

## Field Training in Medical Care

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**M**EDICAL CARE organization, as a distinct professional category within public health, is a dynamic, rapidly growing discipline that is attracting people with diverse academic backgrounds. The swift growth of this area of professional activity is reflected in the fact that although the Medical Care Section of the American Public Health Association was founded only in 1948, it is in 1967 the largest section within the parent association, which will celebrate its centennial in 4 years. The rapid growth of medical care organization as a discrete profession has created pressure on schools with accredited programs in public health to develop curriculums specifically to train future medical care professionals.

Programs in medical care organization are an innovation in the curriculums of U.S. schools offering degrees in public health. Yale University and the University of Michigan pioneered such programs in the 1940's, and gradually other schools followed their example. Each school that did so has had to solve the pedagogic problem of accepting people from various disciplines and training them for a multidisciplinary field having only vaguely defined boundaries.

Another problem has related to the fact that medical care curriculums, like others, suffer from the pressures of time. A great quantity of didactic material must be imparted, and the students, often having families to support, can give only a finite amount of time to training. Schoolwide requirements for specific courses which must be taken by all degree candidates

often restrict still further the medical care faculty's ability to commandeer student hours. Additionally, the total time allotted to training programs at the master's degree level, in medical care as in other disciplines of public health, has been limited by a variety of factors, including length of time of traineeship support available for the student and problems in faculty recruitment.

Schools offering accreditation in public health have responded in different ways to the demand for more training opportunities in medical care organization. Some merely have expanded long-standing medical care training programs. Others have introduced new programs or have radically revised old ones along new lines. Most of the resultant programs are highly complex, providing training to students with a wide range of professional backgrounds, and offering a choice of several degrees.

This paper seeks to document one aspect of the complex situation—the amount and type of field experience currently offered in medical care training programs leading to a master's degree from U.S. schools with curriculums in public health.

### **Field Training in the Curriculum**

Within the bigger problem of developing a medical care curriculum at the master's degree level, the potential benefits and difficulties of providing the student with field observation and field placement have attracted the attention of educators nationwide. Most graduates of programs in medical care organization go on to positions involving administrative skills. Many students entering medical care training programs, however, have no administrative experience. This lack is common among the increas-

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ing number of students who go straight from college into medical care training programs and among many physicians with only clinical backgrounds who desire training in medical care organization.

Therefore any training program in medical care organization should include a systematic attempt to season the students in the problems of administration. This teaching goal cannot be achieved by didactic classroom instruction alone, no matter how imaginatively the work is designed. Even adding the technique of case-study teaching in programs of medical care, an approach recently given generous support by the Public Health Service, does not give the student the insight and sophistication which comes from firsthand exposure to administrative problems, large and small, under field conditions.

In recognition of this fact many faculties of medical care training programs in the United States have sought to include some form of field training within the curriculums for students seeking the master's degree. The difficulties in providing field training within an already crowded curriculum taught, frequently, by an already overburdened staff have resulted in the development of a variety of field training patterns nationally.

Fieldwork in medical care training programs usually is offered in one of three forms: field observation, field placement, or residency. Sometimes several or all of these forms are available to students in a single program.

Field observation is the most passive learning experience of the three. Students, sometimes singly but more often in groups, observe a particular field situation. The visits may be brief or extend over a period of days or even weeks.

The students are shown the operation of a program and meet the operating personnel. Usually they meet staff members who have varying degrees of authority within the program, but sometimes they receive only a guided tour by one or more selected program personnel. Whatever the degree of involvement between the student and the field program may be, however, it is characteristic of field observations that the student is assigned no responsibility within the program visited and that he is regarded as a guest and an outsider by the agency staff.

Despite its shortcomings, field observation can be good learning experience and provide the student with a feeling for the realities of program operation far exceeding that which could be obtained solely through textbook or classroom learning. The actual teaching value derived from field observations will depend largely, as in all field training, on the student, the staff at the program visited, and the field instructor. Unless each of these persons contributes in full measure, the learning experience will fall short of its potential.

