

# A Survey of Pediatricians in Private Practices Who Participated in Community-Based Clerkships: An Intellectual, Inspirational and Professional Growth Experience

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**Purpose:** To examine how pediatricians in private practices are affected by the process of training medical students in their clinics as part of a community-based clerkship program. **Materials and Methods:** In 2007, a questionnaire was sent to 35 pediatricians who had provided private clinical settings for clerkship training for the previous 3 years. The questionnaire covered a number of points, including the pediatricians' motivation to join and/or reasons to quit the program; if there were changes seen in their stress levels while supervising students; changes in their treatment procedures or attitudes because of the students' presence; responses of patients and/or their guardians in regard to have medical students treating them, and whether the doctors were inspired to grow professionally by participating in the program. **Results:** Of the 35 pediatricians, 31 (88.5%) responded. Eighteen respondents (58%) selected 'responsibility to cooperate with medical school' as a reason to participate. Fifteen physicians (48.3%) answered that the clerkship program had a positive impact on their treatment procedures and their attitude towards patients. **Conclusion:** Based on the pediatricians' responses, the community-based clerkship program may instill intellectual inspiration and promote professional growth among the pediatricians in private practices, resulting in potentially better treatment for patients.

**Key Words :** Community faculty, pediatric clerkship, private practice

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## INTRODUCTION

In 1994, The Council on Pediatric Education Subcommittee on Medical Student Curriculum of the American Academy of Pediatrics developed a set of guidelines for successful, community-based ambulatory care settings in pediatric education.<sup>1</sup> As the Council's guidelines stated that one important factor for developing a successful community program is to include well-trained, enthusiastic community faculty members as preceptors, one of the challenges which clerkship directors or administrators encounter is the recruitment and retention of community faculty members. The motivations and rewards of participating as clerkship preceptors have been discussed in several publications,<sup>2-5</sup> which cited personal satisfaction as the main reason for participating and professional growth as the main benefit of participating in such a program. In Korea, little data are currently available regarding the impact of participating in a clerkship program, specifically on pediatricians.

Considering that most community-based pediatric offices in South Korea are run by private, board-certified practitioners, clerkship directors face challenges similar to those in other community clerkship programs, including pediatricians'

concerns about balancing time between advising students and maintaining their own busy schedules, dealing with the gap between the latest medical information and real, “hands-on” practice, and concerns of patients or their parents from having medical students practicing on them. In 2004, Chonbuk National University (CBNU) Medical School in South Korea implemented its community-based pediatric clerkship with the participation of either 24 or 25 private pediatricians who shared similar concerns in student training.

Since the responses of community practitioners and the effects of the clerkship program on their practice could be crucial factors in developing and maintaining a successful program,<sup>1</sup> we designed this study to examine the participants’ responses and identify their needs. The following is the result of that survey.

## MATERIALS AND METHODS

**Qualifications:** Candidates for community clerkship teaching were limited to pediatricians in private practice, who had achieved their pediatric specialty certificate after 5 years of training in a teaching hospital. Each candidate was informed that the CBNU medical school would offer no specific incentives or rewards in exchange for participating in the clerkship program. Every year, either twenty-four or twenty-five pediatricians participated in the program, with a total number of 35 participants (24 males and 11 females) over the course of three years. The participating pediatricians had practiced 13.6 years on the average since acquiring their specialty certification.

The program operated every Wednesday from 2 p.m. to 7 p.m. from September to December. Each week, the practitioner had a third-year medical student in his or her office, with another student rotating in the following week. Each student rotated to four different clinics for a total of 20 hours.

Questionnaires were mailed to all thirty-five pediatricians who had participated in the CBNU Medical School pediatric clerkship for the previous three years, and each participant received a call to encourage response. The questionnaire covered the following five topics: The pediatrician’s motivation to join and/or reasons to quit (if they had considered quitting); changes of stress levels which pediatricians might have felt in the process of supervising students; changes in their treatment procedures or attitudes as a result of the students’ presence; responses of patients or their guardians in regard to have medical students treating them; and whether the doctors felt that they had been inspired to grow professionally by participating in the program. Respondents could choose only one answer for each question except for the question concerning ‘motivation’,

where the participant could choose more than one. In addition, a space for additional comments was provided at the end of each question. Respondents were strongly encouraged to write additional information when they felt that their thoughts were not adequately expressed in the answers.

