

Value Added Assessment of Private Practice Externships

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This project assessed what components are important in establishing “Optometric Centers of Excellence for Private Practice Specialty Education” and compared the specialty (vision therapy/pediatric) private practice experience with an institutionally based specialty externship. The phases of the project included planning and development, implementation and outcomes assessment. Criteria for site selection, site visitation and assistance in developing the private practice preceptor into an educator are essential components in establishing private practice externships.

The specialty private practice externships were found to have a value added component that included a broader patient population, greater variety of clinical education opportunities, and increased understanding of practice management skills.

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Background

Private practices or non-institutionally based settings provide important educational experiences for optometry students as sites for their clinical rotations. In addition to the clinical education component, private practices can provide a practice management opportunity for the student, with exposure to the day to day running of a successful office. The private practitioner gains the benefits associated with being affiliated with an educational institution, professional recognition, and the development and ultimate status of being an educator with a student extern in the office. However, concerns from a private practitioner perspective include how the extern will integrate into the practice, how patients will react to a student practitioner, and liability issues. Important issues for the academic affiliate include assuring the student extern will receive an appropriate educational experience and assisting the private practitioner in becoming an educator.

In 2008, upon receiving an educational grant from Vision Service Plan (VSP), the State University of New York (SUNY), State College of Optometry began a methodical and detailed process to establish externships for its fourth-year students in private practices with a specialty emphasis. The purpose of the grant was to provide students with clinical opportunities, coupled with a practice management component, in a private practice with a vision therapy (VT) emphasis. In addition, the project focused on assisting the doctors in their development as clinical educators. Until that time, SUNY had not utilized private practice settings as part of its externship program. These new externship programs were known as “Optometric Centers of Excellence for Private Practice Specialty Education.”

The project had several phases, which progressed from planning and development to implementation and ended with an outcomes assessment of the project. A comparative analysis of clinical experience was made between the fourth-year students who participated in the private practice experience and the fourth-year students who participated in an institutionally based VT/

pediatric externship located at the University Eye Center of the SUNY State College of Optometry. The private practice externs were also surveyed as to their perceived change in practice management knowledge before and after the externship. A final assessment at the conclusion of this pilot program helped to pinpoint important lessons learned.

Methods

This pilot project was divided into five phases: planning and development, site selection, training, implementation and final assessment.

Phase I: planning and development

A consultant with expertise in VT/pediatrics and private practice management was hired. Although she assisted in the project's development and site selection, her primary role was to provide direction to the private practitioners in integrating the student extern into their practice, as well as their development as clinical educators. She had significant experience in providing clinical education within her practice to students from several other schools and colleges of optometry. With the guidance of the consultant, selection criteria were developed. The criteria focused on finding the best practices that could meet the goals of the program and assure that students placed in different practices would receive a similar educational experience. An application process was developed with selection criteria that included:

- full-time practice
- minimum of 50% of patient encounters are VT or pediatric related, and a minimum of 10% of patient encounters are primary care
- minimum of 30 VT sessions/pediatric exams per week
- no prior externs in practice
- at least one therapist
- dedicated therapy room with appropriate equipment
- minimum of two exam rooms
- must deal with insurance plans
- have a plan to build the practice, and evidence of practice growth
- more than one office staff personnel
- evidence of self-education (attends

meetings, reads journals, etc.)

- willingness to open financial/accounting records to student
- evidence of working with other disciplines (education, occupational therapy, speech therapy, nutrition, etc.)
- willingness to invest a minimum of one hour per week in student's education (outside of patient care)
- commitment from staff and other doctors to participate in student's education.

The planning phase also included an extensive review of legal and malpractice issues. SUNY's legal counsel reviewed the relevant optometry laws, first in New York then in the other states in which private practice externship sites were being considered. Review of state law as it relates to patient care provided by students in training was essential prior to the selection of the private practice externship site. This identified requirements and limitations in students' provision of patient care as defined by state law.

Phase II: site selection

A recruitment announcement seeking practices for this study was sent to members of the College of Optometrists in Vision Development (COVD). In addition, doctors with practices known to potentially fulfill the criteria throughout the country were contacted and asked if they were interested in developing this affiliation. Doctors expressing interest in participating in the study were asked to complete an application. A total of eight completed applications were received. Of these eight, five practices were visited by one of the grant's principal investigators and the private practice consultant.

