Medical School, Norfolk.	36	3d year, 8 weeks full-time—outside offices and public health projects used; 1st year, 1 morning per week, preceptorship with practicing physicians.	See "primary care."	None.....	Committed to primary care; 3-year school.	Yes.....	General medicine track in medical residency; program being developed.	90	7	8	44	50	
The Medical College of Virginia, Richmond.	165	3d year, 6 weeks full-time—community hospital rotation, strong ambulatory focus; some public health.	See "primary care."	None.....	25-teaching practices associated; 60 seniors chose family practice as a career.	Yes.....	Remodeling ambulatory services—discussions of teaching program.	390	94	25	152	40	
The University of Virginia, School of Medicine, Charlottesville.	133	Being planned.	None.....	None.....	Electives—15 students took health center elective, 45 chose rural practice elective.	Yes—Division of family practice—will become department soon.	Primary care center being built—Department of medicine developing general program.	309	18	6	107	34	
<b>Total for Virginia</b> .....								<b>779</b>	<b>119</b>	<b>15</b>	<b>303</b>	<b>39</b>	
<b>West Virginia:</b>													
West Virginia University School of Medicine, Morgantown.	24	None.....	None.....	None.....	Electives—39 graduates had had 4 or more weeks in a family practice office; community medicine has field visits relating to occupational health.	Yes.....	Being discussed—Conflict with family practice.	206	12	6	63	30	

See footnotes at end of table.



MEDICAL SCHOOLS OF THE UNITED STATES—Continued

(By Public Health Service Region and State)—Continued

	Primary care teaching of medical students					Primary care teaching of residents						
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of family medicine residents (and percentage of the total)		Number of medical pediatricians and obstetrician-gynecologist residents (and percentage of total)		
								Number	Percent	Number	Percent	
<b>REGION IV</b>												
<b>Alabama:</b>												
University of Alabama School of Medicine, Birmingham	125	(Self-selected clinical tracks to 3 sites.)				Yes	Being discussed.	256	43	17	91	42
Huntsville	(65)	None	None	None	Limited.							
	(30)	See "remote site."	3d year, 4 weeks community medicine-practitioner-based.	None	Limited.							
Tuscaloosa	(30)	See "remote site."	3d year, 8 weeks community medicine-practitioner-based.	None	Limited.							
The University of South Alabama College of Medicine, Mobile. (Students only as far as 3d year).	64	Being planned—family medicine clerkship.	Being planned—senior preceptorship in family medicine.	None	Limited—new school.	Being developed.	Yes—Good clinic model, ambulatory emphasis, community orientation.	67	0	0	41	61.
<b>Total for Alabama</b>								<b>323</b>	<b>43</b>	<b>13</b>	<b>132</b>	<b>41</b>
<b>Florida:</b>												
University of Florida College of Medicine.	120	See "remote site."	2d-3d yr—community health clerkship of 6 weeks— $\frac{2}{3}$ rural; extensive use of community hospitals for clinical clerkships.	None	Service project in 4 rural counties—med., pediatrics and family medicine cooperatively—used for student and resident teaching.	Yes—Community health and family medicine.	4 rural counties—community governance; medicine and family med. residents go to rural projects.	238	18	8	90	37
University of Miami School of Medicine.	140	None	None	None	Elective preceptorship in family medicine—40 students per year; family med. teaches courses.	Yes	Being discussed.	462	40	9	222	48
University of South Florida College of Medicine, Tampa.	64	Being planned.	None	3d yr, 6 weeks.	Ambulatory care center opens in 1975; 3 yr school; new department of family medicine.	Yes, new	New ambulatory care center.	202	0	0	83	41
<b>Total for Florida</b>								<b>902</b>	<b>58</b>	<b>6</b>	<b>395</b>	<b>44</b>
<b>Georgia:</b>												
Emory University, School of Medicine.	105	None	None	None	2d-yr course, longitudinal patient experience of 6 mo.; primary care electives through preventive medicine and community health.	None	None	520	0	0	191	36
Medical College of Georgia School of Medicine.	170	Being planned.	None	None	Model clinic for department of family practice opens 1975; ambulatory care center being discussed.	Yes	None	171	10	6	80	46
<b>Total for Georgia</b>								<b>691</b>	<b>10</b>	<b>1</b>	<b>271</b>	<b>38</b>
<b>Kentucky:</b>												
University of Kentucky College of Medicine.	115	None*	4th yr, 6 week community medicine—practitioner-based, many rural.	None	Constructing model practice involving medicine, pediatrics, and family medicine cooperatively.	Yes	None	277	16	6	91	32
University of Louisville School of Medicine.	145	None*	None	None	Electives in family medicine—hope for 1/2 of students.	Yes	Emergency room program.	321	18	6	113	35
<b>Total for Kentucky</b>								<b>598</b>	<b>34</b>	<b>6</b>	<b>204</b>	<b>34</b>

