Benefits of a Preceptor Focus Group:
A Model of Interaction Among Academic
and Community Faculty

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The predoctoral faculty at Southern Illinois University have been successful in recruiting preceptors from Illinois to teach in the Department of Family and Community Medicine (FCM) third-year clerkship and fourth-year preceptorship electives for more than 20 years. It is essential that the faculty work closely with preceptors to share educational concepts and explore preceptors’ needs for faculty development as their practices change. One way of working with our preceptors has been to meet with a group of volunteer preceptors who were asked to join our Preceptor Focus Group (PFG). The PFG serves as an educational and public relations tool. We vary the preceptor members periodically so we gain new input each year. The purpose of this program is to have preceptors meet with the predoctoral faculty twice a year to review the preceptorship’s goals and objectives. Our goal is to listen to preceptors’ perspectives about what they believe works best regarding the training of our medical students in family practice and how we are doing at reaching out to the volunteer faculty in general. We believe this model has been a success because it provides valuable feedback about how we can improve education for our students, but, more importantly, this model allows us to assist our preceptors and reward them for their contributions to our program.

The preceptors are on the front lines of patient care and apply clinical reasoning to every patient encounter. They use evidence-based medicine in their clinical assessment and treatment plan and develop many hypotheses in a short amount of time. Since these are the same techniques we are trying to teach students, who better to show students these techniques than preceptors? Our students spend 4 weeks with a preceptor going to hospital rounds, clinics, meetings, nursing home visits, house calls, and other community activities. Some preceptors have the students

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Editor’s Note: In this month’s column, Jeff Suzewits, DO, MPH; Julie Robbs, MA; and Amber Barnhart, MD, of the Department of Family Medicine at Southern Illinois University discuss a model for interaction among university faculty and community physician preceptors.

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.
stay with them in their homes and take them to events special to that community, such as the local fair. Because of this social bonding, the preceptors gain an important and special insight into the students who are away from the traditional academic setting who predoctoral faculty do not always get to know. The PFG was designed to help bridge the academic educators and community physicians into one cohesive group so that the educational efforts designed were more productive in the real-world clinical setting.

The semiannual meeting of the PFG is held at a restaurant, and the group is composed of preceptors and the predoctoral faculty. The evening begins with an update on the medical school and the Department of Family and Community Medicine in general. Since some physicians are graduates of the medical school, it is important to update them on the latest medical school news, curriculum changes that may affect the way they precept, or upcoming alumni events. We then describe the orientation and evaluation activities of the preceptorship and ask for feedback. Many times, the preceptors think we should teach or train the students on particular procedures before the students arrive at the preceptor’s clinic so they are able to feel more comfortable in the clinic. Suturing and case presentations are always on the top of that list.

The dinners also serve as a means of gaining feedback about how we can determine ways to reward the preceptors. We have asked the members of PFG if they would be interested in attending educational conferences with continuing medical education credit provided or technological activities. Their input about whether these conferences would be well received by other preceptors is important in developing pertinent educational opportunities for our preceptors in the future.

Most importantly, these working dinners are our way to say “thank you” to our preceptors for the countless hours they devote to the education of our medical students. Their input into educational objectives and the FCM curriculum helps us to better prepare as well as evaluate the medical students for clinical training and teaching.

If you are a preceptor of medical students or other allied health professional students and are asked to participate in an interactive preceptor and full-time faculty meeting, we hope this article has convinced you of the benefit to both you and the students. On the other hand, if you are interested in starting a PFG in your area, ask the predoctoral faculty at the medical school if they are interested in collaborating with you to form a group of your own.

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