Three practices were chosen. In order to guarantee access to all students without the investment of significant financial resources, one of the selected practices was in the New York City area. The other two practices, both in California, were chosen without regard to geography. All three practices were deemed the most appropriate for the study based on the selection criteria.

Phase III: private practice affiliation and student selection

Each practice received supplemental information outlining a practice management curriculum and expectations for performance of fourth-year student clinicians. This information included a private practice manual specific for SUNY. The manual contained the goals, objectives and curriculum for the externship, including the practice management aspect, copies of evaluation forms, grading policies and procedures, a supervisor primer and descriptions of didactic courses particularly pertinent to VT and pediatrics. In addition, the COVD Externship Manual was given to the externship supervisor. Affiliation agreements were written with legal consultation, and practitioner credentials were verified.

With these externships starting in June 2009, student selection occurred in the fall of 2008. Three private practice externships were assigned one fourth-year student per quarter, for a total of 12 students for the year. They were selected from a pool of 15 students who applied specifically for these private practice externships. Application for these sites included a written statement of interest in both private practice and VT. In contrast, two to three students per quarter were assigned and participated in the in-house, institutionally based VT/pediatric externship, for a total of 10 students for the year. These students were selected as part of the normal selection process for externships, which included their ranking of requested sites and typically included a written narrative expressing the student's interest in those externship sites.

Phase IV: implementation

Development of the private practice externship supervisor into an educator

In October 2008, the three private practice doctors participated in a training program to assist them in becoming a preceptor and clinical educator. This was done during COVD's annual meeting. Administrative policies and procedures were reviewed. The doctors were given an overview of the coursework and clinical experiences the students received during their second, third and fourth years to help them define expectations for students' clinical performance and grading. A review of

the grading guidelines in the externship manual provided a segue into a discussion of effective clinical teaching. The doctors were encouraged to invest time in orienting the students to office policies and procedures as well as discussing with each student their individual interests and goals for the externship. After observing the student's clinical skills and other patient care competencies, an appropriate schedule of patient care activities could then be developed to meet both the private practice and student extern needs. The practitioner was required to develop a manual specific for the extern that provided an overview of the policies and workings of the office. This was meant to assist in the integration of the student into the practice. The essential nature of feedback and flexibility in the clinical education process was emphasized. Additionally, a practice management curriculum was given to the practitioner, with topics to be discussed with the extern. Topics included economics of a VT practice, marketing and promotion, and office management.

Just prior to the arrival of the students, a follow-up conference call to answer questions and re-emphasize key aspects discussed at the training program occurred. The consultant participated in the training program and conference call and was also available to the practitioners to answer questions whenever needed. The consultant was instrumental in helping the doctors prepare for the integration of the student extern into the practice.

Monitoring student experiences

All fourth-year student externs were required to use Meditrek (a commercial Web-based data collection service) to keep detailed logs of their patient encounters and to complete an evaluation of the externship. This enabled a comparison of the patient care and educational experiences of the private practice externs to that of externs at other sites. The private practice externs also evaluated the practice management component of their externship experience.

The private practice externs completed an additional survey, one before they entered the private practice externship site and one after, to assess their per-

ceived knowledge in areas of practice management. A comparison and assessment was made of the difference in the extern's perceived practice management knowledge before and after exposure to a private practice setting.

Phase V: final assessment

A focus group, consisting of the three private practice doctors, the consulting doctor and the two authors, was convened at the completion of the year to discuss the project and the findings and to make recommendations for improving the externship experience. Areas reviewed included the student private practice experience as compared to that of the institutional experience, the integration of the student into the private practice, and the development of the practitioner into an educator.

Because of the lead time required for both practice and student selections, followed by the actual externship rotation time, the entire project required 2.5 years to complete.