MEDICAL SCHOOLS OF THE UNITED STATES—Continued  
(By Public Health Service Region and State)—Continued

	Primary care teaching of medical students					Primary care teaching of residents						
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of residents in medical school program		Number of medical pediatricians and obstetrician gynecologist residents (and percentage of total)		
								Number	Percent	Number	Percent	
<b>REGION IV—Continued</b>												
Mississippi: University of Mississippi School of Medicine.	126	None*	None	None	Elective 4th-yr preceptorship, 35 students take; summer-rural program, 20 students take.	Yes	Being discussed.	273	28	10	101	36
North Carolina: The Bowman Gray School of Medicine of Wake Forest University, Winston-Salem.	89	4th yr., 10 weeks physicians offices full-time.	See "Primary care".	None	1st yr.—Team of students study a family; 2 rural clinics using physician extenders; AHEC contract from University of North Carolina.	Yes, new	Primary care curriculum After 1st yr.; strong primary care council in medical center.	253	0	0	90	35
Duke University School of Medicine.	114	None	None	None	1st yr.—Community health course, some site visits.	Yes	None	461	24	5	120	26
The University of North Carolina School of Medicine.	125	4th year 4 weeks full-time, family medicine in physicians offices.	See "Primary care".	None	Electives; AHEC program; nurse practitioner program.	Yes	Yes, pediatrics, residents work in primary care clinics; medical residents work in community hospitals.	269	20	7	93	34
<b>Total for North Carolina</b>								<b>983</b>	<b>44</b>	<b>4</b>	<b>303</b>	<b>31</b>
South Carolina: Medical University of South Carolina College of Medicine.	165	None	None	None	Electives—either clerkship or preceptorship—25 seniors a year take preceptorship.		None	310	45	15	104	33
Tennessee: Meharry Medical College School of Medicine.	102	3d yr., 6 weeks full-time, 4½ weeks clinical work in practices.	See "Primary care".	None	Family assignment in 1st yr, student follows for 4 yr; 2d yr site visits.	Yes	Yes, comprehensive care center used for resident teaching.	92	12	13	38	41
The University of Tennessee College of Medicine.	230	None	None	None	1st yr., 2 site visits; 2d year, course in primary health care, patient assignment, visit to physician office.	Yes, new	None	336	6	2	129	38
Vanderbilt University School of Medicine.	83	None	None	None	Electives, 20 students per year take preceptorship; 20 students per year take senior elective in family clinic.	None	Being developed, departments of medicine and preventive medicine.	306	0	0	130	42
<b>Total for Tennessee</b>								<b>734</b>	<b>18</b>	<b>2</b>	<b>297</b>	<b>40</b>
<b>REGION V</b>												
Illinois: Loyola University of Chicago-Stritch School of Medicine.	128	None*	None	None	Electives, primary care center being planned.	Yes, department of community and family medicine.	Being planned some conflict with family medicine.	154	0	0+	46	30
Northwestern University Medical School.	170	None	None	None	Electives in physicians offices and in community medicine.	None	Being discussed.	520	0	0	192	30
Rush Medical College.	80	None	None	None	Elective clerkship in preventive med with ambulator care; Developing family practice center at main hospital.	Yes	Being discussed.	234	0	0+	96	41
The University of Chicago, The Pritzker School of Medicine.	104	None	None	None	Developing electives in remote sites; developing affiliations with community hospitals.	None	Being discussed.	300	0	0	128	42
Southern Illinois University School of Medicine	55	3d yr, 1 afternoon per week for 6 mo.	None	None	4 weeks full-time, in-hospital family medicine electives; 1/3 of graduates choose family practice.	Yes	Being discussed.	95	16	17	45	48
University of Health Sciences-The Chicago Medical School.	100	4th yr, 12 weeks full-time, in family practice clinic or physicians' offices.	See "Primary care".	None	1st yr, 30 hr of family practice with patient contact; 50 percent of graduates choose family practice; 3-yr school.	Being developed.	Being developed.	(9)	(9)	(9)	(9)	(9)

See footnotes at end of table.

