

wide variety of problems in clinical medicine requiring assessment of resident learning.

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# The Rural Preceptorship as a Factor in the Residency Selection: The Nebraska Experience

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The medical student preceptorship is an integral part of undergraduate training in family medicine at many US medical schools. Patterned after the apprenticeship training programs used for many years in England and Scotland, preceptorships in this country have been variously in and out of favor as a teaching method.<sup>1</sup> Since the 1950s there has been renewed interest in the preceptorship concept as a teaching method in undergraduate family medicine training. The preceptorship concept is valued because of the role model provided for the student both by the supervising physician and by the practice itself. At no other point in training does a medical student have an opportunity to work and learn in a setting more closely resembling the actual practice of family medicine than in the preceptorship rotation.

The question of the value of a preceptorship program in influencing students to undertake resi-

dency training in family practice is one that has not been answered completely. Presented here are the results of a three-year survey of first-year house officers who had completed a rural preceptorship through the University of Nebraska Family Practice Department.

## Background

A preceptorship program has been in place at the University of Nebraska Medical Center (UNMC) since 1949. The original program used 30 practicing physicians outside the metropolitan areas of Omaha and Lincoln. The supervisory physician was responsible for the education and room and board for the student during the preceptorship rotation. Since 1971 there has been a mandatory eight-week rural preceptorship at UNMC to be completed in either the junior or the senior year. The eight weeks can be extended electively to a 12-week rotation. The preceptorship program is administered through the UNMC Family Practice Undergraduate Program. All students are placed with practicing family physicians in Ne-

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braska outside Lincoln and Omaha. The supervising physicians hold voluntary faculty positions in the UNMC Family Practice Department and provide the primary educational experience for the student during the preceptorship. Written learning objectives are provided to both the preceptor and the preceptee, and grades are based on midterm and final evaluations from the preceptor and a written project from the student graded by full-time faculty members at the Family Practice Department at UNMC. Faculty development for the preceptors is available through the UNMC Family Practice Department. Students meet with the director of undergraduate education at the UNMC Family Practice Department prior to and after returning from the preceptorship. This rotation has consistently been rated "excellent" by students returning from preceptorships. Reasons cited include the role model provided by the preceptor and the opportunity to actively participate in patient care. There are currently 135 active preceptors at 66 sites across Nebraska; 150 students per year are placed at these sites.

## Methods

Questionnaire survey cards were sent to all first-year house officers from Nebraska who had completed the eight-week preceptorship during medical school. The survey was started in 1980, and a total of 186 residents responded, 67 in 1980, 37 in 1981, and 93 in 1982.

## Results

The Nebraska Preceptorship Program was regarded as valuable by the majority of the residents. Those residents who chose family practice training generally found the experience more valuable than residents choosing other specialties. The agreement scores for residents choosing primary care specialties (family practice, internal medicine, pediatrics, and obstetrics-gynecology) were significantly higher ( $P < .01$ ) than for those residents choosing other specialties (Table 1). The duration of the preceptorship was judged appropriate or too short by the majority of residents. The influence of the preceptorship experience on the preferred size of community of practice did not show a consistent pattern for the three years.

**Table 1. Average Agreement Score on a Scale of 1 (Strongly Disagree) to 5 (Strongly Agree)**

Specialty	Preceptorship Valuable in Medical Education	Preceptorship Helped Make Specialty Choice
Family practice	4.68	4.06
Internal medicine	4.14	3.26
General surgery	4.31	2.67
Pediatrics	4.33	3.21
Obstetrics-gynecology	3.75	3.67
Others	4.14	2.67

## Conclusions

The preceptorship in family practice fulfills two major objectives: (1) the preceptorship provides a positive learning experience and role model for the teaching of family practice, and (2) preceptorships positively influence students to pursue training in primary care residencies.

Other authors have found the preceptorship to be a positive influence on selection of family practice as a career choice.<sup>2-4</sup> The data serve to support the contention that the preceptorship is highly regarded by undergraduate students at the University of Nebraska Medical Center and that the experience has been a positive force in the selection of primary care residency training. The preceptorship is already an integral part of the undergraduate training program at many institutions.<sup>1,5,6</sup> This study and others indicate that this type of experience should be considered by all who teach family practice to students.

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