

## Questions Asked by Family Physicians Who Want to Serve as Medical Student Preceptors

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This article addresses the needs of family physician preceptors who teach medical students in their community-based practices. Responses are provided to 20 typical questions that a family physician might ask when considering whether to become a preceptor. Areas covered by the questions and responses include physician motivation for becoming a preceptor, characteristics of good preceptors, specific issues related

to working with students in the office, what to teach students, how to give students feedback, evaluation of students, and relationships with the medical school.

*Key words.* Preceptorship; family practice; teaching; students, medical. (*J Fam Pract* 1996; 42:503-511)

During 1992, two reports were completed that acknowledge the merit of the contributions of community preceptors to medical education.<sup>1,2</sup> The Council on Graduate Medical Education's (COGME) Third Report<sup>1</sup> and the Association of American Medical Colleges (AAMC) Generalist Task Force Recommendations<sup>2</sup> both suggest that the specialty mix of practicing physicians in the United States should reach a ratio of 50% primary care and 50% subspecialty care. In achieving this balance, many recommendations focus on the medical education process. Each report stated that more recognition and emphasis be placed on students being exposed to appropriate role models in primary care. The AAMC report specifically recommended that "medical schools should enable more community-based generalist physicians to contribute to their academic programs." The COGME report further suggested that "undergraduate curricula and clinical rotations should provide all students with a balance between hospital-based, subspecialty training, and community-based, primary care training. A much greater proportion

of medical training should be shifted to outpatient and community-based sites where the majority of medical care is provided."

Each year more medical schools are adding required family practice courses and clerkships to their curricula. Some schools are adding primary care and ambulatory care experiences that rely heavily on family practice departments for administration and teaching. Even as family practice departments and residency programs increase the size of their teaching faculty to respond to greater numbers of students and residents, they are unable to provide enough faculty to accommodate the large number of students who need to be placed in clinical sites. Therefore, as in the early years of the establishment of family practice as a specialty, the academic world is turning to family physicians in community practice for assistance with these critical teaching activities.

It is clear that the trend and national pressures will be to continue to move more medical education into the community. Family practice has had a community orientation since its inception. It is natural, therefore, that family physicians serve as the leaders of this movement and build on the progress family practice has already made in developing and providing students and residents with high-quality community-based education. Keeping in mind the national attention given to the preceptorial experience, the following paper addresses some of the questions asked most often by family physicians interested in becoming preceptors.

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*Why would a medical school or department of family practice want me to be a preceptor?*

There are many reasons why medical schools are interested in having family physicians practicing in the community serve as medical student preceptors. In addition to the increased number of required courses and clerkships that are being administered by family practice departments, medical school curriculum leaders have acknowledged that students can benefit from clinical experiences based in the community outside the boundaries of the highly tertiary academic medical center. The clinical expertise and practical "real-world" experience of a family physician and the access to undifferentiated patients that is available in a family physician's practice are valuable educational resources.

Departments value the contributions of their community colleagues for similar reasons, usually with a greater appreciation for the quality educational experience their students have received, which, in some cases, dates to the late 1960s and early 1970s. Family practice departments generally have more experience than any other medical school department in working with community preceptors and are routinely providing guidance to other departments attempting to establish similar connections with their community colleagues. Student evaluations generally are highly positive for community preceptors, regardless of educational experience or student level.

*Why should I want to be a preceptor?*

Inherent in what you do as a family physician is your role as a teacher. You teach your patients, your staff, your colleagues, and perhaps the community at large. Many of your colleagues who are already serving as preceptors find that teaching students is a way to keep themselves current by responding to the inquiries of bright young medical students and learning about the latest approaches being taught in the academic medical center. Many educators will propose that "to teach is to learn twice." The first time you learn the material, it is for your own benefit, the second time you learn it, it is for the benefit of your student as you teach.