MEDICAL SCHOOLS OF THE UNITED STATES—Continued  
(By Public Health Service Region and State)—Continued

		Primary care teaching of medical students					Primary care teaching of residents		Number of medical pediatricians and obstetricians/gynecologists (and percentage of total)			
Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of residents in medical school program	Number of family medicine residents (and percentage of total)	Percent	Number	Percent	
<b>REGION V—Continued</b>												
<b>Illinois—Continued</b>												
(3 clinical schools are included in this complex)												
University of Illinois College of Medicine The Abraham Lincoln School of Medicine Chicago.	230	Track system—25 do family practice.	Family practice track includes strong community hospital orientation	3d yr, 10 weeks full-time, alternatives allowed.	Many electives; 3-yr school; active community involvement	Yes	None, some conflict with family practice.	437	0	0+	129	23
Peoria School of Medicine	110	Being considered as full-time experience; 2d yr, 1/2 day per week in physicians' offices.	See "Primary care"; 2d yr.	None	Active family practice electives still developing	Yes	Affiliated multi-specialty clinic	22	18	80	0	0
Rockford School for Medicine	60	2d, 3d, and 4th yr, continuous experience in community health center with same group of patients, 1/2 to 2 days/week.	See "Primary care"	None	Active electives, including public health programs; 5 university clinics in underserved areas, with faculty assigned and student rotations	Yes	Being discussed.	27	27	100	0	0
<b>Total for Illinois</b>								<b>1,789</b>	<b>51</b>	<b>3</b>	<b>635</b>	<b>35</b>
Indiana: Indiana University School of Medicine	307	See "Remote site"	1st yr, 1 afternoon per week for 3 mo, early clinical experience, 1 mo with practitioner 1 mo. with community hospital 1 mo in teaching hospital.	None	Strong family practice electives 25 percent of students take an elective; community medicine has a nurse practitioner program.	Yes	Good general medicine program.	409	16	4	160	24
Michigan: Michigan State University College of Human Medicine	100	Being planned.	All clinical teaching in community hospitals—1/2 to 1 day per week in family practice, some in physicians' offices, during the 2 clinical yr.	Strong focus in clinical teaching.	Defined objective for all courses; self-learning track offered with no lectures; strong self-learning emphasis corporations for undergraduate (medical students teaching in 5 communities) (similar to AHEC).	Yes	Yes, emphasis of entire program.	45	0	0+	19	42
The University of Michigan Medical School	270	None in standard curriculum; 35 students in 6 yr program including a 4 week required preceptorship in the 1st yr.	See "Primary care"; none except for special program.	None	Electives, especially a summer preceptorship run jointly with the other Michigan schools, 145 students from University of Michigan look it, plus about 300 from the other 2 schools.	None	Department of primary care and community medicine, developing service and teaching program.	544	0	0	200	25
Wayne State University School of Medicine	270	4 weeks full-time in 3d yr, using physicians' offices.	See "Primary care"; 2d yr, family study with family practice preceptors for entire year, 2 hr per week.	None	Electives, university clinic being built, placed to concentrate on primary care, no university hospital.	Yes	Being planned.	370	0	0	193	22
<b>Total for Michigan</b>								<b>959</b>	<b>0</b>	<b>0</b>	<b>412</b>	<b>4</b>



MEDICAL SCHOOLS OF THE UNITED STATES—Continued  
(By Public Health Service Region and State)—Continued

