

It Takes a Village
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Key Concepts and Major Points

1. Increasing interdisciplinary learners are putting a strain on resources of high quality learning experiences in emergency medicine.
2. Community practice emergency medicine physicians serving as EM preceptors can add to clinical education resources.
3. The Longitudinal Integrated Curriculum is an ideal model for engaging community preceptors in medical education.
4. Top external motivators for clinical preceptors include : continuing educational opportunities, academic appointments, letters of appreciation from students, and public recognition. Financial compensation was lower on the list.
5. Top internal motivators include: longitudinal relationships with students, desire to share joy of emergency medicine, teaching as a perceived duty of being a physician, sharing “lightbulb moments” and ability to “pay back” prior teachers.

Pitfalls for the clinician:

1. Close communication between core faculty and voluntary preceptors is essential to maximizing engagement and rapidly addressing preceptor concerns.
2. Offering faculty development to prepare preceptors with latest teaching skills will help prepare community preceptors who may feel they do not have appropriate skills or training to teach.
3. Seeking out ways to increase preceptor recognition need not be cost prohibitive, but will increase preceptor engagement and satisfaction.

References and Further Learning:

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