Other preceptors find that teaching is a good way to stay connected with alma maters or local schools for social, educational, clinical, and other reasons. Having an appointment as a clinical faculty member of the state or local medical school might be an added benefit for some preceptors as well as a way for your patients to recognize and value your knowledge, experience, and skills as they are recognized and valued by the medical school whose students you teach.

Serving as a preceptor has many costs. It takes time,

Table 1. Characteristics of Ideal Clinical Teachers

- Breadth of clinical knowledge
- Enthusiastic
- Energetic
- Enjoyment of teaching
- Friendliness
- Clinical competence and credibility
- Clear and well-organized
- Accessible
- Demonstrates interest in students
- Demonstrates interest in patients
- Delegates responsibilities
- Sets good example, models appropriate behavior
- Provides feedback
- Responsive to questions
- Communicates expectations for performance

*Modified from Society of Teachers of Family Medicine. Preceptor Education Project workshop materials and instructor's manual. Kansas City, MO: Society of Teachers of Family Medicine, 1992.*

you must fulfill an academic health center's requirements, and you are responsible for a substantial component of a student's medical education. You also have an opportunity to affect our nation's workforce. With high-quality family physicians precepting students, more students may be inspired to pursue a career in family medicine.

*What are the characteristics of good preceptors?*

The characteristics of exemplary teachers are very similar to those of a good family physician. Many educators use comparisons to patient care when they conduct workshops on how to be a better clinical teacher.

Characteristics of good preceptors, based on the works of Irby<sup>3</sup> and Stritter<sup>4</sup> as summarized in the Society of Teachers of Family Medicine (STFM) Preceptor Education Project instructor's manual,<sup>5</sup> are listed in Table 1.

Good preceptors recognize that students have different learning styles. Some learn best independently, while others are best suited to focal problem-solving, structured didactics, or active participation. Discussing student learning preferences early in the clerkship will help you individualize the experience and help the student get as much as possible out of the time in your office.

Most departments of family practice provide opportunities for preceptors to participate in workshops or sem-

inars designed to improve the preceptors' skills as teachers and evaluators. There are also opportunities for preceptors to attend state, regional, and national meetings conducted by state organizations, STFM, and the American Academy of Family Physicians (AAFP) at which preceptor development is one of the topics. There are also textbooks and other written materials available through STFM and AAFP that preceptors can use to enhance their teaching and evaluation skills. One such example is the Preceptor Education Project materials.<sup>5</sup>

#### *What can students learn from me?*

Central to the criticism of medical education today is that it occurs primarily in major teaching hospitals where high technology and rare diseases are common and common problems are rarely encountered. Most students will have neither the opportunity nor the desire to establish an academic hospital-based practice. Most, like you, will practice in the community. Recognizing this makes the teaching opportunity more enjoyable for you and meaningful for the students. Not only do these students need to know what a real practice entails, but also you may be their only introduction to primary care. Office-based skills are important, but not to the exclusion of the art of practicing medicine. Students need to see medicine practiced away from the high technology of the academic medical center to know that it can be practiced competently in urban, inner-city, rural, and suburban areas. The students can learn about "reality" from you. You can show them why you enjoy what you do. Observing the realities of a medical practice will allow students to experience what they will be doing once they become practitioners.

The students probably have seen the newest technology and procedures but may not have seen how to prevent patients from becoming ill or how to determine appropriate immunizations for children. Students can learn how to balance their personal and professional lives by observing community preceptor role models. Working with patients and obtaining feedback on their skills will build the student's confidence. It has been documented that students who participate in preceptorships have increased confidence in performing basic clinical skills compared with students who do not participate in preceptorships.<sup>6</sup> As a preceptor, you have an opportunity to teach by sharing your practical experience and serving as a role model. You and the student both will be surprised by the amount of illness and disease that comes through your office. This clinical education, however, will not be the most important outcome of the experience. The most important result of the experience will be the relationship you develop with the student and the learning you both experience.

