

**A Preceptor's
Dilemma**

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Medical education, and particularly predoctoral training, has changed in the past 10 years. More student training is occurring in the outpatient setting, and in family medicine, more training is occurring in the offices of private practicing physicians. Third-year clerkships, summer preceptorship programs, and continuity programs offer students the opportunity to be exposed to family medicine early in their medical school years. It is hoped that such early exposure will encourage students to consider family practice as a career choice.

However, the past 3 years have seen a decrease in the number of students who have chosen family practice residencies in the National Resident Matching Program. This year, there were only enough applicants to fill four out of five of the available first-year family practice residency positions. In a recent list compiled by the AAFP Student Interest Task Force, managed care hassles, long hours, and poor reimbursement were cited as some of the reasons students chose not to enter family practice. Herein lies the dilemma.

As a preceptor, I try to convey to my students why I love my specialty and why I love what I do. However, despite what I might say, students inevitably watch as I deal with the encumbrances of managed care (restrictive formularies, referrals, and prior authorizations), become frustrated with the difficulty in providing good medical care in the hospital or at the nursing home, and go home at night with a pile of charts to dictate and paperwork to complete. The difficult realities of what I do day to day often do not reflect the glowing words that I say to students.

Preceptors have expressed concerns about the Health Care Financing Administration regulations on the documentation of patients' medical and social histories and how these regulations might be applied to students. Preceptors, to be cautious, usually write their own office notes, then review the student's note. This seeming duplication of effort may diminish preceptors' perception of the student's value as a helper, causing concern about the extra time required to be a good preceptor - time that's necessary to teach students about cases and critically review charts. Unless students can add something to the office visit, such as patient education, having students see patients on their own before being seen by the preceptor may slow down office flow and result in patient and staff dissatisfaction.

At a time when reimbursement is low and the profit margin in private practice is shrinking, the time spent teaching a student can result in a loss of income unless the preceptor is willing to put in extra hours to compensate. At a time when all physicians are finding their time squeezed by the demands of practice, giving up any additional hours for a student, perhaps by taking time away from one's family, may prove to be impossible.

The dilemma for family medicine is how can we encourage students to join our specialty, when our teachers in private practice, by the nature of the current medical environment, may subtly, or not so subtly, convey the messages of frustration, anger, and sometimes despair. How do we encourage our young colleagues to join us when many of us are looking to leave the traditional practice of medicine earlier than ever before because of our unhappiness with medical practice as it is today? Personally, as a private practice preceptor, I would welcome some guidance and help on how to teach effectively and positively in the current complex medical environment. I don't want to shelter my students about the realities of practice, but I would like to find a way to show to them that the rewards can outweigh the hassles and that family practice is a viable option for their futures.

A Preceptor's Dilemma by Charlene Li, MD, AAFP
Commission on Education Liaison to STFM Education Committee

3

The Changing US Health Care System

At the Spring EOQ, Russell Maier and Hal Clure discussed their perspectives on the changing US health care system and how we could help students understand and put these changes into perspective.

Our students come with a wide range of interests and backgrounds, so our discussions with them about the changing health care system should be tailored to the specific student. Give a 'student-specific' answer. Here are a few of the answers Drs. Maier and Clure provide to their students struggling with these issues.

- 1. Student: *With all the changes going on, I am worried about my future. Will I have a good job? Will I be replaced by other practitioners?***
Answer: In the future there will be sick people and there will be physicians to care for them. If you keep the patient's best interests foremost (not yours, not the insurance company), you will practice quality medicine. If you practice quality medicine, you will be able to care for patients and have a decent career. To do a high quality job, start by taking good care of yourself, physically, emotionally and spiritually.
- 2. Student: *I hear my preceptors and teachers complaining about all the changes going on in the health care system. I am worried about my future. How do you deal with all these changes? Aren't they overwhelming to you?***
Answer: I can understand how you would be worried about the future. Change can be stressful and difficult. When I am confronted with changes and uncertainties, I keep two things in mind: 1) What grounds me when I am under stress or am confused? Is it our philosophy of medicine? helping others? making a difference in the lives of other people? 2) Why did I become a physician in the first place.
- 3. Student: *Why did you become a physician?***
Answer: I became a physician to help others, to make a difference, however large or small, and for the joy of doing something (medicine) where I can learn every day from students, patients, colleagues, or articles in the literature. I chose family medicine because I believe in the advantages of preventive care and continuity of care. I enjoy working with my patients, rather than diseases, over time.
- 4. Student: *What can I do if the health care changes affect the quality of patient care?***
Answer: That's a complicated question. Remember to keep the patients' (the individual and the community) best interests first. Start by looking at your own actions. As a physician you have the license to spend other people's money without their permission. How effective are you at doing that. You can also have an impact on the larger world, including insurance companies and society.
- 5. Student: *How can I make a difference?***
Answer: We are not powerless players. Remember that physicians enjoy special status, stature and authority in many of our communities. You can have an impact on insurance companies. Work with them to change decisions that adversely affect the quality of care. Encourage your patients to take an active part in making changes that affect their lives. Become involved with professional groups such as your state medical society or specialty society. Involvement in the political process is key, as ultimately health care policy is shaped by politics. One of our teachers was a leader in a campaign to get fluoridation for his local water supply. Another was a leader in the fight for health insurance reform in Washington State.
- 6. Student: *Why is health care changing so much?***
Answer: Health care is changing because of money and "new technologies." Employers pay for a large share of the health care costs in this country. As the cost of care rises, especially due to the costs of new technology and drugs, the system costs more to operate. Businesses and government have been concerned about the effect of these rising costs that take an ever-larger chunk of our gross national product. In much of the 20th century, physicians had no controls on what they spent. Insurance companies or government just reimbursed the costs. Physicians were often not very careful, not cost effective, and did not base many decisions on good evidence. Now business and government have reacted with more regulations and controls. We have to work with them to make the system better, including fighting those things that adversely affect our relationships with patients and the quality of medical care.