Results

Site selection and state laws

Two of the private practices were located in California and one was located in New York. In conjunction with legal counsel, both the New York and California optometry laws were reviewed. Both states have stipulations in their laws that relate to optometry student practitioners. In New York, Section 7105 of the Education Law stipulates that a student may engage in clinical practice under the supervision of a licensed optometrist or physician in a school of optometry registered by the department of education. Therefore only students enrolled in a New York State school of optometry may practice under the supervision of an optometrist or physician. In California, the state's Business and Professional Code 3042.5 (student and instructor exemptions) delineates that the student practitioner must be enrolled in an accredited school or college of optometry as part of their study of optometry.

Private practice externship vs. institutional experience

All selected students for both the private practice (n=12) and the institutionally based VT/pediatrics program

(n=10) completed their externship rotations. All externs completed their required patient logs and externship evaluations in Meditrek. The private practice externs also completed the pre- and post-externship survey that related to their perceived level of practice management knowledge.

A comparison of the average number of patients seen per quarter by demographics, billing code, diagnosis, exam type and assessment can be found in **Table 1**. The private practice externs saw an average of 378 patients in comparison to 287 patients for VT/pediatrics externs. Externs in both programs saw the greatest number of patients in the age range of 6-17 years, with the private practice externs seeing a wider range of ages beyond this group (**Figure 1**).

The private practice externs saw more established patients than the institutionally based externs (202 vs. 54). The VT/pediatrics externs billed on average 147 VT sessions and the private practice externs billed an average of 101. The VT/pediatrics externs used the sensorimotor billing code approximately twice as often as the private practice externs (27 vs. 15) (**Figure 2**). Looking at the various VT exam types seen, the VT/pediatrics externs had an average of 177 vs. 127 seen by the private practice externs. However, the private practice externs saw a greater variety of exam types, including contact lens and primary care.

The top three diagnoses were the same for both externships: refractive/accommodative disorders, amblyopia and binocular dysfunctions, and strabismus. The private practice externs had a significantly greater average number of refractive/accommodative diagnostic encounters (230 vs. 106) and the VT/pediatrics externs had a greater average number of strabismic diagnostic encounters (46 vs. 29) (**Figure 3**).

When compared to the institutional VT/pediatrics externs, the private practice externs indicated greater improvement in overall clinical skills, doctor/patient communication and prescribing skills (**Table 2**). They also rated the overall experience slightly higher than the institutionally based externs (4.7 vs. 4.4 out of 5). The institutionally

based externs felt they had greater improvement in new clinical procedures, examination skills and use of ocular pharmaceuticals.

In comparing the private practice extern's self-assessment of their practice management knowledge, pre- and post private-practice experience, the externs indicated improvement in all areas surveyed (**Table 3**). The areas of greatest improvement in practice management knowledge included utilizing space and equipment, educating patients/parents on the goals of a personalized vision therapy program, and marketing and promotion to build a practice.

Based on discussions the doctors had with their externs, each private practice externship supervisor was asked to predict how many of their students would become private practitioners. The predictions ranged from 50% to 100%.

Final focus group results

The focus group, which consisted of the private practice supervisors, consultant and the two authors, identified the following key points:

- The initial concern that patients would not welcome the idea of being examined by a student extern did not occur, with only a rare exception.
- A structured practice management curriculum was difficult to implement because of the varying interests of each extern, but the students were able to learn a great deal informally.
- Office staff were open to the externs and to participating in their experience.
- Creating a manual for the extern in regard to office policies, etc., as they apply to the extern was helpful in the integration of the extern into the practice.
- The private practitioners appreciated the time and resources spent by the affiliate to help them navigate administrative procedures as well as become better clinical educators.
- Experience and confidence in teaching developed over time and any additional instructions on teaching would be helpful.