Table 2. What Students Can Learn from a Preceptor

- Real medicine outside the academic medical center
- Doctor-patient relationship skills
- Doctor-doctor relationship skills
- Medical knowledge
- Procedural skills
- Negotiation skills
- Application of basic science knowledge
- Practice management
- How to handle acute medical problems
- How to handle chronic medical problems
- How to work with specialists and subspecialists in consultation referral situations
- How to work with community resources/agencies

*From Society of Teachers of Family Medicine. Preceptor Education Project workshop materials and instructor's manual. Kansas City, Mo: Society of Teachers of Family Medicine, 1992. Reproduced with permission.*

Table 2 is a summary of what students can learn from preceptors, as adapted from the Preceptor Education Project materials.<sup>5</sup>

For the most part, students enjoy working with preceptors in their offices. The opportunity to work closely with one or two senior physicians sharply contrasts with the remainder of the students' clinical experiences, which are primarily in hospital settings where they are more likely to work with interns and residents than with attending faculty. Even in the most academic medical schools, a majority of the graduates go into private practice, regardless of their specialty choice. Therefore, interactions with a community-based family physician provide students with experience working with the types of physicians they are most likely to become, whether they choose to be a family physician or a neurologist.

#### *Should students be taught about community involvement?*

Within most medical school curricula, there is no introduction to what it means to be a community-responsive leader. As a member of the professional world, you are expected to participate in community activities. Students will want to understand not only how to make the best contribution but also how to choose areas that will provide maximum opportunities within the time constraints of a busy medical practice. You will be able to show students the important ways a physician can and should be a leader. Not only will your experience introduce students to community responsiveness as a medical provider of care

for all types of patients, but also you will be able to show students the realities of medicine. In the present environment of health care reform, students will appreciate learning about the organizations you select for affiliation because they represent your beliefs and values. If you have developed relationships with your local or state schools, government, or other community groups, share this information with the student. You have a tremendous opportunity to help guide a responsive future community leader and medical care provider who will recognize the opportunity to improve a community by being involved.

Introduction to the community also means examining community needs. Having a specific community interest can enhance your experience with the student and the student's learning. You could ask the student to investigate public health activities in your community, seek the answer to a particular community-related issue facing your practice, or arrange for the student to visit all the community agencies within a set boundary that help you provide better care for your patients.

#### *How do I prepare for a student coming to the office?*

Preparing properly for the preceptorship will save you time and problems in the long run. You should prepare for a student in the same way that you prepare for introducing a new colleague or staff member into your practice.

First you should establish contact with the medical school or department of family medicine in your area or state to determine their expectations of you as a preceptor. You should request and receive all appropriate clerkship handbooks and materials and review them carefully so that you understand how the preceptorship will affect you and your office. Among these materials should be some formal written clerkship objectives and expectations for both preceptor and student and guidelines from the sponsoring department or school.

Once you have reviewed these materials, you might wish to share them with your colleagues and staff before you agree to serve as a preceptor so that you will have involved them in this important decision that will affect their activities as much as your own.

Prepare a sheet with basic information for your student. Include parking, dress code, work space, names of staff, hours, and whom to contact for trouble-shooting, for example. Table 3 summarizes other issues to include in the "ground rules" for the office.

Once you have agreed to be a preceptor, you may want to attend a workshop or seminar to help you better understand your role as a preceptor. Some schools or states will hold preceptor training workshops on a regular basis. Some schools may require attendance at some of

Table 3. "Ground Rules" to Cover with the Student Regarding Working in Your Office

- Days the student is expected to be in the office
- Hours the student is expected to be in the office
- Student responsibilities for hospital rounds
- Student "on-call" responsibilities
- Office dress, appearance
- Preceptor days off during rotation
- Student days off (if applicable)
- Procedure if student/preceptor is ill or cannot be in the office
- Other office policies of which student should be made aware

Orientation to the office and hospital should include the following:

