Faculty Development for Medical School Community-Based Faculty: A CERA Study Exploring Institutional Requirements and Challenges

Presenters:

Dennis Baker, Suzanne Baker, Alec Chessman, Joana Drowos, Suzanne Harrison, Susanne Minor

Disclosures

- We have nothing to disclose.

Our research questions?

DESCRIPTION:

Faculty development for community-based preceptors teaching in family medicine clerkships

- ◦ Requirements
- ◦ Delivery methods
- ◦ Topic selection
- ◦ Perceived barriers

Our research questions?

TESTING hypotheses:
- Pay preceptors → Required faculty development
- CD's protected time → Face-to-face preceptor training
- CD's protected time → Site visit Number or Length

Why this topic?

o Increasing reliance on community-based preceptors

o Looming preceptor crisis

o System pressures

o Need qualified and trained clinical teachers

What are best practices for the delivery of faculty development?

Our Approach

o Data were gathered and analyzed as part of the 2015 Council of Academic Family Medicine's (CAFM) Educational Research Alliance (CERA) survey of Family Medicine Clerkship Directors

o The survey was distributed via email invitation to 125 U.S. and 16 Canadian family medicine clerkship directors between November 1, 2015 and December 31, 2015

o A total of 112 out of 141 clerkship directors (79% response rate) responded to the survey

Findings:

Clerkship Design		
	n	*Percentage*
Block only	79	71
Longitudinal only	7	6
Both block and longitudinal	26	23
Total	112	100

FM Clerkship Length		
Weeks	*n*	*Percentage*
4	23	29
5	2	3
6	37	47
7	2	3
8	14	18
More than 8	1	1
Total*	**79**	**100**

Mean number of weeks= 4.81 (SD= 1.42)
* Length was asked of block designed clerkships only.

Percentage of Students on FM Clerkship That Spend At Least Half of Their Time With Community Preceptors		
	n	*Percentage*
0%	14	13
1-25%	9	8
26-50%	12	11
51-75%	30	27
76% or more	47	42
Total	**112**	**100**

Percentage of Community Preceptors That Are Paid By Their Institution		
	n	*Percentage*
0%	73	65
1-25%	7	6
26-50%	2	2
51-75%	2	2
76% or more	28	25
Total	**112**	**100**

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Mean 4.9 wk
Median 5 wk
Mode 6 wk

[a] Length was asked of block designed clerkships only. Percentages are of the 79 schools with this characteristic. Mean number of weeks = 4.81 (SD = 1.42)

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% Students Spend >Half of the Time with Community Preceptor

- 0%
- 1-25%
- 26-50%
- 51-75%
- > 75%
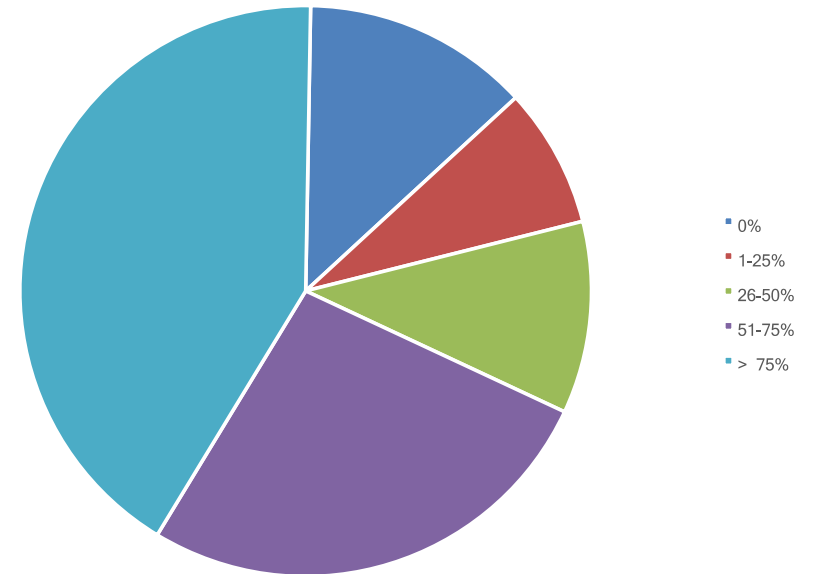
Findings:

Table 3. Preceptor Faculty Development Activities Offered		
	n	*Percentage**
Personalized feedback based on student evaluations	80	71
Site visits	68	61
Face to face preceptor development sessions	58	52
Online educational curricula	49	44
Targeted articles on clinical teaching or summaries	26	23
Pocket cards	24	21
Audio/video materials for independent study	7	6
Teaching listservs	3	3
Podcasts	1	1
Other	17	15

* Respondents selected all that apply, thus total percentage adds up to more than 100.

