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Why Family Physicians Want to be Longitudinal Integrated Clerkship Preceptors

Daniel M. Avery*, P. Drake Lavender, Susan M. Guin, Lea Yerby, and Heather M. Taylor

Department of Medicine, The University of Alabama ter, USA

***Corresponding author**

Daniel M. Avery, Department of Medicine, The University of Alabama, 850 5th Avenue East, Box 870326, Tuscaloosa, AL 35401, USA, Tel: 205-348-1366; Fax: 205-348-9417; Email: davery@ua.edu

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Abstract

This paper describes the background of longitudinal integrated clerkships and the results of a recruitment program for primary preceptors for a newly developed longitudinal clerkship in Tuscaloosa, Alabama. A longitudinal integrated clerkship [LIC] is an innovative primary care-based community experience during the third year of medical school for a select group of self-directed students under the supervision of a primary preceptor Recruitment and retention of preceptors is critical to perpetuating a longitudinal, integrated clerkship. Eighty-five physicians were contacted about their interest in being a primary LIC preceptor at the College of Community Health Sciences and 80 agreed to be a primary preceptor the first year. Responses were all positive. Only three physicians said that they had not heard about longitudinal integrated clerkships [LIC]. There are a number of important reasons why family physicians want to be primary preceptors including the importance of primary care and family medicine, developing the next generation of physicians, maintaining interest in teaching, attracting future physicians to their community and giving back to the institution that trained them.

INTRODUCTION

This paper describes the background of longitudinal integrated clerkships and the results of a recruitment program for primary preceptors for a newly developed longitudinal clerkship in Tuscaloosa, Alabama. A longitudinal integrated clerkship [LIC] is an innovative primary care-based community experience during the third year of medical school for a select group of self-directed students under the supervision of a primary preceptor [1]. Students perform most clerkship simultaneously and care for patients through various disciplines and settings, instead of the traditional 8 block rotations [1]. The students work regularly with a primary care preceptor and intermittently with secondary specialty preceptors in OB/GYN, surgery, psychiatry, internal medicine, and pediatrics [1]. The students have a panel of continuity patients they are responsible for under the direction of their primary preceptor [1].

Integral to the success of any longitudinal integrated clerkship are the primary preceptors. Recruitment and retention of preceptors is critical to perpetuating a longitudinal, integrated clerkship [2]. Reasons for being a preceptor include engaging and contributing to learning [2], developing the next generation of physicians [2], and venturing with educational institutions [2]. Preceptors are the key to medical students' learning [3]. Patient care is the responsibility of both the student and the preceptor, but the preceptor has the final responsibility [3]. Faculty development for primary preceptors is critical for the LIC to be successful [4].

Hudson et all described preceptorship as important "to train the next generation of physicians, pay-back for their own education, and raise professional standards…a teaching practice raised the status of the practice…predicted a positive impact on general practitioner morale…and could regenerate an enthusiasm for the profession" [2]. Most preceptors describe their experience teaching students as "positive, satisfying and rewarding" and value seeing students learn over a long time period [5]. Preceptors' experience and skill are important in teaching students, especially in challenging situations [6]. Rural physicians are usually very anxious to participate with LICs because they see it as an opportunity to engage students and to recruit them into primary care [6].

The Rural Physician Associate Program [RPAP] is one of the flagship longitudinal integrated clerkships in the United States, created by the University of Minnesota more than 40 years ago [7]. Preceptors are unpaid, board certified adjunct faculty who teach RPAP students [7]. The preceptors have an interest in and time to teach students with a commitment to lifelong learning and responsibility to coordinate the rural site and evaluate the student performance [7]. They teach communication, patient-

centered care, practice management, community-based health promotion and involvement and education in multiple specialties [7]. Prospective preceptors are oriented to the program on site and receive a RPAP Preceptor Guide [7]. Logistical requirements such as room in the office for the student to study with a computer with Internet access are discussed [7].

LIC preceptors guide student's progress by selecting appropriate patients to suit the student's learning needs [8]. Students interact with patients in multiple disciplines and receive preceptor feedback from multiple domains [8]. More time is available for learning that would otherwise be spent orienting to a new clerkship, new faculty and new settings every 8 weeks [8]. LIC programs give students more one-on-one direct supervision and guidance with an attending physician than traditional block clerkships [9]. Because of this, students with learning and other difficulties are easier to identify [9]. Preceptors are oriented at the beginning of the academic year with faculty development focusing on clinical teaching, time-efficient teaching, and evaluating students [4]. Interest in teaching and ability to meet clinical demands are important factors in selection of preceptors [4]. Relationship development is greater between preceptor and student with more increased direct supervision and length of interaction.