	Primary care teaching of medical students					Primary care teaching of residents							
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of residents in medical school program		Number of family medicine residents (and percentage of the total)		Number of medical pediatricians and obstetrician gynecologist residents (and percentage of total)	
								Number	Percent	Number	Percent	Number	Percent
<b>REGION V—Continued</b>													
<b>Minnesota:</b>													
Mayo Medical School, Rochester (students only as far as 3d yr).	40	Track system, 12 in family medicine track, required to take 6 week full-time clinical preceptorship.	See "Primary care"; 2d yr, 2 weeks full-time with rural practitioner.	None	Other tracks include required ambulatory experiences.	Yes, planning residency.	Yes, division of community medicine with 22 clinicians, required of all 1st yr residents, residency offered in primary care medicine.	661	0	0	262	39	
University of Minnesota, Duluth School of Medicine (2-yr school—clinical students all go to University of Minnesota, Minneapolis).	36	See "Remote site".	1st yr, 2 hr per week in physician offices; 2d yr, a day per month in physician offices.		14 communities involved in program.	Yes, department.	None	16	16	100	0	0	
University of Minnesota, Minneapolis Medical School.	239	Track system, 114 students per year in family medicine—6 weeks full-time preceptorship required of those.	See "Primary care"; 2d yr, 18½ days spent with urban family practitioner.	None	Student option for 3 or 4 yr curriculum; 1 yr rural M.D. program offered, student paid for combined education and service—37 students per year.	Yes, Department of family practice and community health.	Affiliated hospitals, emphasis on general medicine.	759	109	14	290	38	
<b>Total for Minnesota</b>								<b>1,436</b>	<b>125</b>	<b>9</b>	<b>552</b>	<b>39</b>	
<b>Ohio:</b>													
Case Western Reserve University School of Medicine.	120	Being planned.	None	None	Electives, family clinic, student follows pregnant woman and then baby for 1st 2 yrs, 1 visit per month.	Yes, new department.	None	347	0	0	219	63	
Medical College of Ohio at Toledo.	86	None	None	3d yr, 4 weeks full-time, option for medicine, pediatrics or community medicine.	Electives.	Yes, new department.	Primary care clinic, residents rotate through it.	111	0	0	32	28	
The Ohio State University, College of Medicine.	240	3d yr, 4 weeks full-time, community medicine—30 percent with family practitioners.	See "Primary care".	3d yr, 16 weeks full-time.	Visits to practitioners offices in 1st year behavioral science course; electives.	Yes, new department.	Planning primary care center.	291	0	0	106	36	
University of Cincinnati College of Medicine.	192	None	None	None	Electives, 60 percent take clinical opportunities course, 1st yr family care elective, 2d yr, 20 students per year.	Yes, new department.	None except emergency medicine residency.	445	0	0	163	36	
<b>Total for Ohio</b>								<b>1,194</b>	<b>0</b>	<b>0</b>	<b>520</b>	<b>44</b>	
<b>Wisconsin:</b>													
The Medical College of Wisconsin, Milwaukee.	125	None	None	4th yr, 4 weeks ½ time, some M.D. offices	Health center administered by preventive medicine, medicine and pediatrics cooperate, available to students, electives.	Yes	Being planned by departments of medicine and pediatrics.	334	6	2	116	35	
University of Wisconsin Medical School, Madison.	160	None	None	None	Electives, summer rural preceptorship.	Yes	Multispecialty group practice elective for residents.	338	48	14	112	33	
<b>Total for Wisconsin</b>								<b>672</b>	<b>54</b>	<b>8</b>	<b>228</b>	<b>34</b>	

See footnotes at end of table.