Residency occupies the other end of the spectrum from field observations as far as student involvement in day-to-day program operations is concerned. A residency is usually long (about 1 year), and frequently, though not invariably, places the student in a single agency for the entire residency period.

In a residency, the student becomes a member of the working team at the agency to which he is assigned. As a participant and because of prolonged student-agency contact, the resident will frequently become familiar with field problems not readily apparent to a guest observer.

A residency is always a specific job placement for an individual student, although several residents may work at a single agency at the same time. Residency usually comes toward the end of the student's formal training in medical care and therefore at a time when he is presumed to have some degree of sophistication in the observations he makes at the assigned agency. Again however, the student, the agency personnel, and the student's preceptor must all contribute to the achievement of a successful field experience.

Field placement is intermediate between field observation and residency as a training experience, although it is generally closer to the residency experience. In many field placements the student becomes a working member of the operating team at the assigned agency, much as does the resident. In others the students, working alone or in groups, are primarily engaged in observing and analyzing in depth the operations of the agency to which they are assigned. Greater responsibility of the agency in the field exercise and greater effort required of the students in analyzing the agency, together with the generally smaller

number of students assigned per agency, distinguish the observation-analysis type of field placement from field observations.

In comparison with residency, field placement in which the student works at the agency is usually shorter and presupposes less background knowledge on the part of the student. As a rule, though by no means invariably, the student in such field placement is identified with his school by his fellow workers more strongly than is the resident. His role tends to be that of an observer-worker, while the resident will tend to be more a worker-observer.

Various educators favor one or the other of the three main forms of field training. Others favor a combination of several or all of them.

Little has been done so far to catalog current practices for providing field training to students seeking a master's degree with major con-

centration in medical care at U.S. schools conferring public health degrees. It was felt, therefore, that such knowledge would be helpful to educators.

### The Field Training Survey

A questionnaire was sent in June 1966 to the faculty member in charge of training students interested primarily in medical care at each university in the United States (including Puerto Rico) with a curriculum leading to a degree in public health. Of the 13 questionnaires sent, 12 were filled out and returned. The responsible official at the remaining university responded informally by telephone.

Answers from the 13 officials were not strictly comparable because the schools varied in their definition of credit hours and in their designations of the students concerned. An attempt to

### Field training programs for master's degree candidates with major concentration in medical care at schools awarding degrees in public health, United States and Puerto Rico, June 1966

School <sup>1</sup>	Master's degree candidates	Field training format	Academic credits for fieldwork	Field residency training available
University of California, Berkeley.	14	Placement, 12 weeks full time, 1 agency per student, usually compulsory.	No-----	No.
University of California, Los Angeles.	15	Observations, 12 weeks full time, 32 agencies, compulsory.	Yes-----	No.
Columbia University-----	13	Residency, 1 year, usually compulsory, also intermittent field visits during academic year.	No-----	Yes.
Harvard University-----	13	Observations, 8 visits during academic year, compulsory. Observation in Puerto Rico, 1 week, elective.	Only for elective.	No.
Johns Hopkins University.	8	Observations only, informal-----	No-----	No.
University of Michigan--	16	12-month and 20-month programs. Both—14 visits during academic year, compulsory. 12 more weeks full-time placement compulsory in long program.	For observation and placement.	1 resident per year.
University of North Carolina.	<sup>2</sup> 0	Placement, 6 to 7 weeks full time, 1 agency per student, compulsory, also observations for general orientation.	Yes-----	No.
University of Pittsburgh--	8	Residency, 1 year, usually compulsory--	No-----	Yes.
University of Puerto Rico.	21	Observations, intermittent during academic year, number and types of agencies vary, compulsory.	Yes-----	No.
Yale University-----	6	Residency, up to a summer plus 1 semester, observations intermittent during curriculum, not compulsory.	Variable-----	Yes.