Findings:

Table 5. Barrier to Providing Faculty Development for Community-Based Preceptors[a]		
	n	*Percentage*[b]
Preceptor availability/time	96/107	90
Geographic distribution of preceptors	87/108	81
Financial resources	80/106	76
FM clerkship director dedicated time	62/105	59
Competition for other programs (for preceptor availability)	59/108	55
Educator availability (for preceptor development)	51/107	48
Preceptor comfort with Web-based technology	30/107	28
Faculty development expertise	24/106	23

[a] Respondents who rated each barrier as either difficult or very difficult.

[b] Respondents selected all that apply, thus total percentage adds up to more than 100.

Conclusions:

Barriers:
- Preceptor time availability (90%)
- Geographic distribution of preceptors (81%)
- Financial resources (76%)
- Clerkship director dedicated time (59%)
- Competition from other programs (55%)

Determining preceptor development needs:
- Informal conversations with preceptors (76%)
- Teaching evaluations provided by students (61%)
- Many perform no needs assessment

Conclusions continued:

o 89% offer preceptor development

o 16% require preceptor development

o The percentage of clerkship directors who pay community-based faculty has increased from 23% to 35% over the past 3 years

o Paying community-based preceptors correlated positively with requiring faculty development

Take home points:

Benefits to paying preceptors and funding clerkship director time

Opportunities to develop formal curricula, including:
◦ Formal preceptor needs assessment
◦ Program evaluation

Opportunities for innovative preceptor development methods

Best practices?
◦ Sharing experiences with preceptor development activities for community-based preceptors
◦ Outcome measurements to assess the effectiveness of methods and content

Case Study 1# Florida State University Required Preceptor Faculty Development

Prior to taking a student:

  Complete 6 hours of FD

    Intro to FSUCOM Curriculum

    Intro to Clinical Teaching Techniques

    Assessment of Clinical Student

Then within 2 years:

  Complete 4 additional hours

There after:

  Complete 2 hours/year

THE FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

Case study #2 Florida International University

Orientation manual for preceptors

FIU | **Herbert Wertheim College of Medicine**

Case Study #3 Florida Atlantic University

The Morning Commute Podcast a unique opportunity for faculty development in LICs

Feedback in LIC-practical tips

Teaching progressively-start basic (H&P 1st 2 mo, Ddx later, A/p even later, last month what abx, what dose, how many days?) could fit in to 5 segments – each RIME and then overall summary

Encouraging continuity in LIC's-asking pt's, having them f/u with pt's

Bedside teaching in LIC's

Scheduling for efficiency-wave, etc

Weekly communication with students in LIC's-do you text, email, meet, video chat

Note writing in LIC's-pros/cons

Hospital medicine in LIC's-how to encourage hospital exposure in a mostly ambulatory environment.

It is time for evaluation forms-how to get everyone on the same page

How to encourage student "ownership" of patients

Get to know your students

The pre-clinic and/or post clinic meeting

Dealing with labs/tests/communications through the week…teaching on off days

The first day in clinic-how to set up for success

Microskills for teaching and importance in LIC

Embedding the student in your office.

incorporating teaching about community and population health

incorporating teaching about quality improvement and health systems

opportunities for motivational interviewing

breaking bad news and helping students deal with losing a patient

encouraging personal wellness and self-reflection

how to maximize LIC students experience of high-yield patients in the LIC model (e.g., pregnancies, cancer patients, neurodegenerative disorders, chronic medical conditions)

shelf exams and how they relate to students' learning and motivation

Choosing the right patient for continuity

What are outcomes?

