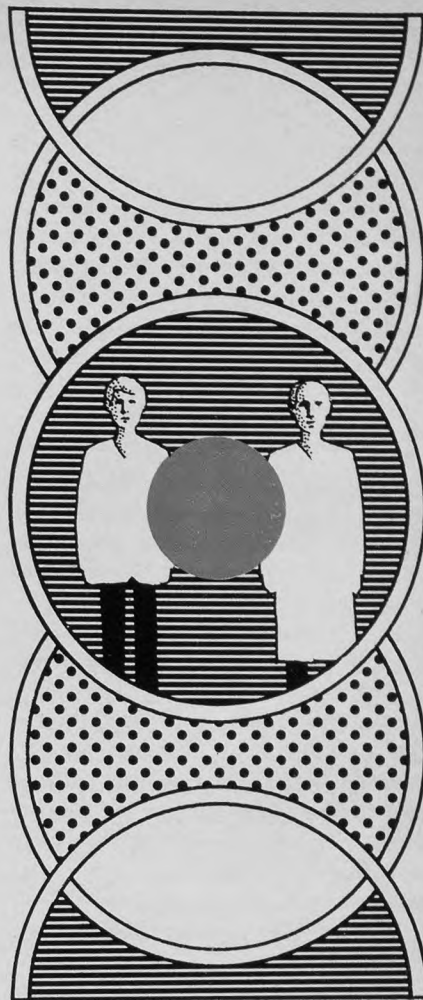


A Medical Student's Perspective on Preceptors in Family Practice

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Preceptorships have become an important means by which medical students are exposed to family practice. In order for a preceptor to be successful in nurturing student interest in family practice, he must have a good understanding of certain characteristics of today's medical students. Important differences exist between preclinical and clinical students, and the preceptorship must be designed accordingly. Unless preceptors are carefully selected and trained, they may have a negative influence on student interest in family practice.

The preceptorship is an educational experience in which a medical student spends a period of time with a physician preceptor in a practice setting outside the academic center. Teaching of family practice may be somewhat limited within the academic center, and the preceptorship is an important means by which the student can see the family physician as a role model and experience the scope and flavor of family practice. The student may be either positively or negatively reinforced in his interest in family practice, and the preceptor is very influential in the decision making process of a student considering a career in family practice.

Having experienced several preceptorships during my medical education and discussed many others with my peers, I have concluded that too often preceptors are unaware of the responsibilities of their position and the delicate nature of their interchange with students. If they are aware, too often they lack the insight or training to make the preceptorship experience effective. The existing literature on the subject of guidelines for preceptors¹ or student views of the preceptor role^{2,3} is very limited. This paper attempts to provide preceptors with a better understanding of the students they will encounter in the hope that this will improve their teaching effectiveness.

It is most important for a preceptor in family practice to have a good understanding of the medical student preceptee: Who are today's medical students? What are their anticipations about family practice? What is the stu-

dent's perspective on the practice of medicine at the present time in his training? Though the answers to these questions show some individual variation, there is considerable similarity among most students and this must be understood by family practice preceptors.

Many, if not most, students entering medical school today are interested in becoming some kind of primary care physician. Besides professional independence and financial security, the image of a first contact doctor-patient (and family) relationship is a strong motivational factor in students who enter the field of medicine. This image, however, is usually untested and far removed from the real practice of family medicine, and it must undergo a great evolutionary process during medical school if a student is to choose family practice residency training. There are many nurturing opportunities and stumbling blocks during

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this evolution, and the family practice preceptor may contribute to both.

A discussion of the preceptor-student relationship should distinguish between the student in his preclinical (usually first two years of medical school) and clinical periods of training. Students in these two periods are so different that if a preceptor is teaching both types without marked differences in the conduct of his preceptorship, he is certain to be ineffective with at least one of these groups.

The Preclinical Student

The student entering a preceptor's office early in his medical education is usually quite eager for any clinical experience. In some ways the preclinical student is the easiest and least intimidating preceptee because his lack of medical background makes him likely to find any medical treatment given by the preceptor acceptable without question. In other ways these students may be a burden to the preceptor because they require an explanation of the most basic aspects of clinical practice and generally cannot compensate for this extra time by seeing patients.

