
2e. Building Community Faculty: Lessons Learned from the Texas Experience

William K. Mygdal, EdD

Introduction

During the past two decades the Texas Statewide Family Practice Preceptorship Program (TSFPPP) has placed more than *six thousand* Texas medical students in the practices of Texas family physicians for month-long elective preceptorships. This accomplishment results from a unique collaboration between the eight Texas departments of family medicine, more than *eight hundred* volunteer family physician preceptors, and the Texas Higher Education Coordinating Board (THECB). TSFPPP has greatly increased Texas medical students' exposure to and appreciation of the role of primary care physicians, and the program has encouraged many students to make family practice their specialty choice.

The success of TSFPPP has its origin in the activism of the Texas Academy of Family Physicians (TAFP) during the 1970's. At that time TAFP was concerned about three related educational issues: first, they wanted to give Texas medical students more direct contact with the discipline of family practice. Second, they wanted to increase the numbers of family practice residency training slots available in Texas, and third, they wanted to find a way to prepare more family physicians for career commitments to academic family medicine.

TAFP's leadership sought funding and legislative support from the Texas Legislature, and in 1977 House Bill 282 was passed, setting up the TSFPPP. In addition, capitated funding was provided to each residency program director based on the number of residents in training at his/her program. The amount of the capitated payment was originally intended to cover 20% of the cost of educating a family practice resident, but the proportion of costs

covered has declined due to increased costs and the greatly increased numbers of residents in training. Lastly, House Bill 282 established the Family Practice Faculty Development Center, which I direct. All of these measures are in place today, and all still work substantially as intended, evolving over time. Funding for the three programs is administered by the Family Practice Advisory Committee to the THECB.

The Texas Statewide Family Practice Partial Scholarship Program

TSFPPP was initiated because the curricula in place in Texas medical schools in the 1970's provided almost no exposure to family practice, resulting in few students choosing it as a specialty. Further, those family doctors who did take students into their practices were in danger of burnout because of the huge numbers of students who — hungry for hands-on experiences in ambulatory medicine — wanted to complete preceptorships in their offices. Thus TSFPPP was established to provide Texas medical students with an opportunity to experience directly the broad scope of family practice as an aid in their specialty choice, to increase the number of students who choose family practice, and to teach students appropriate concepts and skills in primary care medicine. TSFPPP was seen as a first experience that would encourage students to give serious consideration to a family practice career, as well as enable those students choosing other specialties to understand and work more effectively with primary care physicians.

By sharing the preceptor pools of all the eight departments of family medicine, TSFPPP permits students to arrange experiences with preceptors

anywhere in Texas whose practice styles and locations match their interests. The large pool of preceptors available to students, combined with the preceptors' ability to limit the number of students they will teach each year, has evened out the demand on popular preceptors. In addition, the efficient management of the program, handled since its inception at the University of Texas at Houston, provides coordination, continuity and advocacy. TSFPPP receives an annual appropriation from the Texas Higher Education Coordinating Board, and program leadership is provided by co-director Lewis Foxhall, M.D., and founding director Jack Haley, M.D. Shirley Edwards, Coordinator, provides administrative support from the Houston office, working in concert with TSFPPP representatives at each of the eight medical school departments of family medicine.

Texas medical students who want to arrange a TSFPPP experience complete a common application form and submit it to their medical school's TSFPPP representative. Students decide on their preceptor preferences by reviewing the practice profiles in the TSFPPP Preceptor Directory, available from their school's TSFPPP Representative. First year students may match with family physicians for elective preceptorships during their summer vacation following the first year of medical school. Second and third year students can match for preceptorships anytime their schedule permits during their third or fourth years. The bulk of student - preceptor matches occur in early spring, but preceptorships can be arranged at any time provided two months notice is provided. Students who complete a TSFPPP preceptor's hip are paid a \$600 stipend; those who complete preceptorships in rural areas receive a stipend of \$1,000. To date 3,224 students have completed clinical level preceptorships and 2,630 have done pre-clinical preceptorships. During 1998 a total of 338 students completed TSFPPP preceptorships.

Preceptors are sent an advance information packet about each student they are scheduled to teach, and

a Preceptor's Guide which outlines TSFPPP procedures and expectations. Preceptors can also attend any one of three teaching workshops presented by the Faculty Development Center each summer. To save the preceptors' time at least two of the workshops are held in conjunction with the annual meetings of the TAFP and the Texas Osteopathic Medical Association (TOMA). The TSFPPP workshop curriculum currently includes the following topics:

1. Establishing a supportive learning environment
2. Making learning active
3. Observing the student
4. Providing feedback
5. Evaluation

As can be seen, the TSFPPP is a well-established element in undergraduate family medicine education in the state of Texas. The program is popular with students and participating preceptors. A 1996 review of TSFPPP determined that participating preceptors face increased demands on their time and that students have many other elective choices which compete with TSFPPP participation. These findings prompted TSFPPP to increase student stipends and to develop the Preceptors' Guide. Perhaps the ultimate accolade was paid to TSFPPP in 1995 when the Texas Legislature funded statewide preceptor networks for both internal medicine and pediatrics, both programs being modeled on the TSFPPP.