<sup>1</sup> University of Hawaii will start medical care program 1967-68; University of Minnesota has no medical care program; Tulane University started medical care program 1966-67, details not available.

<sup>2</sup> Only health service administration majors; grant pending for extending program to medical care majors.

clarify such differences was made by communicating further with the person who had filled out the questionnaire.

The principal observations from the survey are summarized in the table. Only 9 of the 13 schools which confer degrees in public health in the United States and Puerto Rico had programs in which students could obtain a master's degree with major concentration in medical care. A 10th school, the University of North Carolina, had a program for health service administration majors which it planned to open to medical care majors as soon as a training grant from the Government was funded. Tulane University had a training program scheduled to begin in the fall of 1966; however, no details of field training plans within the new program were available when the questionnaire was filled out. The University of Hawaii had plans to inaugurate an extensive medical care training program in the fall of 1967.

The number of medical care majors enrolled at the schools varied widely. Except for the University of Puerto Rico, all schools with a medical care training program had medical care majors who were candidates for a master's degree and students with a master's degree who were continuing their studies.

The overall length of the training program for students who were candidates for the master's degree with specialization in medical care ranged from 9 months to about 2 years. A number of schools had a flexible time requirement for the master's program, depending on the educational and professional background of the individual student. Most schools awarded the master of public health degree to students majoring in medical care. However, there was variation in this. Columbia University, for example, awarded the degree of master of science in administrative medicine rather than the M.P.H. degree to students majoring in medical care administration.

Only five schools, the University of California at Los Angeles, Harvard University, University of Michigan, University of North Carolina, and University of Puerto Rico—required all students seeking a master's degree with major concentration in medical care to take field training as part of their curriculum. At the other schools the requirement for field-

work depended on the student's educational and professional background or field training was provided solely on a voluntary basis.

The format for field training varied among the schools. Four schools, Columbia University, University of Michigan, University of Pittsburgh, and Yale University, offered a formal residency program in addition to didactic instruction in medical care.

Yale University's residency varied in length to suit the needs of the individual student. Columbia University and the University of Pittsburgh offered residencies of 1 year, and both schools required residencies of all medical care majors whose experience or career goals warranted such training.

The University of Michigan offered only one residency per year, and the residency was part of a combined work-study program sponsored by the social security department of the United Auto Workers. The student, during the course of his 1-year residency, was enrolled in the school's M.P.H. program part time.

The field experiences previously mentioned were, of course, in addition to residency opportunities available to physicians seeking certification by the American Board of Preventive Medicine. Residencies for these physicians generally include a year of full-time study in a master's degree program in public health, and several candidates for board certification were concentrating in medical care administration. Such physician-students were provided with a variety of medical care field training experiences throughout their residency in preventive medicine.

Other field training offered to students seeking a master's degree with major concentration in medical care was either field placement or field observation. Columbia University and Yale University, in addition to their residency programs, also provided field observation experiences to their medical care majors. These observations were scattered throughout the academic course work.

The University of Michigan had two formal curriculums with different amounts of field training in its M.P.H. program for medical care majors. The first curriculum, designed for students with a year or more of graduate work or 3 years of relevant experience, was 12 months

long. It included 14 field observations, each for one afternoon. The second curriculum, designed for students with only a bachelor's degree and little or no pertinent work experience, was 20 months long. It included the same 14 field observations as the first curriculum, but had an additional requirement of 12 weeks of full-time field placement at a single agency. The University of Michigan also had a combined medical care administration-public health nursing program leading to a master's degree. This program included a 12-week field placement divided equally between a medical care agency and a public nursing agency.

Harvard University required its medical care majors to spend 8 hours on field observation trips intermittent in a 9-month program of didactic courses. The field trips were carried out by groups of three or four students under faculty guidance. Additionally, Harvard offered 1 week of field observation in Puerto Rico under faculty supervision as an elective, and separate academic credit was given for it.

Field training in medical care at the University of Puerto Rico took the form of field observations interspersed throughout the 10-month master's degree program. Groups of three or four students went on the field visits after which the students were regrouped into "health teams" of seven or eight persons to prepare an indepth analysis and report of their observations in the field.