MEDICAL SCHOOLS OF THE UNITED STATES—Continued

(By Public Health Service Region and State)—Continued

	Primary care teaching of medical students					Family medicine department	Other primary care program	Primary care teaching of residents			
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other			Number of residents in medical school program	Number of family medicine residents (and percentage of the total)	Number of medical pediatricians and obstetricians/gynecologists (and percentage of the total)	Number
<b>REGION VI</b>											
Arkansas: The University of Arkansas School of Medicine.	120	None*	None	None	Electives, 20 students per year take 2d yr preceptorship.	Yes	Being planned, new ambulatory care center, cooperative relationships between departments.	285	60	21	70
Louisiana: Louisiana State University School of Medicine in New Orleans.	149	None	None	None	Electives, 20 students per year take 2d yr preceptorship; 20 to 30 4th yr students take family medicine elective.	Yes	Primary care retreat planned to discuss.	335	30	9	138
Louisiana State University School of Medicine in Shreveport (new school).	44	3d and 4th yr—1 day per week in comprehensive care clinic under family medicine (except during electives).	None	None	Electives, 1/4 of class takes rural preceptorship; 1st and 2d yr family medicine courses with some patient contact and visits to physicians' offices.	Yes	Being discussed.	163	(*)	(*)	60
Tulane University School of Medicine.	151	See "Remote site."	3d yr, 4 weeks in private physician office.	None	Limited, some electives.	No, being planned.	Being discussed, residents rotate through community service programs.	285	0	0	103
<b>Total for Louisiana</b>								783	30	4	301
New Mexico: The University of New Mexico School of Medicine.	75	None	None	None	Electives, some preceptorships; emergency medical course in 1st yr.	Yes, department of family and community medicine.	Good service model in outpatient department, being discussed.	162	12	7	66
Oklahoma: The University of Oklahoma College of Medicine.	135	4th yr, 5 week full-time preceptorship with practitioners.	See "Primary care".	4th yr, 10 weeks full-time, 1/2 go to family medicine clinic.	1st yr, 1 afternoon per week with practitioner, extensive electives.	Yes	Being planned in Department of Medicine.	358	11	90	
Texas: Baylor College of Medicine.	166	See "Ambulatory medicine".	See "Ambulatory medicine".	3d yr, 8 weeks, including 2 weeks in neighborhood health center, remainder specially-oriented.	Electives, 63 took preceptorship with a practitioner; 3-yr school.	Yes, division of family medicine in department of community medicine.	Primary care track in departments of medicine and Pediatrics, 4 residents in each neighborhood health center.	584	12	2	223
Texas Tech University School of Medicine.	45	4th yr, 12 weeks full-time in family medicine—4 weeks in preceptorship, remainder clinic and hospital-based.	See "Primary care".	None	Primary care oriented, planning additional curriculum time.	Yes	Being planned, limited full-time faculty.	31	21	68	10
The University of Texas Health Science Center at Dallas, Southwestern Medical School.	200	None	None	None	New program, planning electives.	Yes, division of family medicine in department of community medicine.	Being discussed, some conflict.	279	45	17	131
The University of Texas Health Science Center at San Antonio Medical School.	123	Being planned—Begins 1975 in 4th yr; 2d yr, 7 weeks half-time in family practice clinic.	None	None	1st yr, family study visits; elective preceptorship, 24 students per year.	Yes	Being discussed, changes in pediatrics and obstetrics.	199	10	8	117

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MEDICAL SCHOOLS OF THE UNITED STATES—Continued  
(By Public Health Service Region and State)—Continued