- Student's office space
- Staff and their responsibilities
- Standard operating procedures (appointments, location and operation of dictation equipment, where to make entries in patient charts)
- Patient population characteristics
- Individual practitioner's special interests and skills (eg, sports medicine, occupational health, allergy testing)
- Where to park
- Office laboratory and procedures
- Office library and reference materials
- Important telephone numbers
- How to use the paging system
- Chart organization and where to make entries in hospital charts
- Location of special areas (eg, emergency room, radiography, nursery)

*Modified from Society of Teachers of Family Medicine. Preceptor Education Project workshop materials and instructor's manual. Kansas City, Mo: Society of Teachers of Family Medicine, 1992.*

these workshops. Other schools will schedule faculty from the medical school to make site visits to preceptor offices on a regular basis.

#### *Does a student need to be with me all the time?*

A student should not be with you all the time. Students should be assigned an appropriate number of patients to see with you and perhaps some with your colleagues. A variety of experiences can be provided to students. In planning your day, select a few cases for the student to follow. Ask students to identify the most recent literature for you on a couple of special problems. It is important to introduce students to the community, but this does not necessarily imply personal introductions. A list of places to go and people to see can serve as a guide. Students are adults and should be offered opportunities to provide input into what they would like to do. Clerkships for clinical medical students should consist of more than just shadowing. Neither the student nor the preceptor benefits from such experiences. If the experience is to be enjoyable for both of you, it requires joint planning.

#### *Does a student need to see all the patients?*

The student should not see all of your patients. Although the student is there to learn about your hectic schedule,

that is not the sole purpose of preceptorships or clerkships. A reasonable pace should be maintained for a student to allow for the opportunity to reflect on the patients they have seen with you.

Seeing a wide variety of patients can help the student understand the extreme variation of patient problems routinely seen in your office. Selecting a few patients for extensive study can also help the student. Assign your students to learn more about the problems these patients have through the library or computer literature searches. The results of these assignments can help you learn what might be the most recent treatment for a particular problem at the same time the student does. Learning together can be rewarding for both student and preceptor.

*Does a student have to spend time only in the office?*

No. The clerkship is probably the only time this student will have an opportunity to see how medicine is practiced in the community. Let the student experience all aspects of the practice, including your social responsibilities, interaction with colleagues, and participation in public health programs, for example. You may even want the student to go with a patient that you have referred to another physician to gain an understanding of the referral and feedback process. Plan a home visit with the student. Take the student with you on hospital rounds or on a visit to a nursing home or extended care facility. The student is there to understand and learn about family practice, but that experience should include your life and role within the community you are serving and should extend well beyond your office walls.

*How can I maintain efficient office flow with a student in my office?*

Students and preceptors both need to understand that your practice must continue with little interruption. This can happen, but it takes planning. Adding another person to any well-running system causes disruption; however, an orientation session with staff before the student begins and assigning appropriate responsibilities will help. Selecting appropriate patients for students to see requires planning each day. Set aside time with the student at the beginning of the day or at the end of the day to go over the schedule of patients to be seen during the next patient care session. This will help you and the student prepare for the number and types of patients to be seen in advance and can help ensure that each day goes well. By the end of the first week, the pattern should be in place so that the office runs smoothly, patients are seen, and the student knows what to do. Students should have a primary preceptor even when assigned to a group practice and work-

ing with multiple preceptors. It is also helpful to assign one staff member to trouble-shoot if things get bogged down. Planning and open communication will facilitate smooth sailing.

Your affiliation with a medical school should be advertised to your patients. Many departments send preceptor certificates or notices that can be placed in the waiting room or examination rooms, informing patients that their family physician is a teacher for one or more medical schools. This notice serves as a means of informed consent to the patients as well as validating the qualifications of the preceptor by virtue of being a medical student teacher. You can even prepare these documents yourself. Be sensitive to your own needs. If the time comes when you begin to dread the arrival of a student, it means you need a break or your office system will not run smoothly.