At this stage in their training, most preclinical students feel certain deficiencies in their education which a preceptor can counteract and, in the process, he can nurture student interest in family practice. Though students enter medical school with a strong desire to begin training in the clinical role of the physician, the curricula of most schools involve almost complete delayed gratification of this desire during the basic science years. Family practice can get the jump on the other clinical specialties by providing the student an opportunity to participate in a clinical environment.

Family physician preceptors should realize a unique quality of the preclinical student that is often forgotten in the medical school curriculum. The student in the early years of his transition to the doctor's role still identifies himself more as patient than as doctor. The preclinical student is therefore keenly sensitive to the feelings of patients, probably more so than the practicing physician long entrenched in the role of provider. Though a preceptor may feel confident that he knows what his patients feel, he should allow the student to interview them as a patient or family advocate to test these conceptions. The preclinical student in

a clinical setting has the opportunity to learn a tremendous amount about what patients feel, an opportunity that may be lost as he becomes enveloped by the content of medical science.

Though the preceptorship role for a preclinical student is largely that of observer with respect to patient management, the preceptor should provide the student with as much active participation as possible. For example, depending on the student's experience and what he has learned in the preceptor's office, the student should actively participate in history taking, physical examination, office laboratory procedures, and even in a discussion of diagnostic possibilities and therapeutics. The preclinical student should also assist the preceptor in such procedures as obstetric delivery and major or minor surgery.

Several stumbling blocks that preceptors can throw in the way of a preclinical student's interest in family practice should be mentioned. Any student with a realistic chance of entering medical school today has a strong background in the biomedical sciences together with a respect for the latest advances in science and an awareness that these advances may have a profound effect on the practice of medicine. If a student perceives a practice setting as being outdated and the preceptor as being unaware of modern advances in biomedical science, he will have a negative reaction to that kind of practice and physician. The family physician preceptor must convincingly demonstrate to the student that his knowledge and his practice are appropriate to the modern practice of medicine, and that the specialty of family practice has designed a mechanism for maintaining quality among its members through continuing education.

The preceptor should also realize that today's preclinical students are products of high school and undergraduate education during the late 1960's and early 1970's when a revolution in social values occurred among the younger generation. Many medical students are interested in family practice because of the humanistic values they acquired during that era. The family practice preceptor must, to a certain extent, share in these social values (not to be confused with political ideology) and stress the humanistic aspects of his practice. He should not

stress the material benefits of his practice as he might to a resident (who he may see as a potential future partner) for these are not appropriate to the preclinical student's interests and may negatively affect his feeling toward family practice.

A third stumbling block to the preclinical student's interest in family practice relates to the preceptor's actual clinical practice. Though the preclinical student may not have the experience to evaluate the diagnostic and therapeutic activities of the preceptor, he may react negatively to the experience retrospectively after subsequent training. Hence, the preceptor must be certain that the student understands the reasoning behind the care given, even if it is somewhat beyond the student's present training.

Finally, the preceptor should realize that preclinical students maintain an image of themselves as future physicians which is based on idealized concepts rather than clinical experience. To be a successful role model, the preceptor must convey his personal philosophy of being a physician to the student in such a way that it is compatible with the student's image. The preclinical student with any interest in family practice has a physician image which is largely built around the art of medicine, ie, the human element in the successful doctor-patient (and family) interaction, and the ability to provide continuing care relevant to the total well-being of the patient. Family practice is unique among the specialties in its strong emphasis on the art of medicine and the family practice preceptor should eagerly convey through conversation and action this artistry to the student. The preclinical student who has personally experienced, through a role model, the art of medicine in family practice will have a torch to carry which will guide the way through the remainder of his medical education. Only family physicians who practice a humanistic approach to patients and are concerned with their total well-being should be preceptors. Those family physicians who have abandoned that artistry for the sake of expediency or defensive medicine should never be preceptors.

The Clinical Student

The medical student during his clinical clerkship years is in an extremely rapid period of development. As

overnight, the student senses his acquisition of enough skills to relate to patients in the role of doctor. Many of his previous images of himself and medicine fade into oblivion during this rebirth and his world becomes largely confined to the walls of the hospital ward. If his academic mentors are successful, the mere words "headache" or "low back pain" will instantly trigger in the mind of the student a large differential diagnosis, and he embarks on a comprehensive work-up. Out of this environment the haggard student arrives, by requirement or elective, at the office of the family physician for a look at family practice.