	Primary care teaching of medical students					Family medicine department	Other primary care program	Primary care teaching of residents				
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other			Number of residents in medical school program	Number of family medicine residents (and percentage of the total)		Number of medical pediatricians and obstetrician-gynecologist residents (and percentage of total)	
									Number	Percent	Number	Percent
<b>REGION VI—Continued</b>												
<b>Texas—Continued</b>												
The University of Texas Medical Branch at Galveston.	200	Being planned.	None	None	4th yr family medicine track, 20 to 20 students take.	Yes	Discussions, satellite service program in preventive medicine department.	302	12	4	96	32
The University of Texas Medical School at Houston.	56	1st yr, 1/2 day per week for 18 weeks in physicians' offices; 3d yr, 1/2 day per week for one year, in family medical clinic.	See "primary care."	None	3d yr elective preceptorship in rural area, 1/3 of class takes 1/3 of graduates chose family practice training 3-yr school.	Yes, will become a division of department of community medicine.	Discussing medical-pediatric-obstetrics-gynecology model, small primary care track in those 3 departments.	241	20	8	78	35
								<b>1,636</b>	<b>123</b>	<b>8</b>	<b>655</b>	<b>40</b>
<b>Total for Texas</b>												
<b>REGION VII</b>												
Iowa: The University of Iowa College of Medicine.	175	3d yr, 2 weeks full-time, preceptorship-internists, pediatricians and family practitioners—60 percent choose family practitioner.	See "Primary care."	None	Electives, 80 students take senior elective.	Yes	Emphasis in medicine and pediatric residencies, some conflict with family practice.	385	30	8	109	28
Kansas: University of Kansas School of Medicine.	270	1 yr, 4 weeks full-time rural preceptorship.	See "Primary care."	None	Electives, 36 per year take senior elective; 1st-yr course with field visits, including some to physician offices.	Yes	Being discussed.	345	18	5	133	38
Missouri: Saint Louis University School of Medicine.	155	4th yr, 1/2 day per week preceptorship.	1st yr, course with 4 days of visits to physicians' offices, community project.	4th yr, 6 weeks full-time, in out-patient department.	Electives, student interest in family practice.	None	Being discussed.	270	0	0	109	49
University of Missouri, Columbia School of Medicine.	70	3d yr, 8 weeks full-time, preceptorship, usually rural.	See "Primary care."	None	Electives, 15 per year take senior elective in family practice; 1st and 2d yr courses include field visits.	Yes, department of community health and medical practice, section of family practice.	Being planned, institutional commitment.	260	20	8	83	31
University of Missouri, Kansas City School of Medicine.	70	2d yr, 4 weeks full-time with family practitioner.	See "Primary care"	None	"Docent" tutorial system for the 6 yrs of the program strong ambulatory focus throughout, electives, 6th yr preceptorship 90 percent of students take. Strong rural focus in electives.	Yes	Small primary care residency in Department of medicine; adolescent program, active primary care electives.	77	0	0+	33	43
Washington University School of Medicine.	120	None	None	None	Electives in social medicine 10 to 12 students per year do preceptorship.	None	Primary care option in department of medicine and pediatrics, 3 residents this year, growth expected.	457	0	0	102	22
								<b>1,064</b>	<b>20</b>	<b>2</b>	<b>327</b>	<b>31</b>
<b>Total for Missouri</b>												

See footnotes at end of table.

MEDICAL SCHOOLS OF THE UNITED STATES—Continued  
(By Public Health Service Region and State)—Continued

	Primary care teaching of medical students					Primary care teaching of residents						
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of family medicine residents (and percentage of the total)		Number of medical pediatric and obstetric/gynecologist residents (and percentage of the total)		
								Number	Percent	Number	Percent	
<b>REGION VII—Continued</b>												
Nebraska: Creighton University School of Medicine.	104	Being planned.	None	None	1st and 2d yr, some clinical center in physician office. electives, 25 percent take 4th yr rural preceptorship.	Yes	No good cooperation with family practice department.	94	26	28	40	43
The University of Nebraska Medical Center.	130	3d or 4th yr, 4 weeks full-time, preceptorship.	See "Primary care"	None	2d yr 1/2 do physical diagnosis in family medicine center; electives.	Yes	Ambulatory care center with departments of medicine and pediatrics cooperating, good acceptance of family medicine.	182	60	33	90	47
<b>Total for Nebraska</b>								276	86	31	130	47
<b>REGION VIII</b>												
Colorado: The University of Colorado School of Medicine.	130	None	None	None	Electives, department of pediatrics trains nurse practitioners and physician-assistants.	Yes	Emphasizing nonphysician providers.	540	18	3	154	20
North Dakota: University of North Dakota School of Medicine (students only as far as 3d yr).	65	Being planned—12 weeks 4th yr, preceptorship.	See "Primary care"	None	Strong primary care orientation expect clinical curriculum to emphasize.	Yes	Being planned, community-based.	(*)	(*)	(*)	(*)	(*)
South Dakota: University of South Dakota School of Medicine (students only as far as 2d yr).	52	Being planned—3d yr, 1 afternoon per week; 4th yr, 6 week full-time preceptorship rural area.	See "Primary care"	None	Strong primary care orientation expect clinical curriculum to emphasize.	Yes	Being planned, community-based.	15	15	100		
Utah: University of Utah College of Medicine.	100	None	None	None	Electives, clerkships and preceptorships in family medicine	Yes, department of family and community medical.	Ambulatory care facility being planned, ambulatory electives in medicine and pediatrics.	149	36	24	76	51
<b>REGION IX</b>												
Arizona: The University of Arizona College of Medicine.	70	None	None	None	1st yr course—some field visits, electives, 3d-yr family practice, 1/2 class takes, 4th yr preceptorship, 1/2 class takes.	Yes, department of family and community medicine.	None, no interest.	219	24	11	95	43
California: Loma Linda University School of Medicine.	160	None	None	None	Electives, 4th yr, 12 weeks, urge students to take community electives; mission hospitals available for electives, tradition of service.	Yes	No, other departments cooperate.	205	0	0+	77	37
Stanford University School of Medicine.	85	None	None	None	Very elective curriculum, limited numbers of students do primary care electives, 30 students per year do remote site electives.	None	None	381	0	0	104	27
University of California, Davis School of Medicine.	100	None	None	None	Electives in family practice, including preceptorships.	Yes	None	285	36	13	87	30
University of California, Irvine California College of Medicine.	70	Being planned for 1st and 2d yr.	None	3d yr, 4 weeks out-patient psychiatry.	No teaching hospital, use community clinics and hospitals.	Yes, new department.	Being discussed.	217	(*)	(*)	208	95

