Editor’s Note: In this month’s column, John P. Langlois, MD, of the Mountain Area Health Education Center in Asheville, NC, reviews the history of precepting in medical education and describes the important role that 21st century preceptors will have in teaching students about current and future health care trends.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate Family Medicine citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 5510 Greenbriar, Houston, TX 77005-2638. 713-798-6271. Fax: 713-798-8472. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

The Preceptor in the 21st Century

John P. Langlois, MD

What will the role of the preceptor be in the 21st century? To answer this question, the first step is to review the past and examine the role the preceptor has played in medical education to date. The next step is to anticipate the major trends in medicine that will be prominent in this century and see the opportunities and challenges for preceptors. The final step will bring our considerations back to the present to understand and appreciate the current value of precepting and preceptors.

According to the American Heritage College Dictionary, a preceptor is (1) a teacher, an instructor, and (2) a specialist, such as a physician, who gives practical experience and training to a student.1 The origin of the word “preceptor” is derived from the Latin word praecipere, to teach. Another Latin word for teaching—docere—is the root of the word “doctor.” So, as doctors, we are called to teach, to precept.

Historically, there are three particular instances where the combination of patient-centered precepting and scholarly instruction in medicine came together with positive effect. In Greek society in the 5th century BC, apprenticeship was the common method of obtaining medical training.2(pp196,217-9) Students of medicine paid their preceptors to teach them as they cared for patients together. At the same time, physicians went to schools to be taught by skilled clinician/teachers such as Hippocrates. This period began a pattern where practical teaching by preceptors with patients was combined with scholarly education. However, this combination of patient-centered teaching and scholarly education did not last. For many of the following years, clinical teaching was practically nonexistent as medical degrees were conferred on the basis of spoken disputations and not on clinical competence. It was not until the 1600s that a similar combination of precepting and scholarship was again seen. The physician/teacher Sylvius in Holland introduced the concept of teaching using patients.2(p430) Many students flocked from all over to experience this concept of learning through patient care. Once again, patient-centered teaching and scholarly education were combined with great effect.

In the early 1900s, Sir William Osler placed great emphasis on teaching at the bedside.2(pp524,537) The 1910 Flexner Report, built on Osler’s ideals, resulted in a model where clinical teaching was balanced with scholarly education. The model focused on the hospital, where the student would have continuity with the patient, see the natural progression of disease, and learn the art of medicine through ongoing patient relationships. During that period, patients might spend a month in the hospital for pneumonia, several months in the hospital for tuberculosis, or 2 weeks for a normal delivery. Students received effective patient-centered teaching in the hospital for many years and did not spend time in community-based practices.
However, the value of the hospital setting as a teaching venue changed in the 1960s and 1970s. Technological advances and cost pressures resulted in patients moving through the hospital more rapidly since patients often had a diagnosis and were admitted only for a specialized procedure. It took some schools until the 1990s to realize that key aspects of medical care—diagnosis and patient interaction—could no longer be learned or taught well in the hospital environment with its rapid turnover of patients. This resulted in the tremendous growth of community-based preceptorships over the last 10 years in which preceptors like yourselves teach students in your offices and give them opportunities to interact with patients, diagnose their conditions, and experience continuity of care. It is likely that community-based precepting will have an ongoing role in the future of medical education, since it is in this setting that patient-oriented training and scholarly education again are working well.

What are the trends in medicine that will have effects on precepting and preceptors in the future? There are several clear trends that we will be dealing with in the future, and preceptors will have a role in teaching students about all of them.

Prevention is a growing and necessary part of medicine that will become more and more important as we make strides in eliminating infectious disease and other causes of premature death. After conquering major plagues and public health scourges in the last century, we now have to deal with diseases that are related to patients’ lifestyles. Medical students will learn strategies for avoiding disease and promoting wellness from well-trained preceptors in the community.

Care for the aging will be a dominant trend for at least the first half of this century. As Americans age, there will not be enough geriatricians to provide care for them. Students will learn appropriate, cost-effective, and socially and culturally sensitive care for the aging in the community practices and long-term care centers served by preceptors.

Genetics is another trend growing in prominence in this century. It is touted as a way to overcome the tendencies to disease that develop in the body as we live. Complex decisions will have to be made, and geneticists agree that there will never be enough specialists to provide this service to all who will require it. Students will learn from their preceptors to use the context of family and community to help patients make complex medical and ethical decisions about their therapy.

The future also promies technological solutions. Implanted sensors, cyborgs combining flesh and machine, toilets that measure urine chemistry, and cloning to produce replacement organs will offer solutions that, it is claimed, will overcome many obstacles to health and quality living. While each of these may offer great benefits, they also will have drawbacks. The preceptor will teach students how to guide patients through a maze of technical options, opportunities, and pitfalls.

The factor most likely to influence these trends is their cost. Health care costs will create major challenges and struggles for our medical care, primarily because we do not really have an integrated medical system. We will spend much of the next 25 years determining that we need a system and what it will look like and then spend the next 75 years criticizing and improving our creation. Preceptors will guide students through the cost squeezes and first- attempt plans of this transition and help them keep their eyes on the true goals of medicine—relieving suffering and promoting health for real people.

As a preceptor, you may feel uncomfortable that you don’t have all the knowledge, attitudes, and skills to accomplish all those tasks for the student of the future. You may feel that it will be a challenge to adapt and move forward and help students do the same. The truth is that the future is here now, as most of you already are facing these 21st century trends and adjusting your practice to deal with them. Your teaching students to handle these issues and your positive, reflective, forward-looking attitude will help them handle challenges they may face in their future.

We have seen through history that precepting has had a vital role in medical education. We see in the trends of the future that students will continue to need exposure to patients and the challenges of your communities and practices to teach them how best to serve their patients. What you are doing in your practice and in your teaching now is laying the foundation for the future. The students who are currently in your medical schools and rotating through your offices will carry your teaching, inspiration, and ideas even further, and they will teach others who will serve almost into the next century. To shape their future, you must constantly strive to improve, to learn, and to change and then share with your students what and how you have learned. This is the role of the preceptor in the 21st century.

Correspondence: Address correspondence to Dr. Langlois, MAHEC Division of Family Medicine, MAHEC Office of Regional Primary Care Education, 118 W.T. Weaver Boulevard, Asheville, NC 28804. 828-258-0670. Fax: 828-257-4738. Johnl@mtn.ncahec.org.

REFERENCES