Table 1
Patient Log Averages for Private Practice Sites and VT/Pediatrics Site

	Average for PRIVATE PRACTICE Sites	Average for VT/Pediatrics
AGE		
0-5	20.4	61
6-17	141.1	176.7
18-35	60.6	28.4
36-49	76.7	8.8
50-69	65.8	10.2
70+	13.5	2.2
GENDER		
Male	178.1	159.2
Female	200	128.1
TOTAL # OF PATIENTS	378.1	287.3
BILLING CODES		
92004 Comprehensive/New	47.5	55.8
92014 Comprehensive/Established	149	24.9
92012 Intermediate/Established	52.5	29.5
92060 Sensorimotor	15	27.4
92065 VT Session	101.4	146.6
DIAGNOSIS		
362 Other Retina	6	1.9
366 Cataract	14.8	0.7
367 Refractive/Accommodative	229.8	106.4
368 Amblyopia/Binocular/Visual Field	99.1	108.2
370 Keratitis	5.5	0.2
371 Cornea	12.5	1.2
372 Conjunctiva	6.5	1
373 Inflammation Eyelids	6	1.6
378 Strabismus	28.8	46
379 Other	5.5	29.8
EXAM TYPE		
Primary Care	185.2	73.7
CL Fit	36.5	0.4
CL Follow up	28.9	0.2
Postoperative	5.1	0
VT Evaluation/Workup	20.2	17.9
VT Skills	9.3	18.1
VT Session	95.1	135.7
Other	2.5	5.9
ASSESS INCLUDED		
Soft Toric CL	16.4	0.5
Multifocal CL	10.5	0
RGP Fit	14.7	0
SCL Fit	29.8	0.2
Visual Fields	61.7	1.8
Photography	89.2	0.4
Imaging	5.3	0.7