MEDICAL SCHOOLS OF THE UNITED STATES—Continued  
(By Public Health Service Region and State)—Continued

		Primary care teaching of medical students					Primary care teaching of residents		Number of medical pediatricians and obstetrician-gynecologist residents (and percentage of total)			
	Number of students per class	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other	Family medicine department	Other primary care program	Number of residents in medical school program	Number of family medicine residents (and percentage of the total)	Number of obstetrician-gynecologist residents (and percentage of total)		
<b>REGION IX—Continued</b>												
<b>California—Continued</b>												
University of California, San Diego, School of Medicine.	90	Family medicine track—30 to 40 students do preceptorship in 2d yr; 3d and 4th yr, 2 to 4 students at 1 time.	See "Primary care."	None	Electives in community medicine.	Yes, new department.	Some interest being discussed.	570	8	1	114	20
University of California, San Francisco School of Medicine.	146	3d yr, 12 weeks, based in health centers, clinics, maternal-child health centers.	See "Primary care."	None	Community medicine course 1st yr; some primary care.	Yes	None	522	60	11	146	27
UCLA School of Medicine	145	None	None	None	Some students rotate to the Drew Post-graduate Center, which has a strong ambulatory care focus.	None	None	408	0	0	140	34
University of Southern California School of Medicine.	128	None	None	None	Elective summer clerkship and preceptorships in 4th yr, good student demand.	Yes, family practice unit in department of community medicine, will become department.	Being discussed.	775	(*)	(*)	320	41
<b>Total for California</b>								<b>3,363</b>	<b>128</b>	<b>4</b>	<b>1,291</b>	<b>38</b>
Hawaii: University of Hawaii School of Medicine.	65	4th yr, 6 weeks full-time, preceptorship both rural and urban.	See "Primary care."	4th yr, 6 weeks full-time, emergency room.	Strong commitment to primary care, many ambulatory care possibilities, no university hospital.	Yes, department of family practice and community medicine; residency being planned.	Strong commitment to focus on ambulatory care.	72	0	0	22	30
Nevada: University of Nevada, Reno School of Medical Sciences (2 yr school).	48	See "Remote site."	1st yr, 4 weeks full-time preceptorship with general physician.	1st yr, 1 week full-time emergency room.	6 weeks summer preceptorship, 32 students take behavioral science course, some field visits.	None	Strong commitment; Clinical faculty all practitioners.					
<b>REGION X</b>												
Oregon: University of Oregon Medical School.	114	None	None	Being planned, 3 weeks full-time.	Electives in family practice, 4th yr preceptorships, 20 students take, 1st yr, 1 afternoon per week in practitioner's office, 60 percent of class take; summer preceptorship, 35 students take.	Yes	Internal medicine planning general program.	341	22	6	105	30
Washington: The University of Washington School of Medicine.	135	Track system, 45 percent do family medicine track which includes 6 weeks full-time with a rural preceptor.	"WAMI" program—all students go to remote area at least once.	Clinical specialist track requires 4 weeks full-time.	Active primary care electives—2d yr preceptorship, 1 day per week, 24 students take.	Yes	Comprehensive clinic in department of medicine; medicine-pediatrics model being discussed.	472	18	4	147	31

\* In process of development.  
 \* New residency approved.  
 \* Family medicine residents only.  
 \* Recent disaffiliation—all programs in development.