*How much time does it take to be a preceptor?*

The amount of time that you spend as a preceptor will depend on many factors related to you, your practice, and your student. Most studies on the cost of teaching students in the office have estimated that the cost in time of having a student in the office is 45 to 60 minutes per day based on the student being assigned to the office for a full day.<sup>7</sup> These 45 to 60 minutes may be strictly preceptor time or may be shared among the preceptor, nursing staff, and other office personnel.

The amount of time the preceptorship takes may vary according to the level of student you are teaching as well as the type of activities you and the student are involved in. Many preceptors have reported various tips for how to reduce the time or take advantage of the time while doing other things. For example, preceptors in rural areas or who work at different offices have reported using the travel time between sites as a good time to talk to the student to assess his or her level of knowledge and interest, follow up on patients seen earlier that day, and discuss relevant educational issues.

*What does it cost to be a preceptor?*

The cost of medical education is becoming more of an issue for all medical school and residency faculty. Federal assistance through the Medicare pass-through reimbursements will certainly be cut significantly in the near future. This has caused faculty to pay more attention to practice plans and patient care revenues than in the past. However, future family physicians also need to know that while it costs money and time to teach medical students in the office, serving as a preceptor is an investment in the future of family practice. Some medical schools are attempting to provide monetary incentives to their community pre-

ceptors. These schools, however, are certainly in the minority and the amount of compensation they are able to offer does not meet the full cost associated with teaching students. These costs have been estimated by different groups to range from \$1200 to \$5000 per month, depending on the level of the student and the type of clinical experience.

#### *What are the rewards for being a preceptor?*

Having acknowledged the costs associated with teaching medical students in the office, it is also appropriate to consider the rewards. Some schools offer benefits, such as educational workshops, faculty appointments, and financial remuneration. Others extend benefits such as access to campus parking, use of recreational facilities and libraries, reduced prices for tickets to sporting and cultural events, and reduced tuition for continuing medical education courses. The closer you live to the school(s) with which you are affiliated, the more useful the benefits.

Some schools offer faculty exchange programs or locum tenens so that preceptors can schedule mini-sabbaticals that allow them to come to the campus or attend workshops to gain new clinical, computer, or teaching skills. You also can receive continuing medical education (CME) credits from the AAFP for your teaching contributions.

Our experience has led us to conclude that the joy and satisfaction of teaching future physicians is the greatest reward for being a preceptor. The interactions and relationships with medical students that occur during clerkships and preceptorships are intrinsic rewards that keep many preceptors involved on a regular basis over a number of years.

#### *Will my patients and staff accept students in the office?*

Limited research has been conducted on patient satisfaction with the involvement of medical students in their care. Several studies have shown positive results in private and academic offices.<sup>8-10</sup> In general, these studies have reported moderate to high patient satisfaction with student involvement in their care. A 1986 report<sup>10</sup> discussed the costs and benefits of medical student training to an HMO participating in medical education. The HMO providers reported that students had a positive effect on quality of care and patient satisfaction, and physicians perceived that teaching students in the office contributed to their personal professional education and improved their satisfaction with their practice.

Some preceptors are able to select patients who may benefit from the fresh approach or extra time a student might bring to the patient interview and examination. Similarly, some patients enjoy the luxury of being able to

spend extra time talking with students that they may not get in the course of an average visit with their physician.

If you have properly prepared for the student's presence in the office, your staff will be more likely to accept the student and to help your patients accept this change. Maintaining good communication with the medical school and department regarding expectations for the role you, your staff, and colleagues are to play in the student's education will enable you to prepare your staff and the student for one another. Involving the staff in teaching students how to perform tasks such as taking vital signs, conducting basic procedures, handling patient phone calls, discussing patient education materials, and similar activities also will foster a positive attitude about having a medical student in the practice.