Tuscaloosa Longitudinal Community Curriculum [TLC2]

The medical director [DL] of the Tuscaloosa Longitudinal Community Curriculum [TLC2] presented an overview of the TLC2 Program and a call for preceptors at the Alabama Chapter of the American Academy of Family Physicians Meeting in 2015. Eighty-nine physicians either volunteered or were suggested to be possible primary preceptors. Each physician was contacted about his or her interest in being a primary preceptor. Eighty physicians were open to be preceptors this academic year but three were unable to start because of restructuring of their clinics. These three physicians asked to be considered for preceptorship in the future, once their clinical situations were more stable. One physician was interested but needed more information. Two family medicine residents asked to be preceptors after they had graduated from residency and had had a year to get settled in their practices. Two other physicians were interested in being preceptors after they had completed prior commitments. The University of Alabama Institutional Review Board was contacted but did not think that their approval was necessary.

Most physicians had heard about TLC2 at the Alabama Chapter of the American Academy of Family Physicians Meeting. Only 3 in the 89 family physicians contacted said that they did not know anything about the TLC2 Program at the Tuscaloosa Campus. There were no physicians who said that they would not participate at all. One physician later decided to leave her practice early in the academic year but her partner who was a secondary internal medicine preceptor agreed to complete the year as the primary preceptor.

Many physicians had been either medical students, family medicine residents or rural program scholars or some combination thereof from the College of Community Health Sciences at The University of Alabama. Others were graduates of the University of Alabama School of Medicine main campus in Birmingham. Many were already adjunct faculty or preceptors. Some physicians were from counties where they were the sole physicians [Sumter, Lamar and Perry Counties] or from the severely medically underserved Black Belt counties in central Alabama. Black Belt Counties include Greene, Sumter, Choctaw, Dallas, Perry, Wilcox, Lowndes, Butler, Montgomery, Crenshaw, Macon, Bullock, Pike, Russell and Barbour Counties. Physicians practicing in these circumstances expressed a desire to attract potential future physicians to their area. Physician commitment to being a preceptor is outlined in [Table 2].

Students are with their preceptor 8 months of their third year and full time in the first and last month. In months two through seven, they spend one day a week with their primary preceptor. Students need a work area and space to place their personal items. They also need a computer with internet access. Physicians must have the interest and time to teach medical students and the ability to meet clinical demands. They must have a commitment to life-long learning. Physicians must have the responsibility to coordinate the practice site. They must evaluate the student's performance and guide the student's progress. The preceptor is responsible for selecting the appropriate patients for the student to see.

There were challenges to recruiting preceptors. There are two new osteopathic medical schools in Alabama and both utilize community physicians for their clinical experiences. Both schools reportedly reimburse their community preceptors for teaching students. TLC2 received grant funding for the first three pilot years with none guaranteed beyond. The two allopathic medical school systems already use community physicians for rotations and electives. Four physicians inquired about being compensated as they would if they were a preceptor for the osteopathic schools. None of the physicians contacted refused to participate, even in light of no monetary compensation.

There were many different responses from physicians who volunteered to be preceptors found in the Appendix. The positive responses were overwhelming. Responses included: "Yes, I want to be part," "I'll help any way I can," I am very interested," "I want to give back," "…I want to do more than this," "We are remodeling an antebellum home across the street from our practice for students to stay in," and "I thought no one would call and ask me." Several physicians when answering the telephone said, "Yes, I will…" and I replied that I had not asked them anything yet. Many said that they expected a call asking them to be preceptor.

Physicians who were selected to be preceptors were sent a letter of acceptance outlining the TLC2 Program. Those physicians were given faculty development materials including what is expected of a preceptor, evaluating and grading medical students, sample schedules, how often medical students are present in their clinic, medical school policies, continuity patients, teaching methods, and what medical students can and cannot do. An adjunct appointment at both The University of Alabama College of Community Health Sciences and the University of Alabama School of Medicine in Birmingham are required for preceptors to be able to teach and evaluate medical students. An updated curriculum vitae, a copy of a current Alabama medical license, a copy of board certification and the completed the University of

Alabama in Birmingham Data Verification Request Form were requested to make adjunct appointments. Preceptors undergo orientation to TLC2 at the beginning of each academic year with a half day program at the Tuscaloosa Regional Medical School Campus.