Note: There were 10 VT/Pediatrics students and 12 Private Practice students

CL=Contact Lenses

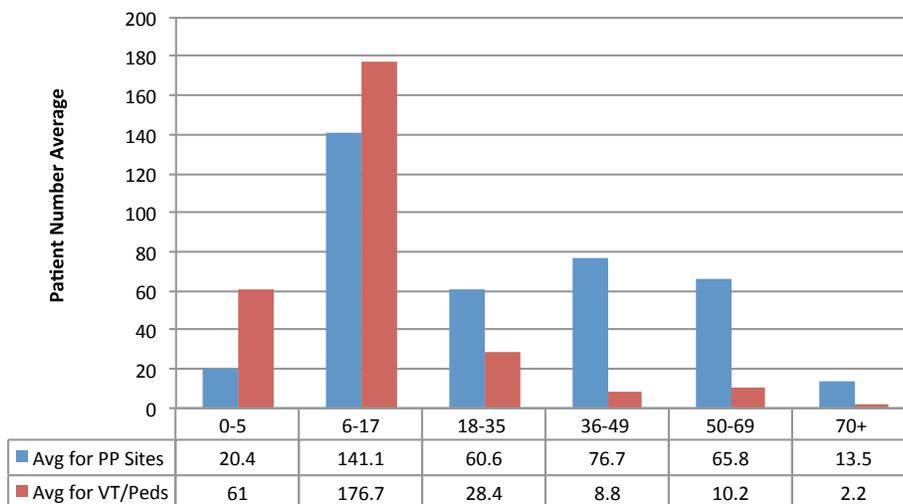
LV=Low Vision

RGP=Rigid Gas Permeable

SCL=Soft Contact Lens

Above listing includes averages >5 in one or both sites

Figure 1
Age Range Seen by Private Practice and VT/Pediatric Externs



PP=Private Practice

Avg=Average

VT=Vision Therapy

Peds=Pediatrics

■ Avg for PP Sites

■ Avg for VT/Peds

Figure 2
Billing Codes Used by Private Practice and VT/Pediatric Externs

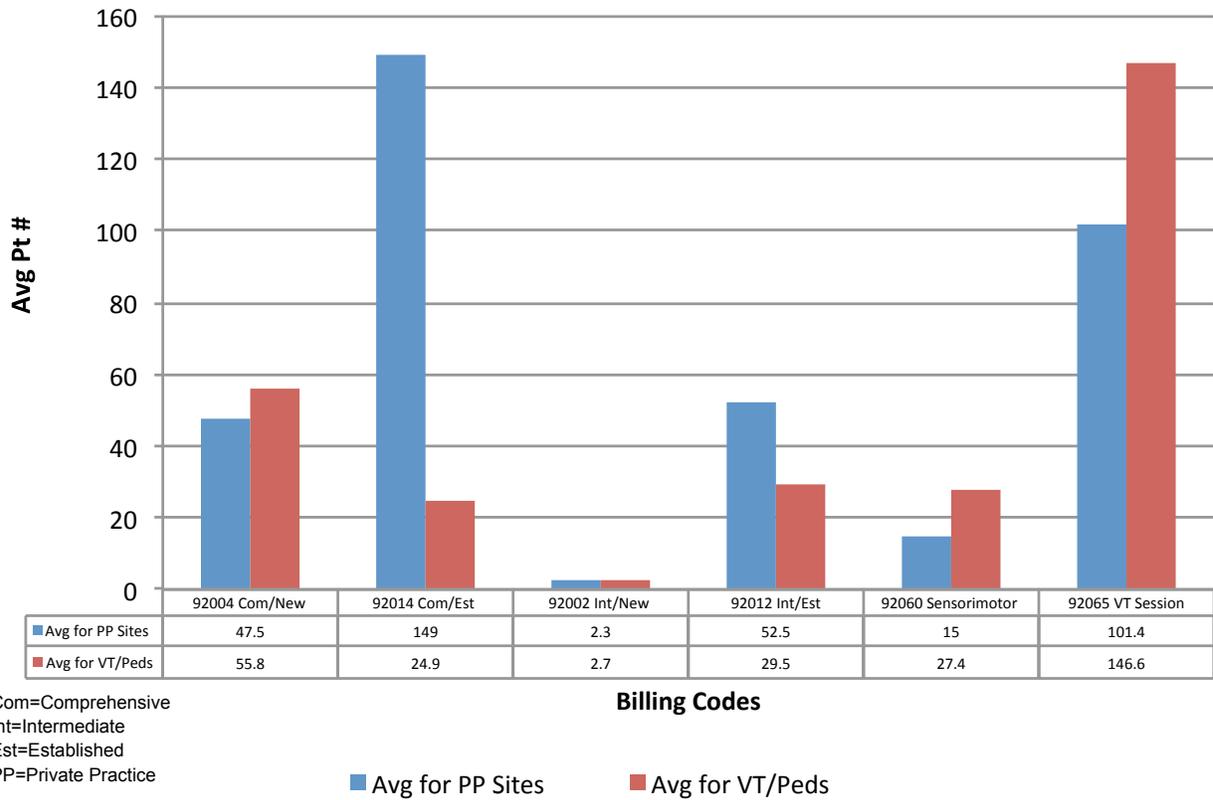
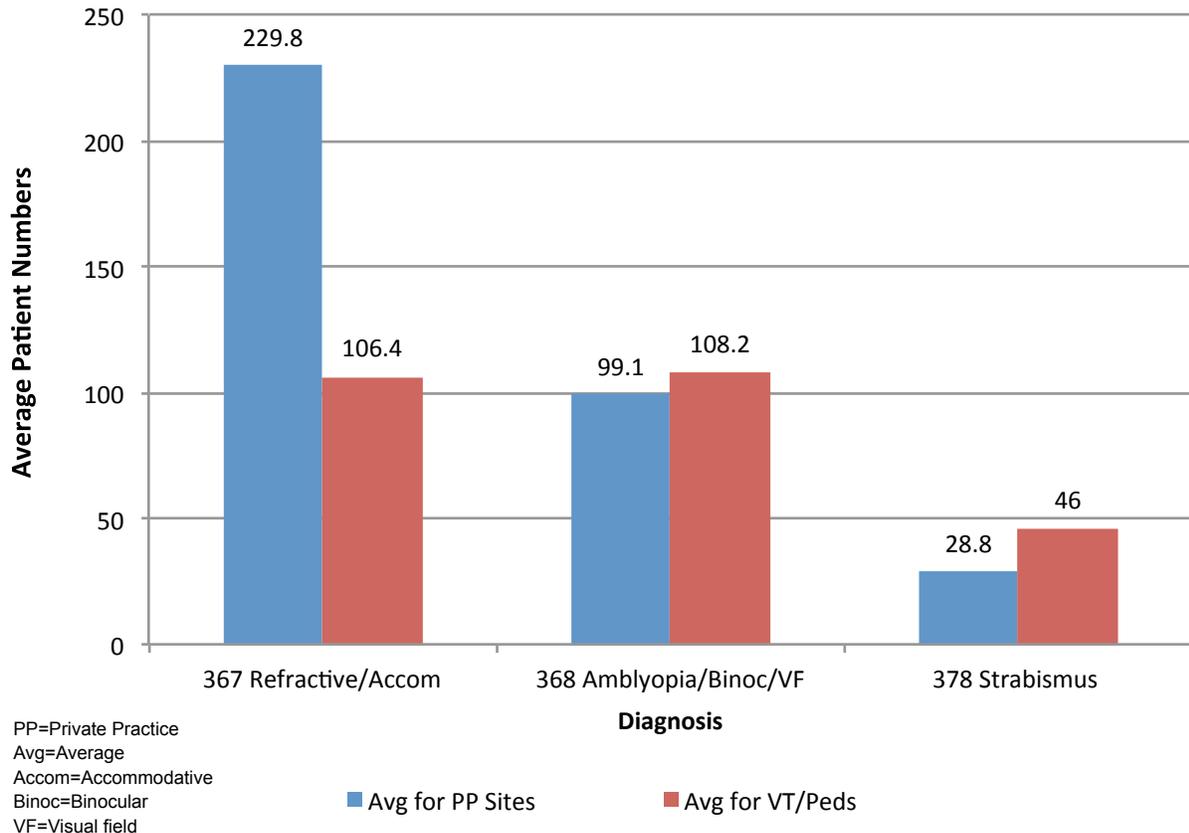