The Changing US Health Care System

Russell Maier and Hal Clure presented their perspectives on the Changing US Health Care System and how we can help students understand the changes and put them into perspective.

Students do not have a uniform understanding of the larger changes affecting the US health care system, and may have little or no understanding of the local health care system (the Clerkship site is part of). Some students may not intuitively realize that that this is an exciting time with a variety of possibilities. Here are some of the answers Dr. Maier and Dr Clure provide to their students, who are struggling with these issues.

Student question: How can I maintain my professionalism in the face of all these changes?

Answer: If you keep the patient's best interests at heart, not yours, not an insurance company's, you (the physician) will practice quality medicine. You will be able to care for patients.

Student question: How can I fight the changes that affect the quality of patient care?

Answer: Involvement in the political process is key, as ultimately our health care decisions are political ones, they are not purely based on science alone.

Student question: How do you deal with all of these changes -- aren't they overwhelming for you?

Answer: I have learned to become comfortable with uncertainty. It is very important to view the health care system longitudinally. I have found that over the years, when physicians care for patients and if we (physicians) do it right, medicine is very rewarding and you can provide quality care.

Student: With all of these changes, some of which I really can't even pretend to understand, I sometime feel confused about what the future will hold for me.

Answer: Think about what grounds you. Is it the philosophy of medicine, helping others, making a difference with patients, what is it that grounds you? Why did you decide to become a doctor? Are you interested in aspects of preventive care, the joy of doing medicine as a career, the fundamental truths of medicine -- what is your motivation?

Student: How can we as doctors and our patients as consumers make a difference?

Answer: Patients can have an impact on insurance companies. As a physician you can encourage your patients to take an active part in making changes that affect their lives. As a physician, you can become involved with the AAFP, Washington state chapter of AMA, local/county/state government – one person at a time can make change!

Student: Why is the health care system changing so much?

Answer: Health care is changing because of money! And there are a lot of players who have a big stake in the changes: insurance companies, hospitals, pharmaceutical companies, etc. Physicians need to protect the bottom line -- which is the quality of patient care. As a student you need to think about how you can do this. You can start by taking good care of yourself, physically, emotionally, and spiritually.

What distinguishes Family Medicine physicians from other physicians?

Communication skills

- Focus on patient centered communication

Clinical reasoning and interpretation skills

- Ability to handle all problems and all types of people (ie help who ever is behind door #3 regardless of problem or age)
- Accept that "don't know" is a common problem

Professionalism and ethics

- Maintain a relationship with the patient over time
- Ability to see patient as a whole person
- High level of comfort with uncertainty
- Strong helping values
- Experience joy in work
- Special status and respect in the community
- Actively learning through out professional life
- Openness to multi-disciplinary approaches
- Emphasis on prevention
- Willingness to constantly improve practice quality
- High commitment to quality care
- Likely to create a balanced lifestyle

Diagnostic, treatment, and management skills

- Manner of care offered to patient (ie patient as partner)
- View patient in a larger context -- biological, social, familial, environmental, psychological, cultural, and genetic -- in health and illness
- Ability to manage chronic disease
- Proficiency in using health promotion techniques and disease prevention management to strengthen the health and well being of individuals, families, and the community.
- Provision of continuity of care
- Ability to treat patient diagnostically and therapeutically at the same time
- Manage patient care in a variety of settings
- Knowledge of diagnosis and management of common problems
- Highly developed referral skills

Informatics and technology

- Interest in using current and evolving technologies to met future challenges
- Commitment to Evidence Based Medicine
- Cost effective approach

Challenges Family Medicine physicians face today in the US health care system:**Maintaining strong relationships with patients**

- Maintaining high quality care and strong relationship with patients
- Pharmaceutical industry directly advertising to patients
- Patients changing doctors more frequently (due to job changes and the insurance/work tie)
- Patients changing perceptions of doctors -- doctors are not on a pedestal and less likely to be seen as trustworthy and credible

Responding to innovation and technology

- Rapidly expanding knowledge in field
- Patients' increased access to medical information via the web and other sources

Creating a positive working environment

- Harder to practice independently
- Perception that there are fewer professional employment opportunities in Primary Care in some parts of the USA
- Perception that the financial gains of practicing Primary care medicine are dwindling
- High cost of mal practice insurance
- Shrinking care role in some parts of the country (ie not doing C sections, providing hospital care, delivering babies, etc)

Maintaining quality

- Handling an older patient's concerns (who you have seen for years) in a 10 minute visit
- Lack of reimbursement for Medicare prescriptions
- Medicare and HCFA requirements
- Insurance impact (ie on referrals, ordering tests, and prescribing drugs)
- Shorter length of patient visit

Nurturing professionalism

- Escalating costs of care (ie %of GNP spend on medical care)
- Difficulty in influencing policy and political decisions
- Coping with change, understanding change and putting change into perspective
- Keeping patients best interests at heart (as your guiding light) -- not your best interests and not the insurance companies' best interests
- Difficulty of keeping current given the lack of protected time to study and research new treatments, diagnostics, technologies, etc.
- Finding ways to teach effectively and positively in the current complex medical environment