Innovations in Family Medicine Education

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Editor’s Note: Send submissions to jfreeman3@kumc.edu. Articles should be between 500–1,000 words and clearly and concisely present the goal of the program, the design of the intervention and evaluation plan, the description of the program as implemented, results of evaluation, and conclusion. Each submission should be accompanied by a 100-word abstract. Please limit tables or figures to one each. You can also contact me at Department of Family Medicine, KUMC, Room 1130A Delp, Mail Code 4010, 3901 Rainbow Boulevard, Kansas City, KS 66160. 913-588-1944. Fax: 913-588-2496.

The RAFT Approach to Academic Detailing With Preceptors

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We have adapted “academic detailing” as a method to deliver real-time faculty development to nearly all community preceptors, both rural and urban, using the RAFT technique (Rapport-building, Assessment, Focused preceptor development, Thanks/Trinkets). The method is expensive in terms of faculty time and can be difficult to schedule. However, it has proven to be a valuable, learner-centered method that reaches preceptors missed by traditional faculty development workshops. Preceptors experience support, both student and preceptor problems are identified and addressed early, and academic faculty gain a better understanding of the preceptor environment.

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Goal of the Program
We sought a method of preceptor development that would reach nearly all active preceptors, especially those who do not attend group workshops, and would address individual preceptor needs through a real-time approach. “Academic detailing” was first described in 1983 as a method of continuing medical education designed to change physician pharmaceutical prescribing habits.1 Proponents of the method recognized the effectiveness of office detailing by pharmaceutical company representatives and sought to emulate many of their techniques as a means to counteract biased sales information. We have applied the academic detailing concept to volunteer faculty development. Our report of the costs and benefits of adapting academic detailing by family medicine faculty in both urban and rural community preceptors’ offices is important to those responsible for faculty development.

Design of the Intervention and Evaluation Plan
Beginning in academic year 1999–2000, with Title VII grant support, a full-time physician faculty member was scheduled to visit each community teaching site to meet with the preceptor and student midway during the 6-week, required third-year family medicine clerkship and the 4-week senior rural preceptorship. For these site visits, we adapted academic detailing techniques2,3 according to the original mnemonic RAFT (Rapport-building, Assessment, Focused preceptor development, Thanks/Trinkets). Evaluation included quantitative information on the cost and effort of the project and qualitative data from preceptor and student feedback. We are now in our second year of post-grant continuation of the program.
Description of the Program

As Implemented

A full-time faculty member with preceptor development experience, the “faculty rep.” typically brings lunch or refreshments and begins the academic-detailing visit with casual conversation aimed at Rapport building with the preceptor and the student. The visit includes one-to-one time between the faculty rep and the student and between the faculty rep and the preceptor. The faculty rep assesses the preceptor’s individual needs in several ways: (1) feedback from former students, (2) interview with the current student, and (3) the preceptor’s self-appraisal. Based on the needs assessed in that process, the faculty rep then provides one-to-one focused instruction on teaching skills, such as the One-minute Preceptor microskills, enlisting staff support in teaching students, and dealing with problems. We supplemented the session by giving the preceptor a laminated pocket card of “Tips for Preceptors,” adapted from the card included in PEP2 materials developed by the Society of Teachers of Family Medicine. Alternatively, we beam the tips to their personal digital assistant (PDA). We also discuss Web-based teaching resources (http://wichita.kumc.edu/fcm/precdev/index.html). The faculty rep concludes the visit by saying “Thank you” and offering a small gift (Trinket) with our department’s name and school logo. The RAFT mnemonic serves as a helpful reminder to the faculty rep and as a useful tool in mentoring new faculty reps. After returning from the visit, the faculty rep files a brief report of the encounter for future reference.

Results of Evaluation

Quantitative Findings and Costs of Program

As of May 2003, we have made more than 180 urban/suburban site visits and more than 70 rural visits. We have been unable to schedule visits during about 8% of student rotations. Average encounter time for the faculty rep has been approximately 60 minutes. Travel and waiting time add an additional 60 minutes, on average, for local visits and an additional 2 hours, 20 minutes for rural visits. Travel to rural sites is minimized by concentrating visits to distant sites into one trip. Incidental costs, including travel, food, trinkets, and handouts average $45 per visit. On a per-preceptor basis, academic detailing costs somewhat more faculty time but less incidental expense than group workshops we have sponsored.

Qualitative Findings

The following examples of preceptor feedback characterize general themes:

“I appreciate when you visit to discuss the medical student on rotation with me. I think it shows the department cares about how and what the students are doing.”

“I appreciate the teaching tips, such as the card that I was given.”

“I had attended seminars on teaching before the office visits were initiated, so the visits mainly help by giving me personal feedback on my approach.”

“I believe the visits are very important as they keep the preceptor comfortable with the med school and on a first-name basis with the academic staff.”

“The contacts help the preceptor’s assessment of the student to be less superficial and more carefully thought out.”

“I always appreciate visits from faculty to our rural office as they communicate we are valued by the university. They strengthen my allegiance to the medical school and its students in a way that no plaque or card can.”

“These visits are valuable opportunities for the preceptor to ventilate problems with a student, schedules, or curriculum.”

“The visits eliminate the ‘town-gown’ syndrome.”

“The visits are more convenient and more focused than workshops but there is no interaction with other preceptors.”

End-of-clerkship feedback from students has included:

“I don’t know what you said to him at that visit, but I hadn’t gotten to do any pelvis before that and by the end of the clerkship, I’ve done close to a dozen.”

“My preceptor started putting me on the spot more, making me say what I thought we should do instead of just telling me what to do.”

“After (faculty rep) left, we sat right down and filled out that feedback form together.”

We have observed additional benefits. Faculty reps have used our experiences to refocus and personalize the content of our preceptor workshops. We refined the preceptor’s evaluation form based on input from the visits. Several preceptors who had never attended our group workshops in the past have participated after a personal invitation issued during a detailing visit. While visiting office sites, we have recruited new preceptors, either partners of existing preceptors or physicians with offices nearby.

Challenges

The major problems we have encountered include (1) freeing up time for academic faculty reps to make the visits and (2) scheduling with preceptors, especially at distant rural sites.

Conclusions

Academic detailing as a means of preceptor development is effective. The method is expensive and time-consuming, but on a contact time per preceptor basis, its cost compares favorably with group workshops.

Prior reports of site visits to preceptors have focused on the content of the encounters rather than on the technique of delivering the information and have not emphasized the real-time aspects that we find to be
of great value. Academic detailing is more learner-centered than the group workshop method. The RAFT technique models the importance of assessment and focused teaching, key elements of the One-minute Preceptor microskills. Academic detailing is not a replacement for other methods of preceptor development but adds important dimensions omitted by other methods. Especially important are the opportunities to reach preceptors who are missed by more-traditional faculty development programs and to address individual preceptor needs. In addition, faculty reps gain a better understanding of their preceptors’ teaching environments and the dynamics their students encounter. Academic detailing “builds ivory bridges, not ivory towers.”

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Professional presentations: The general content of this paper was presented by Dr Moser and Dr Dorsch as “The Office Visit As a Means for Preceptor Development,” a lecture-discussion at the Society of Teachers of Family Medicine 2002 Predoctoral Education Conference in Tampa, Fla. A follow-up presentation by Dr Moser, “The RAFT Approach to Academic Detailing With Preceptors,” was presented as a lecture-discussion at the Society of Teachers of Family Medicine 2003 Annual Conference in Atlanta.

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