

## Response to “Community Preceptor Perspectives on Recruitment and Retention: The CoPPRR Study”

### TO THE EDITOR:

Community-based and distributed medical education are a central component of family physician training throughout the world, including the United States and Canada. Engaged community preceptors and faculty who balance both clinical and educational responsibilities are key to these training initiatives. By obtaining the perspectives of community preceptors, Minor et al have further broadened our understanding of factors that increase or decrease the motivation of community preceptors to teach medical learners. They have also identified strategies to assist preceptor recruitment and retention.<sup>1</sup>

As a result of Canadian health care policies, medical payment systems, and government funding of physician training, 50% of Canada's physicians are family physicians with the majority involved in teaching family medicine at the undergraduate, postgraduate, or continuing professional development levels.<sup>2</sup> All medical students and residents complete educational programs affiliated with one of the 17 Canadian medical schools. Most family medicine teaching is done by community preceptors who may be recognized by their affiliated medical school with a part-time faculty appointment. Currently, there are 14,012 Canadian family medicine preceptors with part-time faculty appointments.<sup>3</sup> Even with the large number of family medicine preceptors in Canada; the recruitment, retention, and engagement of these physicians continues to be a challenge for training programs. Thus, despite the different financial remuneration models in the United States and Canada, the obstacles to recruitment and retention of community preceptors are remarkably similar, and potential solutions are relevant to family medicine training programs in both countries.

Engagement of community preceptors is a complex and multifaceted construct that includes intrinsic and extrinsic motivators along

with a reciprocal relationship between a medical school and its preceptors.<sup>4</sup> Congruent with the work of Minor et al,<sup>1</sup> we propose that human motivation theory as presented by Daniel Pink<sup>5</sup> also provides a helpful framework for understanding the engagement of community preceptors. Intrinsic human motivators (purpose, mastery, and autonomy) are more important than extrinsic motivators. This perspective has been affirmed in our discussions with both Canadian and American community preceptors. As a result, we support the conclusions of Minor and colleagues and suggest their applicability can be broadened to the engagement of both American and Canadian family medicine community preceptors. These findings provide opportunities for medical schools and family medicine training programs to more fully engage their community preceptors.

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### References

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## Authors' Reply to Goertzen and Zelek regarding "The CoPPRR Study: Community Preceptor Perspectives About Recruitment and Retention"

### TO THE EDITOR:

We thank Drs Goertzen and Zelek for providing additional perspective on our work and the value of The CoPPRR Study.<sup>1</sup> While we are disheartened to hear that problems with preceptor recruitment, retention, and engagement occur even with a more robust and better compensated family medicine workforce, we appreciate the acknowledgment of the universality of these struggles. As the America Needs More Family Doctors: 25x2030 Initiative<sup>2</sup> begins, it is worth recognizing that not all problems will be solved by payment reform, universal access, and expansion of the family medicine workforce. We also appreciate the discussion of yet another theory on human behavior that can help inform medical educators as we work on this dilemma. Continued attention to strengthening our preceptor networks and optimizing the educational experience for students, preceptors, and communities is warranted. We look forward to opportunities to evaluate interventions designed to achieve these goals and we welcome cross-border collaboration.

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