The returned questionnaires to the survey were coded and submitted anonymously to the researchers. Responses to each question and comments were analyzed and summarized.

## RESULTS

A total of 31 pediatricians, 88.5% of those asked, replied to the questionnaire. Twenty-six out of thirty-one respondents (86.4%) had participated for three consecutive academic terms since 2004. Two respondents had participated for two terms, one from 2004 to 2006, and the other from 2005 to 2006. Three respondents had participated for one term, two in 2004 and one in 2006.

### Motivation

Eighteen of thirty-one participants (58.1%) answered that they joined the program out of responsibility to cooperate with a university hospital in the community. Eleven (35.5%) said that they volunteered for the program as a way to serve the community. Ten (32.2%) said that they participated in the program with the expectation of experiencing professional growth, and the other participant (3.2%) selected the positive effect on running his or her clinic as the reason to volunteer.

When asked what possible factors would cause them to consider quitting the program, twelve out of thirty-one (38.7%) mentioned, “Pressure of increased workload from supervising students”. One respondent who quit the program cited, “No assurance of educational effect of this program on the part of students” as his reason for ending his participation. The same respondent added in the open commentary that, “In a private clinic, students might be exposed to the competitive medical market too early, which may harm the development of the student’s identity as a doctor”. Several participants complained in the commentary that they had difficulties balancing their busy practices and educating students.

Among the respondents, two actually did quit the program after one term because of busy practice schedules and one quit after two terms due to personal health problems.

### Changes in stress level

Nineteen out of thirty-one (61.3%) answered that they initially considered the additional workload of supervising students stressful. However, sixteen of the nineteen stated

**Table 1. Results of Survey**

Questions	Listed answers	Answer
Motivation to participate	Commitment to the community in which you live and practice	11 (35.5%)
	Personal sense of responsibility to cooperate with University hospital program in the community	18 (58.1%)
	Professional growth through student-education	10 (32.2%)
	Expect to have positive impact on running clinic	1 (3.2%)
	Total	40 (129.0%)
Possible reasons to quit the program	No assurance of educational effect of this program on students	1 (3.2%)
	Pressure of workloads from supervising students	12 (38.7%)
	Negative impact on your own private clinic	0 (0.0%)
	Never considered quitting	18 (58.1%)
	Total	31 (100.0%)
Change of stress level since you have first started	No change; still having significant amount of stress	2 (6.5%)
	No change; no additional stress from participating	12 (38.7%)
	Less stress; still under stress which is decreasing	16 (51.6%)
	More stress; still under stress which is increasing	1 (3.2%)
	Stressful at beginning, but now none	0 (0.0%)
	Total	31 (100.0%)
Any changes seen in your practice from having students in your clinic	None	16 (51.6%)
	Once or twice (should be "Minimal")	13 (41.9%)
	Significant changes due to students in observation	2 (6.5%)
	Total	31 (100.0%)
Response of patients or their guardians about students participating in patient-care	Seem to accept as an educational necessity	18 (58.1%)
	Do not care	9 (29.0%)
	Seem to be uncomfortable	4 (12.9%)
	Total	31 (100.0%)
Inspired to grow professionally by participating in the program	Yes	28 (90.3%)
	No	3 (9.7%)
	Total	31 (100.0%)

that the level of stress gradually decreased over the course of the program. One stated that the stress level has been increasing, and two others claimed no changes in stress levels. In the commentary several stated, "At first, educating the students did not seem to be an easy job. But, the more I interacted with the students, the more confident I became as a teacher." "I definitely feel under stress from supervising students, but it is worth it."

The other twelve participants (38.7%) answered that they did not consider teaching students as stressful.