Figure 3
Top 3 Diagnoses at Private Practice and VT/Pediatric Sites



Discussion

Private practice externships provide an important opportunity in all healthcare professions. These externships sites provide not only a clinical education, but also exposure to the daily workings of an office, with opportunities to gain practice management knowledge. The private practice may alter and direct the professional path of the student extern. In medicine, office-based pediatric clerkships have been found to influence students toward pediatrics as a career choice, as well as provide students with an insight into the workings of an office.¹ Similar positive findings were found with private surgical practice experience for medical students. This exposure, which was only four days, changed student's perception of the surgical lifestyle and swayed some to consider surgery as a career option.²

Once the decision is made to embark on the provision of private practice externships, it is necessary to define the educational experience that the practices would be expected to provide to the students. Well-defined program goals and objectives are important in establishing private practice programs, as well as in setting practitioner selection criteria.³ Therefore, developing criteria for practice selection is a critical first step, followed by the development of an application that reflects the criteria for the private practice externship. It is then the responsibility of the schools and colleges of optometry to find the practices best suited to deliver the educational experience it desires.

In addition to establishing the criteria for site selection, once a site is being considered for selection, it is critically important to review the state laws that govern the practice of optometry to determine if specific considerations or regulations are present for student practitioners. Therefore, an analysis of the state laws and statutes must be made to determine if there are boundaries and/or limitations in the delivery of care by student clinicians in a private practice setting. Every state has different laws and may present different legal and liability issues surrounding the provision of optometric care by students. This was found with the two states involved in this pilot study. Specific requirements and considerations were found for each

Table 2
Students' Evaluations of Private Practice Experience Compared to Students' Evaluations of VT/Pediatrics Experience

	PRIVATE PRACTICE Sites Average	VT/Pediatrics Average
This external clinical education rotation benefitted my education in:		
Improving my examination skills	4.4	4.6
Improving my diagnostic skills	3.9	4.3
Improving my patient/doctor communication skills	4.6	4.2
Improving my prescribing skills	4.4	4
Understanding ocular pharmaceuticals and their use	2.9	3.3
Understanding systemic health problems	3.2	3.3
Learning new clinical procedures	4.1	4.8
Learning to use new clinical instrumentation	4.2	4
Patient treatment and management	4.4	4.3
Improved overall clinical skills	4.6	4.2
Patient encounters were sufficient	4.6	4.3
The overall experience was excellent	4.7	4.4
The Private Practice Experience improved my understanding of:		
Patient management in a VT/Pediatrics practice	4.8	
Economics of a private practice	3.9	
Marketing and promotions of a private practice	4.1	
Office management	3.9	

SCALE:

1=Strongly disagree

3=Neutral

5=Strongly agree

Note: 10 students completed evaluations for the VT/Pediatrics rotation, 12 students completed evaluations for the Private Practice rotation

