Reaching and Teaching Preceptors: Limited Success From a Multifaceted Faculty Development Program

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We conducted a six-pronged preceptor faculty development program that included a listserv and interactive Web-based teaching scenarios. A total of 144 preceptors in a required preceptorship program were offered traditional continuing medical education (CME), a preceptor listserv, an electronic clinical teaching discussion group, an orientation videotape, a CD-ROM on teaching skills, and technology support. On Web-based evaluation, 31% of participants responded. Eighty percent of preceptors allowed us to subscribe them to the listserv, and most agreed it was useful. One third of preceptors responded to an electronic clinical teaching case discussion, most rating it useful to their precepting. The listserv and electronic teaching cases hold promise for preceptor faculty development.

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Community preceptors, mostly volunteers, contribute to clinical teaching in almost all US medical schools, and approximately 30% of family physicians teach medical students in their offices. Providing faculty development to this diverse, geographically dispersed group of teachers is important to optimize students’ learning experience but has proved challenging. Preceptors enjoy teaching and consider that it contributes to their professional growth, but their busy schedules often result in low participation in faculty development activities.

Course directors have tried multiple methods to engage preceptors in faculty development. Reported methods include workshops using “standardized students,” seminars, monographs, Web modules, one-page summary teaching “thumb-nails,” annual conferences, and personal visits to conduct “academic detailing.” At the Texas A&M University System Health Science Center College of Medicine (TAMU), we conducted a six-pronged preceptor faculty development program that used many of these methods. We introduced two innovative methods—a preceptor “listserv” and interactive Web-based teaching scenarios. Our program’s goal was to improve communication between course directors and preceptors. Also, we aimed to strengthen preceptors’ clinical teaching and improve their technology skills so that they could role model lifelong learning. In this paper, we describe the successes and challenges of this
multifaceted preceptor development program.

**Methods**

**Settings and Subjects**
TAMU is a publicly funded medical school with 80 students per year. The Department of Family and Community Medicine administers a required second-year community preceptorship program with 72 continuity preceptors and 72 elective preceptors. Continuity preceptors each supervise one student in direct patient care in their office on five successive Tuesday afternoons. Elective preceptors are subspecialists whom students shadow for a single afternoon. Each student has four separate “elective” afternoons for the year.

In a 2002 needs assessment, preceptors requested faculty development materials that integrated medical content, technology, and teaching skills. These expressed needs were similar to others reported in the literature. We designed and implemented six interventions to address preceptors’ needs.

**The Six Faculty Development Interventions**

1. **Traditional Continuing Medical Education (CME) Sessions.** We conducted 10 CME sessions over a 3-year period that combined medical content with teaching and technology skills. For example, in one 2-hour workshop, we presented updates on diabetes and lipids along with instruction on the One-minute Preceptor Model. In addition, librarians coached preceptors to improve their literature searching skills.

2. **A Community Preceptor Listserv.** The listserv’s purposes were to facilitate communication between preceptors and course directors and also to encourage preceptors to communicate with each other to share clinical teaching experiences and tips.

3. **An Electronic Clinical Teaching Discussion Group.** Two nationally recognized medical educators, William Mygdal, EdD, and Paul Paulman, MD, developed and distributed Web-based teaching scenarios via the listserv. We then surveyed preceptors for their multiple-choice responses, reported back the tallied response count via the listserv, and provided commentary on each of the response options.

4. **An Orientation Videotape, “Precepting: Training Tomorrow’s Doctors Today.”** We developed and distributed this 15-minute orientation video to 25 new preceptors. The tape’s contents included the medical student curriculum, course structure, and basic precepting skills. Production costs were approximately $5,000.

5. **A CD-ROM Distance Learning Module, “Evaluating Medical Students and Residents.”** We distributed this 40-minute module, which demonstrated the RIME approach to student evaluation, to 75 preceptors. Production costs were approximately $50,000, not including faculty time.

6. **On-site Technology Support.** We provided a microcomputer specialist to assist preceptors in their own offices with access to the Medical Science Library and electronic resources. Forty-four preceptors used this service.

**Results**

We evaluated our program using a Web-based questionnaire. We posted the survey link on the listserv and faxed copies to preceptors who did not subscribe to the listserv. Forty-four of 144 preceptors responded (31%). Forty-six preceptors participated in the traditional CME sessions, and 93% agreed or strongly agreed that the information presented in these programs was useful for both practice and teaching.

Eighty percent of all preceptors allowed us to subscribe them to the listserv on the condition that we would use it sparingly. Interestingly, while most preceptors agreed or strongly agreed (85%) that the listserv connection to the Department of Family and Community Medicine was useful, they failed to use it to communicate with each other.

Approximately one third of preceptors responded to one or more electronic teaching case discussions. Survey respondents rated the electronic discussions as useful and positively impacting their precepting (80%).

The orientation videotape won “The Communicator Award of Distinction” at an international competition of academic communications departments. Survey respondents agreed the videotape gave new preceptors a clearer understanding of the goals and objectives of the preceptorship program and the medical curriculum as a whole. Eighty percent of respondents agreed that the CD-ROM on evaluation was useful and positively impacted their precepting.

Survey respondents were neutral regarding the usefulness of Web-based information resources (Medical Science Library and other resources) during precepting and patient care. Preceptors were more positive about the usefulness of Web-based medical resources outside clinic times.

**Discussion**

Our evaluation is limited by our low response rates, but low response rates are widely reported from preceptor surveys. We achieved most of our goals with the 30% of preceptors who responded. We connected with 80% of our preceptors via our listserv and impacted more than 31% of them with our CME offerings and 30% with our teaching cases. The teaching cases also prompted some online discussion among preceptors.
Our orientation video was highly successful, winning an award. Our evaluation module was also rated highly by responding preceptors. We failed to prompt preceptors to integrate electronic information into real-time teaching and clinical care. However, this result confirms other literature reports. In one 2002 report, only 14% of preceptors used computers in clinical teaching. In another study, less than 50% of preceptors given personal digital assistants (PDAs) used them regularly after 1 year.

Conclusions
Our six-prong preceptor faculty development initiative had some success, especially our listserv, electronic clinical teaching cases, and our orientation video. Our other interventions reached approximately 30% of preceptors and were positively evaluated. It remains to be seen if we can demonstrate improved teaching behaviors as a result of our program.

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References