TSFPPP — Lessons Learned

Collaboration:

- TSFPPP depends on successful collaboration across organizational boundaries
- Collaborative efforts among multiple institutions must be nurtured over time
- External funding encourages collaboration among institutions and helpful local leverage

Organization:

- The infrastructure of the Statewide Preceptorship Program has been essential to its success

Communication:

- Be clear about what you want preceptor to do; keep communications simple
- Listen to Preceptors. Provide training based on their needs
- Communicate effectively and frequently with office staffs

Preceptor Motivation:

- Support of TSFPPP by the family physicians' professional organizations is a powerful encourager of preceptor participation
- Preceptors want to give back to their profession through teaching; capitalize on this motivation
- Provide preceptors with non-monetary benefits: training, appointments, opportunity to teach

Recommended Readings

- Wartman SA, Davis AK, Wilson MEH, Kahn NB, Kahn RH. Emerging Lessons of the Interdisciplinary Generalist Curriculum (IGC) Project. *Academic Medicine* Vol. 73, No. 9/ September 1998.
- Pahunan P, Susman J, Abboud C. The Community Physician's Guide to Precepting Medical Students. Baltimore: The Johns Hopkins University Press, 1999 (in press)

Resources

Suggested Readings

- Biddle WB, Riesenber LA, Darcy PA. Medical Students' Perceptions of Desirable Characteristics of Primary Care Teaching Sites. *Family Medicine*. 1996;28:629-33.
- Epstein RM, Cole DR, Gawinski BA, Piotmowski-Lee S and Ruddy NB. How Students Learn from Community-Based Preceptors. *Archives of Family Medicine*, 7: 149-154, 1998.
- Evans CH. Faculty Development in A Changing Academic Environment. *Academic Medicine* Vol 70, No. 11 / January 1995
- Ferenchick G, Simpson D, Blacknm J, DaRosa D, Dunnington G. Strategies for Efficient and Effective Teaching in an Ambulatory Setting. *Academic Medicine*. 72 (4): 277-280. 1997.
- Neher JO, Gordon KC, Meyer B, Stevens N. A Five-Step 'Microskills' Model of Clinical Teaching. *Journal of the American Board of Family Practice*. Vol. 5, No. 4 / July - August 1992.
- Skeff KM, Stratos GA, Mygdal WK, DeWitt TG, Manfred LM, Quirk ME, Roberts KB, Greenberg LW. Clinical Teaching improvement: Past and Future for Faculty Development. *Fam. Med*. Vol 29, No. 4 / April 1997.
- Skeff KM, Stratos GA, Mygdal WK, DeWitt TG, Manfred LM, Quirk ME, Roberts KB, Greenberg LW. Faculty Development: A Resource for Clinical Teachers. *JGIM*. Vol 12, April (supplement 2) 1997.
- Warinian SA, Davis AK, Wilson MEH, Kahn NB, Kahn RH. Emerging Lessons of the Interdisciplinary Generalist Curriculum (IGC) Project *Academic Medicine* Vol. 73. No. 91 September 1998.

Training Resources:

- Sarkin R and Wilkerson L. Arrows in the Quiver: Models for teaching in the Ambulatory Setting. 1996. Available on Internet at: [www.uchse.edu/CIS ArrowsWkshn.html](http://www.uchse.edu/CIS%20ArrowsWkshn.html)
- Preceptor Education Project—PEP2. Society of Teachers of Family Medicine. Kansas City, Missouri. February 1999. Call MO-274-2237.

Building Community Faculty

Jot down the question that you come to this conference with concerning:

1. a rationale for preceptor development
2. infrastructure and support
3. recruiting and retaining preceptors
4. faculty development experiences for preceptors
5. other

Your name (optional, for later contact)

Teaching Faculty PBL

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3. Schmidt, H. G.; Bouhuijs, P. A. J.; Khattab, T.; Makladi, F. Attitude Change Among Medical Educators: Effects of a Workshop on Tutorials. In: Schmidt, H.G.; Lipkin, M.; de Vries, M.W. and Greep, J.M. (eds) *New Directions in Medical Education: Problem-Based Learning and Community-based Medical Education*. Springer-Verlag, 1989; 243.
4. Wilkerson, L. and Hundert, E. M. Becoming a Problem-Based Tutor: Increasing Self-Awareness Through Faculty Development. In Boud, D. and Feletti, G.I. (eds.) *The Challenge of Problem Based Learning*. St. Martin's Press Inc., N.Y., 1991;159.
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