The clinical student interested in an alternative to the secondary and tertiary care of the academic center will be taking a very close look at the family physician, his life-style, and his practice. Many physicians today are concerned about the advent of peer and government review of their practice, but the potential preceptor should realize that student review will be far more critical than these two. The clinical student from the academic center brings with him standards and a philosophy of medicine which the preceptor must be prepared to deal with. He should be able to put these in a proper perspective and present viable alternatives.

An optimal preceptorship environment for clinical students can easily be summarized. If a preceptor accepts a clinical student for anything more than a few hours, he should be prepared to allow the student a significant amount of participation in the practice. If limited to a role of observation, the student with clinical experience will quickly become bored and frustrated no matter how capable the preceptor nor how interesting the patients. Some physicians may be concerned about their private patients being examined alone by medical students, but if the student is appropriately introduced (or introduces himself) as a "doctor-in-training" working with Dr. X, and it is made clear that the patient may see Dr. X and will definitely have his consultation, patient dissatisfaction is generally not a problem. Many patients enjoy having a young mind from the academic center hear their problems, and their respect for the family physician is greatly increased when they realize he is involved with teaching medical students.

At the onset of the preceptorship program, the student should be oriented in the office setting as if he were a new physician member of the health care team. The student should then observe the preceptor seeing a few patients to get a feeling for his approach to patients. The preceptor may then want to observe the student in history taking and physical examination to evaluate his competence and offer suggestions. After this introductory period, which should last about half a day, the student should begin seeing patients. He should take whatever history and perform whatever physical examination he feels is appropriate, decide upon the most likely diagnostic possibilities, and consider a management plan. Then the student should present his findings and ideas to the preceptor for discussion and evaluation. The preceptor may want to review with the patient pertinent aspects of the history and physical examination for verification and for teaching purposes. When the final management plan is decided upon, often it will be a joint decision by the student and the preceptor.

At the end of a day in the office, the preceptor should spend at least 30 minutes discussing with the student the experiences of the day and relating these to a general view of the clinical practice of family medicine. During this period, the student should be able to both describe the positive features of the preceptorship experience and provide constructive criticism.

Other aspects of the preceptorship should include hospital rounds where the preceptor and student discuss the management of each patient. The student should also participate as much as his experience allows in surgical procedures and obstetrics, always under the close supervision and guidance of the preceptor.

In order to conduct a preceptorship as outlined above, the preceptor should realize that he must either decrease his patient volume or increase the amount of time spent in the office. The latter is usually the most acceptable and reflects the dedication of the physician to the preceptor's role of being both a doctor and teacher. No physician should be a preceptor who thinks he can increase his patient volume or time off by bringing in a student with clinical experience.

Beyond the content of the preceptorship itself, the experience will be successful only if the preceptor is a successful role model. The same comments made in the last paragraph in the section on the preclinical student concerning the role model apply to the clinical student. In order for the preceptorship to nurture the clinical student's interest in family practice, the preceptor must embody and convey the art of medicine in family practice.

Concluding Remarks

This paper is an attempt to give family physician preceptors some insight into the preceptorship experience from the perspective of a medical student. It is hoped that these comments will be considered by those involved in the development of preceptorship programs and the recruitment of preceptors. The guidelines presented here are essential to the achievement of a positive experience for most students.

It is my impression that a great number of the students presently choosing family practice are doing so by default, ie, they are rejecting the role models of the academic center and opting for family practice. The students usually have had limited exposure to family physician role models and hence their career choice is largely conceptual. With the increasing emphasis on family practice in medical education, preceptorship opportunities are increasing such that the student will have more experience upon which to base his career choice. Unless preceptors are carefully selected (eg, by aptitude testing and evaluation of the practice setting) and trained (eg, in workshop training sessions) to provide a positive experience to most students, preceptorship education will have a negative influence on the number of students choosing family practice.

Acknowledgment

I would like to thank L. Robert Martin, MD for his review of this paper and helpful suggestions.

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