Table 3
Pre Rotation Assessment Compared to Post Rotation Assessment

	PRE Average	POST Average
I have the understanding and skills to perform these functions in a private practice:		
Scheduling patients for different types of appointments	3.4	3.8
Educating patients/parents on the goals of a personalized vision therapy program	3	3.9
Written communication/report and letter writing	2.8	3.3
Structuring fees and a billing system in a private practice	2.2	3
Coding and documentation	2.7	3.2
Managing insurance plans/managed care	2.3	3
How to obtain financing to open a practice	2.2	2.4
Marketing and promotion to build a practice	2.3	3.3
Hiring/managing staff	2.3	3
Choosing and maximizing the use of practice management software/technology	2.1	2.9
Utilizing space and equipment effectively	2.6	4

SCALE:

1 = No skills or understanding

3 = "Entry level" skill and understanding to function in a private practice but still learning

5 = Moving beyond the basics toward mastery

state.^{4,5} Determination of these types of requirements is crucial for the protection of the practitioner, the student, the patients and the affiliated school or college of optometry.

In addition to a review of the optometry state laws, malpractice and billing considerations should be addressed. Although the student is covered under the academic institution's malpractice insurance, as typically is delineated in the

affiliate and practice's memorandum of understanding or affiliation agreement, it is recommended that the practitioners review their own malpractice policies and notify their carrier. The practitioner should also be advised to follow all regulations for appropriate billing.

Visiting the private practices under consideration as externship sites is critical. Meeting office staff, assessing office location and equipment, and observ-

ing patient care in action provide the opportunity to evaluate the quality of the educational and practice management experience the students would be receiving. This study demonstrated the multifaceted nature of choosing private practices that are most likely to be successful externship sites. The application, a thorough review of state laws, the credentials of the preceptor and the site visit all contributed to the selection process.

During this pilot project, a number of training mechanisms were put into place. The private practice supervisor was provided both the COVD externship manual and the college's externship manual, specific for private practices. The manuals provided general information about having a student extern in the office, with the college's manual providing specifics as to the administrative tasks associated with the externship, such as grading and managing planned absences. The college's manual served as a supervisor primer and included the mission, goals and objectives of the program, the curriculum for the private practice externship and what to expect from students, along with descriptions of the didactic courses the student had completed, particularly in the area of binocular vision.

It was equally important to provide the practitioners with guidance on integrating the extern into their practices. Here, the consultant was able to provide practical and firsthand knowledge concerning bringing an extern into the practice. Formal support from the consultant occurred during meetings and conference calls and was effective at increasing the practitioners' level of comfort as they incorporated the supervision and education of the externs into their practices. The three practitioners also discussed their ideas and concerns with each other and learned a great deal from sharing their experiences. This included an enhanced understanding of the variability in student performance and the need for recalibration of expectations every three months, when a new student arrived who had more clinical experience than the previous student.

In addition, each practice was required to develop its own extern manual specific to its office. This also provided an opportunity for the practitioners

to share ideas with each other. These manuals included various office policies (dress code, office hours, holidays, etc.). Some manuals included the precepting doctor's goals for the extern, a welcome to the extern, an overview of the doctors in the practice, and philosophy of patient care. In addition, one practice requested an essay prior to the externs entering the practice that provided an overview of the externs, what their goals were, hobbies, educational history, and why they chose optometry as a profession. Creation of a manual provided not only guidelines to the student, but also to the staff.

Optometrists serving as clinical educators are often chosen or thrust into this role because of their clinical skills, expertise or practice setting. They typically have little or no training in clinical education. The challenge of providing clinical education in a busy private practice setting is perhaps amplified when the doctor's livelihood is somewhat dependent upon the patient's perceptions of the student's roles and responsibilities. The schools and colleges of optometry have long understood their obligation to support clinical educators in all clinical settings.⁶ At a minimum, clinical supervisors should receive information and training to understand their expected roles and responsibilities, teaching methods, expected student learning outcomes and curriculum.^{7,8} The private practitioners in this study were encouraged to follow a model of clinical education based on Davis' teaching strategies that was described by Tolls, Carlson and Wilson:⁹

- write objectives and describe tasks
- assess learner's entry behaviors
- identify needed skills vs. possessed skills
- design instructional modules
- implement instruction with feedback and reinforcement
- conduct evaluation
- revise instructional modules.