#### *Why and what should I teach students who do not want to go into family practice or primary care?*

Working in your office may be the only exposure the student will have to family practice, regardless of individual career preferences. A student who initially does not want to enter family practice may have a change of heart after a clerkship with you. Even if this does not occur, the student will recognize that family practice is an important part of medicine by seeing what it is like and how it is practiced competently, and will understand the referral process. Precepting is an opportunity to show students the value of all physicians relating to each other, regardless of specialty.

Although you should teach all students exactly as you teach those who want careers in primary care, you can concentrate some of the student's time on working with physicians practicing in the specialty the student prefers. The student will appreciate how your practice interfaces with that specialty and the quality of medicine practiced by family physicians.

#### *How do I give feedback to a student?*

Students are anxious to know how they are doing. Asking them to tell you how they think they have handled specific patient issues or interactions will help you determine how accurately the students can judge their competencies. Most are quite accurate. It is helpful to set aside regular times for feedback sessions, immediately following sessions during which you have observed the student. Immediacy is not always possible, but feedback should be as soon after an activity as practical. Sessions should be conducted in a confidential setting, preferably in the privacy of your office or, if in the hospital, in a private room rather than in the hallway. To learn, students need positive and constructive negative feedback. Constructive feedback

can be well received, especially if preceptors develop a "reservoir of goodwill as soon as possible in a relationship with a learner."<sup>11</sup> Within this context, you can introduce the student to the lifelong learning and self-assessment processes.

Feedback is defined as "the provision of information by the observer [preceptor] to the performer [student] about the performance, *without* judgment about quality."<sup>5</sup> There are rules of thumb for offering such suggestions to students. Characteristics of constructive feedback<sup>5,12</sup> are listed in Table 4.

Providing constructive feedback is one of the most important aspects of a preceptorship or clerkship. This may be the only clinical experience a student has in which one individual takes the time to help the student understand his or her strengths and weaknesses. Although it may sound surprising, many medical students arrive in preceptors' offices without ever having been observed performing basic clinical skills by faculty at their institutions. Your in-depth assessment and provision of feedback can be among the most valuable aspects of the experience for the student rotating through your office.

#### *How do I evaluate students?*

Evaluation is a critical aspect of being a preceptor and is certainly one that cannot be avoided. Unfortunately, to many individuals, the word "evaluation" conjures up images of grades, accountability, tests, and time.

To make the evaluation process as painless and appropriate as possible, the medical school administration should inform you about its expectations for the student and specific information about the student *prior to the clinical experience*. This should include the student's level of training, courses, and clerkships completed, and objectives of the rotation and evaluation forms. If this does not occur, make sure you obtain this information before the orientation session you have with the student at the beginning of the experience.

Table 4. Characteristics of Constructive Feedback

- As specific as possible
- Positive when deserved
- Not demeaning when critical
- Understandable
- Related to behaviors that can be changed
- Based upon specific behavior
- Based upon systematic observation
- Emphasize change in behavior and progress toward a goal
- Establish a follow-up plan

Modified from Society of Teachers of Family Medicine. Preceptor Education Project workshop materials and instructor's manual. Kansas City, Mo: Society of Teachers of Family Medicine, 1992, and Whitman NA, Schwenk TL. Preceptors as teachers: a guide to clinical teaching. Salt Lake City, Utah: University of Utah, 1984.

You should evaluate the student based on a system of observations over a period of time. Evaluation should emphasize both changes in behavior (improvement) and progress toward a goal. A process that works well without being too time-consuming is based on three formal observations, with informal observations built continuously into the experience. The first observation should occur at the beginning of the preceptorship or clerkship. The second should be at or near the mid-point of the experience to allow both preceptor and student to review the progress to date. The third should take place at the conclusion of the rotation. Focusing on specific skills, preceptors should ask the students to evaluate their own performance.