82% listened to at least 3
64% found them helpful
70% perceived change in teaching
70% were likely/highly likely to listen to more
55% were likely/highly likely to recommend
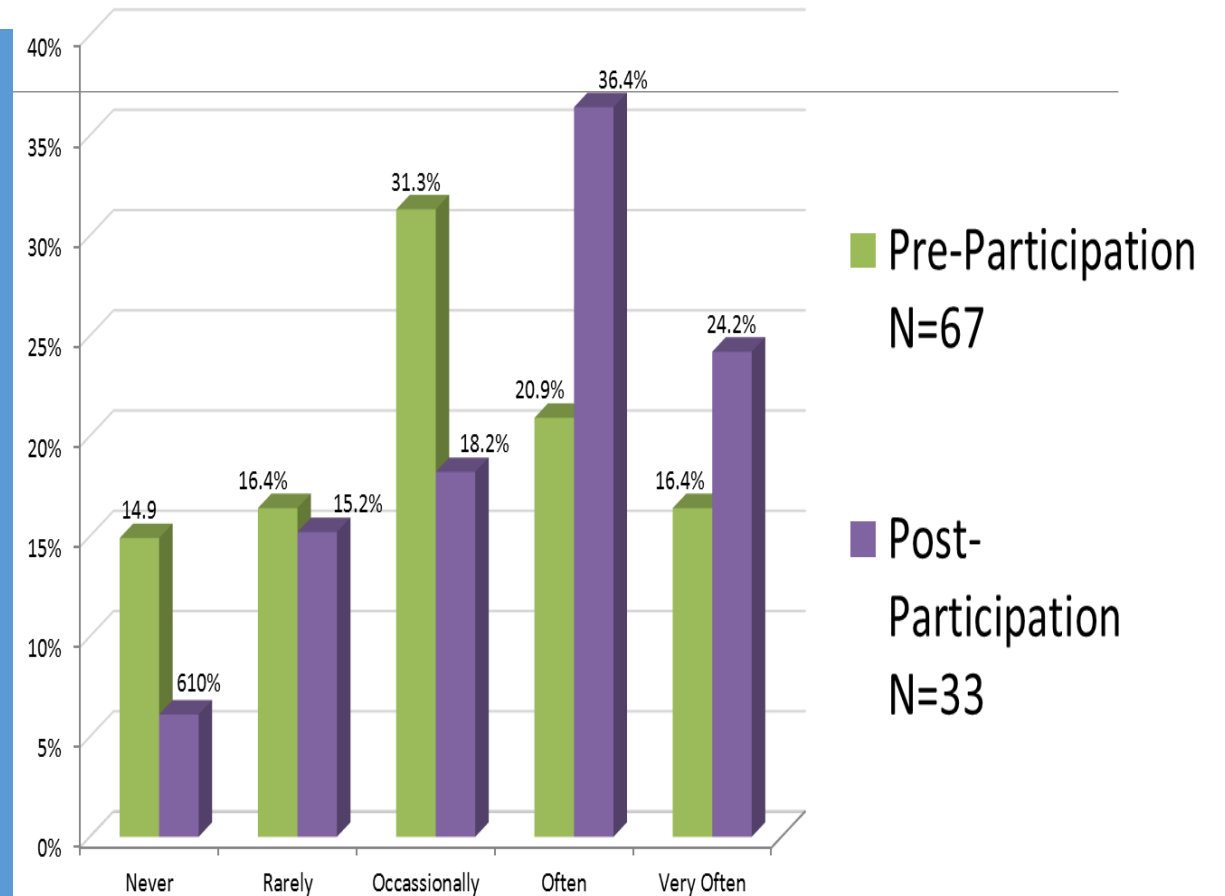
Precepting students in front of patients

Breakout Groups:

TOPIC #1	**TOPIC #2**	**TOPIC #3**
• Challenges of needs assessments and evaluation strategies involving community-based preceptors? • Strategies to overcome low participation/ burden of time	• Overreliance on face-to-face methods? • Strategies to use technology and better engage community-based preceptors in their own time	• Incentivizing teaching and faculty development activities? • Consider other non-financial methods to invest in and value preceptors

Sharing

WHAT BEST PRACTICES DID YOU IDENTIFY?

WHAT ADDITIONAL QUESTIONS DID YOU IDENTIFY?

THANK YOU!

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