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Local Outcomes of a National Pilot to Enhance Ambulatory Precepting

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Background

- National priority: recruiting/retaining effective ambulatory preceptors is a key focus of the STFM*
- National/Local challenge: finding and retaining enough skilled preceptors to meet demand
 - Ambulatory clerkships (Family Medicine and Ambulatory Medicine) heavily dependent upon on skilled community preceptors
- Opportunity: STFM/ABFM collaborative Preceptor Improvement Pilot Project*
 - Faculty development
 - MOC Part IV credit



Site

Hayes E. Willis Health Center (HEWHC) - a VCU Health community-based primary care center in South Richmond

- Serves a diverse, primarily low-income community
- Inter-professional team model (family medicine, pediatrics, pharmacy, social work)
- High commitment to teaching
- High volume of students (N = 15-18 yearly)

Methods – Phase One

- **Assessment** of learning needs/priorities and pre-intervention skill/knowledge level (STFM Teaching Skills Self-Assessment Tool for Faculty)
 - Most frequently identified learning needs/priorities:
 - Time management/efficiency
 - Improving the learner's performance
 - Professionalism
- **Assessment** of local resources re: content, expertise, coordination, liaison with sponsoring national organizations
- **Arrangement** of venue, technology and timing to facilitate participation
 - Sessions live-streamed and archived

Methods – Phase Two

- **Intervention** held on site at HEWHC
 - Four 90-minute sessions
 - Microskills and adult learners (SNAPPS method)
 - Feedback: Concepts, obstacles, skill development
 - Professionalism in the learner
 - Observation in the clinical setting
 - Brief didactics and interactive, case-based discussions
 - Introduction to established models
 - Parallels between clinical teaching and clinical care
 - Peer discussion re: best practices
 - Personal reflection
 - Interdisciplinary focus

Methods – Phase Three

- **Assessment** of learning needs/priorities and post-intervention skill/knowledge level

Results

10 participants (6 physicians)
Average pre (N=10) and post (N=9) intervention scores

CLINICAL TEACHING	Pre	Post
Setting expectations with learners	3.6	4.1
Assessing learner needs	3.0	4.0
Adjusting teaching style based on learner needs	3.0	3.7
Direct observational skills	3.1	3.8
Teaching physical exam skills	3.4	3.8
Giving constructive feedback	3.1	4.1
Assessing learner skills	3.2	3.8
Identifying a struggling learner	3.1	4.1
PREPARATION FOR LEARNERS		
Awareness of medical school expectations of clinical teaching	3.6	4.2
Personal time management skills when working with a student	2.5	3.4
Staff preparation for hosting clinical learners	3.1	3.4
Overall site preparation for hosting clinical learners	3.5	3.6
PROFESSIONALISM		
Ability to identify unprofessional behavior in a learner	4.0	4.3
Understanding of next steps if unprofessional behavior is identified	3.1	3.8
Understanding of medical school's student harassment policy	2.8	4.1
Ability to review or debrief a difficult or unexpected experience with a student	2.7	3.1

Discussion

- Intervention appears effective at increasing preceptor self-report of skill/knowledge level
- Effort required to coordinate is reasonable and sustainable
- Pilot program is adaptable to scalability
- Ability to earn MOC credit is innovative and highly valued by physician preceptors
- Education was valued by all participants, even those not eligible to receive credit

Next Steps

- STFM/ABFM have approved for continuation and expansion through 2021
- Adapting format and content to a distance education platform

* References

- (1) STFM Tackles Preceptor Shortage -- doi: 10.1370/afm.1917 *Ann Fam Med* March/April 2016 vol. 14 no. 2 183-184.
- (2) STFM and ABFM Pilot Precepting Improvement Project -- doi: 10.1370/afm.2251 *Ann Fam Med* May/June 2018 vol. 16 no. 3 278