Despite all the resources to which they had access and their increasing confidence over time in their effectiveness as clinical educators, during the final assessment, all three private practitioners agreed that they wanted more instruc-

tion in clinical education. They were very open to the use of technology to accomplish this, such as webinars, videoconferencing, etc. Other professions have explored pushing beyond the limits of face-to-face "preceptor training." In nursing, it was found that the average preceptor orientation program was 2.5 hours, which was considered an inadequate amount of time.⁸ Preceptor training can be done through a variety of mechanisms, including handbooks, orientations, a formal training program and online training.^{3,10,11} Online modules can provide a self-paced course to educate preceptors.¹⁰⁻¹² These courses may be cost-effective and can include a variety of topics. Irrespective of the mode of training, areas that should be covered include clinical teaching strategies, supervising the student, evaluation, critical thinking and integrating the student into the practice.¹⁰⁻¹² In addition to this training, it is important that frequent and effective communication occurs between the affiliate and the preceptor. This study confirmed the importance and responsibility of the school or college of optometry to provide the private practitioner with the training needed to become a clinical educator who will meet the mission and goals of the educational program.

In looking specifically at the externship experience, this study was able to compare the externship experience of students in a private practice with a specialty in VT/pediatrics vs. an institutionally based VT/pediatrics program. The private practice experience provided not only a greater number of patient exposures, but also a broader range of ages, greater variety of exam types, assessments and diagnoses in comparison to the institutionally based externship. Although the top diagnoses between the two groups were similar, the private practice externs saw more accommodative/refractive cases and the institutionally based externs saw more strabismic patients. Of interest, the private practice externs performed more primary care examinations than anticipated and saw a significant numbers of patients requiring contact lens care.

The private practice experience was found to increase the students' understanding of practice management. This included a variety of areas associated

with running a practice: patient scheduling, fees and billing, marketing, space and equipment needs and utilization, and marketing. An understanding of various communication skills was also increased. When compared with the institutional VT/pediatrics externs, the private practice externs noted greater improvement in the area of patient-doctor communication skills. The private practitioners all agreed that it was difficult to teach practice management in a formal/didactic format. The students learned from observing the workings of the practice, which was then supplemented by the doctors providing practice management information that depended on the student's individual motivation and interest in this area. Because these students initially expressed an interest in both a private practice setting and vision therapy, the private practice externship may play an important role in helping them decide if they should continue to pursue private practice as their professional career path. A five-year follow-up would be of interest with these students to see if the private practice experience had an impact on their career choice.

Other salient points from the private practice experience included the following. The practitioners and the authors agreed that site selection is crucial for a successful externship rotation, with site visitation important. An initial concern of all the practitioners was the receptiveness patients would have to involvement of a student extern involved in their care. It was a rare instance that a patient was not receptive to being seen by the student. This receptiveness was attributed to educating the patients on the student's role, presenting the extern in a confident manner and explaining to patients that the doctor would still be actively involved in their care.

In summary, establishing successful private practice externships includes the following: delineation of criteria for site selection, investigation of state laws as they relate to student practitioners, development of a site selection process that includes a site visit that assures a good match between the program and affiliate, and provision of guidance in educating the student to the private practitioner.

Conclusions

Specialty private practice clinical rotations offer unique educational experiences and opportunities to the student in comparison to an institutional setting. The value added component of a private practice experience includes a broader patient population, greater variety of clinical educational opportunities, and an increased understanding of practice management skills. In addition, a private practice externship may influence the practice setting the student ultimately pursues.

The three practices selected for this pilot study continue to serve as externship sites for SUNY's fourth-year students. The best practices and lessons learned during this project can be used by other schools and colleges of optometry and applied to other specialties. These include establishment of site criteria, investigation of state regulations for student practitioners, site selection including site visitation, and ongoing discussion and guidance to the private practitioners to strengthen their teaching skills. These are likely to become more cogent as the number of optometry students requiring or seeking clinical education in a private practice setting increases.

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