The University of California at Los Angeles had the most extensive program of field observations in medical care. This program occupied 12 full-time weeks at the end of the master's degree curriculum. A total of 32 agencies were scheduled to be visited by the students, with 1 or 2 days usually being allowed per visit, but some visits extended over 4 full days. All students majoring in medical care were required to take the entire 12 weeks of field observation.

The University of California at Berkeley, which also concentrated its medical care field training in a full-time 12-week period, used field placement rather than observation in its program. Each student was assigned to a single agency for the entire 12-week period. Field training was required only of students lacking experience in a public health agency.

The University of North Carolina planned to

adopt for its medical care majors a field training program similar to the one it offered to health service administration majors. At the master's degree level, this would involve a compulsory 6- to 7-week field placement tailored to the individual student's needs and largely spent in a single agency. However, an orientation to several types of agencies would be part of the experience for most of the students.

Academic credits given for fieldwork within medical care training programs varied widely among schools. Most schools reflected the time allocated to field training by awarding formal credit.

### **Contemplated Changes in Field Training**

The questionnaire was sent to universities which award degrees in public health not only to assess the current status of field training in medical care curriculums, but also to learn what changes were contemplated in the immediate future. The University of Hawaii and Tulane University reported that they were inaugurating entirely new programs in medical care training. The University of North Carolina reported its hope of adding to its program in health service administration a group of students majoring in medical care.

The format for fieldwork in the University of Hawaii's new medical care training program will differ from that in any other such program now in effect. It will consist of 14 full weeks during which the student will divide his time among three placements: one at a general hospital, one in an official health agency, and one in an insurance program or a group practice or both. A student with no work experience will spend about 5 weeks in each setting. For other students, time allocation will vary depending on the person's background and career goals.

Harvard University reported that it was developing a new program of field training in medical care. However, no details of this program were available.

### **Summary**

A survey of all 13 universities in the United States and Puerto Rico which award degrees in public health was undertaken to ascertain the current status of field training in medical care

programs. The survey revealed that the schools varied widely in the time given to field training, place of field training in the curriculum, and academic credit awarded for field training. There were also differences in the use of observation and placement or a combination of both as the preferential format for field training. Only Columbia University, University of Michigan, University of Pittsburgh, and Yale University offered a residency in medical care.

In addition, much variation was found in the overall length of the training program for mas-

ter's degree candidates concentrating in medical care. This variation and the many other differences in approach suggest that the best method for educating people for the new professional field of medical care organization has yet to be determined. As various schools attempt, by trial and error, to develop an optimal training program for professionals in this field, it is important that they exchange experiences and thus be enabled to work jointly toward solution of a difficult pedagogic problem. It is hoped that this compilation will be a step in this direction.

### **Measles Vaccine Given to Health Departments**

An expected 5 million doses of measles vaccine will be provided to State and local health departments by the National Communicable Disease Center, Public Health Service, under a new contract with two drug manufacturers.

The vaccine will be allotted to 104 immunization projects in 42 State and 62 city-county health departments throughout the nation. The vaccine contracts were awarded to Pitman-Moore for 50-dose vials and to Philips Roxane for 10-dose and single-dose vials. The cost to the Government ranges from 75 to 83 cents a dose. The 50-dose vials are primarily for use in community immunization campaigns in which rapid jet injector guns are employed and in epidemic control.

About 20 million children in the United States have been vaccinated against measles. Eradication is possible in 1967 if another 8-10 million children still susceptible to the disease are vaccinated. Special emphasis should be placed on vaccination for 1-year-olds and children in kindergarten, first, and second grades.

In the week ending April 1, 1967, there were 2,519 cases reported, the lowest number since weekly recordkeeping was begun in 1950. This figure is 6,630 less than the number reported in the same period of 1966 and more than 13,000 below the number reported in 1963, when the vaccine was licensed.