#### **Changes in practice pattern: attitude about patients, amount of time spent with patients, change in treatment**

Sixteen out of thirty-one (51.6%) said that they made changes in their practice patterns as a result of having students in their office. In this question, they were asked to address the range of changes experienced in their practices, with choices listed as either "no change," "minimal," or

"significant change." Fifteen out of thirty-one (48.3%) stated that they changed their practice styles because of students' presence for the following reasons: most of the 15 said that, in order to serve as good role-models for the students, they found themselves spending additional time doing physical examinations of their patients and communicating with the parents more than they would have spent had there been no students in attendance. Four out of fifteen said that even their procedure for prescribing medication had changed because it was necessary to demonstrate to the students the importance of following proper prescription protocol on medications such as antibiotics or steroids.

In the final commentary section, several mentioned that they changed their prescription procedure, not only to follow the latest information or guidelines, but also to re-examine and "tighten up" their personal prescription routine. "I found myself prescribing fewer antibiotics." "I was more careful using steroids when students were around."

### The responses of patients or their guardians

Only four out of thirty-one (12.9%) pediatricians said that patients or their parents seemed to be uncomfortable with students attending them. "There was a case of a female adolescent showing apprehension when a young male student was giving a physical exam.", "Parents were occasionally uncomfortable having unskilled medical students practice, but, that's why they need to be here and learn". The other twenty-seven stated that, as opposed to having problems with students practicing, they found it to be rewarding. "Patients' parents showed interest in my students and this clerkship program. They are cooperative with students' practicing on the patients unless the child feels uncomfortable."

### Academic inspiration

Twenty-eight out of thirty-one (90.3%) said they had been inspired to grow professionally by participating in the program. "In order to properly instruct the students, I review medical literature more often than before." "Some questions from students are very challenging. I hope to have more challenges like that in the future." Three pediatricians claimed no inspiration from the program.

## DISCUSSION

Since 2004, the pediatric department of CBNU Medical School in South Korea has asked all participants (third-year medical students and community pediatricians) to evaluate our clerkship program in community-based pediatric office settings. Although not included in this study, students have shown high levels of satisfaction from participating, citing advantages such as gaining the understanding of general pediatric practice, acquiring clinical problem-solving skills and practical pediatric knowledge, and feeling positive about choosing pediatrics as their career.<sup>6</sup> The implications of pediatricians' evaluations on this program show that the community-based pediatric clerkship has a positive impact not only on students, but also on the pediatricians in private practices. Having the students in their clinics contributes to the pediatricians' intellectual stimulation, and observing students in their practice actually encourages the doctors to be more academically oriented, resulting in potentially better medical care to patients.

According to the community pediatricians, as long as the students' practice is limited to non-invasive procedures such as history taking and physical examinations, patients and their parents seemed to benefit from having more time to spend with medical authorities for more careful physical exams and receiving better explanations. Whether the physicians are initially aware of it, the presence of the students

seems to motivate them to offer better quality services to the patients in several aspects.

Most journal articles about the effects of community-based clinical education focused on the students; few focused on community physicians and their practices. Although not originally intended, the results of the survey indicate that the program can work as a way of reeducating and developing the professionalism of community pediatricians. Once they recognize that they are serving as teachers, they tend to become more conscientious about following procedures correctly and completely. Teaching can occasionally be an effective way of learning.

In spite of several drawbacks, such as small sample size and short duration, results of the survey are very encouraging because they indicate that a community-based clerkship program can be an effective way to motivate pediatricians in the community to continue enhancing their medical education. It is hoped that future research on this topic may include exploring specifically which ways that pediatricians are affected by a clerkship program and examining which specific changes doctors made in their medical practices.

### Practice points

Community-based pediatric clerkship has a positive impact not only on students, but also on the pediatricians in private practices. Having the students in their clinics contributes to the pediatricians' intellectual stimulation, and observing students in their practice actually encourages the doctors to be more academically oriented, resulting in better medical care to patients.

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