An overall evaluation will be required by the school. In addition to the formal questionnaire, other sources of information include demonstrations, notes and records, self-assessments, presentations, and input from staff, patients, or both. You may be asked to recommend a grade for the student. In most instances, your evaluation will be factored into a final grade that is also based on student performance on written or clinical examinations, and on other assignments graded by faculty at the medical school. In some instances, the student's entire grade may be based on your assessment of the student's clinical performance in your office.

Remember, this experience may be the only time a faculty member sees the student on a day-to-day basis. During this process, not only can the students build confidence in skills, but you can also assure the medical school that they are preparing competent future physicians. You have a very important role in facilitating the process of teaching and developing qualified medical students and future colleagues.

#### *What do I do with problem students?*

Unfortunately, there is no way to guarantee that you will be able to avoid having to deal with problem students. As more schools and departments require family practice clerkships, preceptors are more likely to encounter the problem student. Just as you have learned to work with problem patients and perhaps even problem staff and peers over the years, you will need to develop a strategy for dealing with problem students. Depending on your relationship with the medical school and department, your main role might be to identify problems and refer the student to appropriate staff in the school or department. To assist you in preparing for the types of problem students you might encounter, we have summarized in Tables 5 and 6 information from an article based on faculty experiences with problem students in all specialty areas.<sup>13</sup> The problem students you encounter as a preceptor will

Table 5. Eight Types of Problem Students

- Student who cannot focus on what is important
- Student with a poor fund of knowledge
- Disorganized student
- Student with poor integration skills
- Excessively shy, nonassertive student
- Overeager student
- Bright student with poor interpersonal skills
- Disinterested student

*Modified from Hunt DD, Carline J, Tonesk X, Yergan SJ, Siever M, Loebel JP. Types of problem students encountered by clinical teachers on clerkships. Medical Education 1989; 23:14-20.*

likely have characteristics similar to those of patients who are difficult to work with.

In general, it is desirable for preceptors to address relatively minor problems as soon as possible and on site without having to contact a medical school or department representative. For major or chronic problems, however, it is appropriate to contact the medical school or department.

#### *Is it important or necessary to have a faculty appointment?*

Community preceptors deserve recognition and advancement for consistently providing high-quality clinical experiences for medical students. Although you may only receive a certificate to hang on the wall, it means you have a formal affiliation with a medical school or department. Some schools or departments may require you to have a formal faculty appointment in order to serve as a preceptor.

Table 6. Examples of the Most Challenging Types of Students

- Student with psychiatric problem
- Excessively shy, nonassertive student
- Student who is a "con artist"
- Student with substance abuse problem
- Bright student with poor interpersonal skills
- Student who challenges everything
- Student with poor integration skills
- Student who cannot be trusted

*Modified from Hunt DD, Carline J, Tonesk X, Yergan SJ, Siever M, Loebel JP. Types of problem students encountered by clinical teachers on clerkships. Medical Education 1989; 23:14-20.*

tor. More and more community faculty in all specialties, however, are being recognized as an essential part of the medical education process. A faculty appointment provides greater visibility for you as an individual as well as for the discipline of family medicine. You should be proud of your appointment and your rank. At some time in the future, you may decide to pursue a full-time academic career. A volunteer appointment shows that you have academic experience and have been recognized for it. To receive an academic appointment, you will need a written curriculum vitae and letters of recommendation regarding your clinical and educational expertise. You also will be asked to complete an application at some institutions. The paperwork is usually minimal.

#### *What kind of relationship do I have with the medical school or department?*

Ideally, you will have a close and productive relationship with the medical school or department coordinating the placement of students in your office. It is incumbent on the school and department to provide you with enough information and support to make you feel like a valued member of their extended teaching family. Conversely, you should be afforded the same level of academic independence that the school or department extends to a full-time faculty on campus at the medical center.

## Summary

We recognize that these questions and answers provide only the basics of what is entailed in being a community preceptor. As a teacher and role model for medical students, you have the opportunity to provide an essential educational experience that cannot be duplicated within the academic medical center.

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