Why family physicians want to be longitudinal integrated clerkship preceptors

Our categorization of why family physicians want be LIC primary preceptors is found in the Overview of Reasons to Serve as a Longitudinal Integrated Clerkship Preceptor. First and foremost, many physicians chose to be preceptors because of the importance of Primary Care and Family Medicine. One physician said that being a preceptor introduced medical students to the real needs of communities and another said that being a preceptor added worth to practicing medicine. Appropriately, many physicians felt like this was a great way to develop the next generation of physicians. Many physicians had an interest in teaching learners and giving back to the institution that taught them. Others liked the association with the medical school. Other physicians saw TLC2 as a means to attract future physicians to their specialty, practice and community, especially if they practiced in a one physician county or the Black Belt Counties. Other physicians felt that teaching medical students enhanced their practice and raised their status by being associated with a medical school. Dr. Kathleen Brooks said that it "Keeps physicians up to date—keeps me on my game" [10]. Patients are impressed that their physician has been selected to teach medical students.

CONCLUSIONS

Family Medicine Physicians overwhelmingly volunteered to be primary preceptors for the Tuscaloosa Longitudinal Community Curriculum [TLC2]. No physician offered a negative response to the new pilot program. Eighty-nine physicians were contacted about their interest in being a primary TLC2 preceptor and 80 agreed to be a primary preceptor the first year. Three were unable to serve the first year and one physician gave up her practice in the middle of the year. Reasons to be a TLC2 preceptor centered around the importance of primary care and family medicine, developing the next generation of physicians, interest in teaching learning, giving back to the institution that trained them, association with the medical school and attracting future physicians to their specialty, practice and/or community.

APPENDIX

Physician responses when contacted about being a TLC2 Preceptor

"This is _____. Yes, I will…" "But I haven't asked you anything yet"

"Yes, I would like to give back to CCHS for what they have given to me."

"I'll help anyway I can"

"Yes, I want to be a part"

"Yes, I need to find some help. I am the only physician in the county."

"Yes, I am by myself."

"I thought no one would call and ask me."

"I heard _____ speak at the Alabama AAFP Meeting last year."

"Dr. _____ called me this morning and told me that you had called him and asked him to be a preceptor. I was afraid that you were not going to call and ask me."

"Whatever I can do to help."

"Yes, I am in."

"Bought a tiny house [on TV] for students"

"I was a chief resident in charge of teaching. I would love to have a student. I will rearrange my office to accommodate a student."

"Yes, I can do this."

"I am very interested"

"I'll help any way I can"

"Yes, I would like to give back"

"We are remodeling an antebellum home across the street for students to live in. We have a two bedroom apartment in our practice building for students to live in."

"I am a new partner, but I want to get in on this. I was a medical student there. My husband is a general surgeon—can he help too?"

An ER attending called and said there is a family medicine husband and wife team in _____ who need to participate in your program

"When are you going to send me a student?"

"I want to be a part of this, *but I want to do more than this*…"

"Dr. _____ from _____called and said that he wanted to be a preceptor."

Overview of Reasons to Serve as a Longitudinal Integrated Clerkship Preceptor

Importance of Primary Care and Family Medicine: Positive impact on physician morale [5]

Attracts medical students to family medicine and primary care

Emphasizes importance of Family Medicine and Primary Care Providers

Introduces medical students to the real needs of communities

Adds worth to practicing medicine

Developing the next generation of physicians [5]

Training the next generation of physicians [5]

Regenerate an enthusiasm for the profession [5].

Engage students and recruit them into primary care [8].

Enjoyment of working with medical students

Interest in Teaching Learners: Use of medical experience to share with others

Integrity associated with teaching learners

Engaging and contributing to medical student learning [5]

Give back to teaching institutions: Give back to medicine by educating medical students

Give back to medical school and/or residency

Pay-back for their own education [5]

Attraction of Physicians to Practice, Specialty and Community

Attracts prospective physicians to area, community, state, and practice

Attracts physicians to one physician counties

Attracts physicians to Black Belt Counties

Recruiting new partners

Association with medical school: Connection with medical school and faculty

Venturing with educational institutions [5].

Support of medical school programs

Enhancement of practice: Teaching practice raises the status of the practice

Raise professional standards [5]

Advertise my practice

Adds worth to practicing medicine

Camaraderie with other physicians

Association with regional physicians of his/her specialty and other specialties

Keeps physicians up to date—"keeps me on my game" [10]

Patients are impressed that their physician has been chosen to teach medical students

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