\* New program.  
 \* Begins in 1975.  
 \* Only obstetricians-gynecologists.  
 \* No medical residents yet.

## SCHOOLS OF OSTEOPATHY OF THE UNITED STATES (BY PUBLIC HEALTH SERVICE REGION)

	Number of students per class	Department of family medicine	Primary care clerkship	Remote site clerkship	Ambulatory medicine clerkship	Other
<b>PRIMARY CARE TEACHING OF STUDENTS</b>						
Region I: None.						
Region II: None.						
Region III:						
Philadelphia College of Osteopathic Medicine.	200	Yes; Department of General Practice.	3d yr, 12 weeks full time, general practice clinics; 3d yr, 6 weeks full time, preceptorship in offices.	3d yr, 6 weeks full time, general practice clerkship in community hospital or GP's office; 4th yr, 6 weeks full time, in community hospitals (many rural).	3d yr, 6 weeks full time, emergency room.	4th yr, 6 weeks full time, in-patient general practice in teaching hospital; beginning general practice residency.
West Virginia College of Osteopathic Medicine, Lewisberg (students only in 1st yr).	36	Being developed.	Will be extensive in clinical years.	2d yr, 1 day per week in physicians' offices planned; will be extensive in clinical years.	Will be extensive.	Primary care emphasis.
Region IV: None.						
<b>PRIMARY CARE TEACHING OF OSTEOPATHIC STUDENTS</b>						
Region V:						
Chicago College of Osteopathic Medicine.	96	Yes.	3d yr, 35 weeks full time in family medicine clinic; 4th yr, 15 weeks full time, in family medicine clinic.	None.	4th yr, 5 weeks full time in emergency room.	Elective preceptorships in offices, in rural areas.
Michigan State University College of Osteopathic Medicine.	85	Yes.	2d yr, 1 afternoon per week in family medicine clinic for 6 quarters; 4th yr, 6 weeks full time in practitioners' offices.	See "Primary care"; 2d yr, 1 afternoon per week in different community programs for 6 quarters.	Strong focus—will increase.	3 yr school; 1st year family medicine teaches physical diagnosis as introduction to family medicine.
Region VI:						
Oklahoma College of Osteopathic Medicine, Tulsa (students only in 1st yr).	36	Yes.	Plan 6 mo of primary ambulatory care full time; 1st yr, 1/2 day per week in physician offices—will continue during 2d yr.	Plan an additional 6 mo in community hospitals, stress on follow-up.	See other columns.	
Texas College of Osteopathic Medicine, Fort Worth.	60	Yes—Department of General Practice.	3d yr, 4 weeks full time, preceptorship in urban and rural areas.	See "Primary care"	3d or 4th yr, 12 weeks full-time in clinics; 3d yr, 2 weeks rehabilitation medicine.	Extensive electives emphasize primary care.
Region VII:						
College of Osteopathic Medicine and Surgery, Des Moines, Iowa.	175	Yes.	3d yr, 4 weeks full time preceptorship; 3d yr, 12 weeks full time in satellite clinics.	See "Primary care"; 3d yr, 12 weeks full time community medicine, in public health programs.	Emphasized.	3 yr school.
Kansas City College of Osteopathic Medicine, Kansas City, Kans.	120	Yes.	3d yr, 1/2 day per week in GP's offices; 4th yr, 12 weeks full time in GP offices.	See "Primary care"; 4th yr, 3 weeks in clinics, many rural.	4th yr, 6 weeks emergency room full time.	Electives—50 percent do more general practice electives.
Kirkville College of Osteopathic Medicine, Kirkville, Mo.	122	Yes.	4th yr, 4 weeks full time in GP offices; 4th yr, 16 weeks full time in rural extension clinics.	See "Primary care"	Emphasized.	Nursing home requirement in 2d and 3d yr, 6 hrs per week of, service responsibility.