Session F317

Preceptor Remediation:
Time to Make Up or Break Up?

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Disclosures

• April and Joyce have no conflicts to disclose
Objectives

• Describe the rationale for and methods of evaluation of clinical preceptor effectiveness in teaching and professionalism.

• Review feedback strategies as well as educational resources to be utilized when evaluation indicates preceptor remediation is warranted.

• Outline the importance of ongoing data analysis to determine whether interventions have been successful.

• Develop a plan for next steps when educational outcomes or preceptor behaviors have not improved after remediation.
Managing Our Investments

- Clinical site and preceptor recruitment

- Maintaining relationships with existing preceptors
  - Building rapport, showing appreciation
  - Providing support and education
    - Professional development
    - Feedback

- National shortages of clinical training sites
- RETENTION is critical
  - Walking away from existing sites can be difficult
  - Remediation

Hudak et al, JPAE 2014
Gonzalez-Colasco et al, JPAE 2013
Rationale for Evaluation

- ARC-PA Standards

- C1.01 - Program must implement ongoing program self-assessment designed to document program effectiveness & foster improvement.

- C4.01 - Program must define, maintain and document effective processes for initial & ongoing evaluation of all sites & preceptors used for SCPEs to ensure they meet program expectations for learning outcomes and performance evaluation measures.

- C4.02 - Program must document that each clinical site provides students access to facilities, patients, supervision necessary to fulfill program expectations of the clinical experience.
  - Program faculty monitoring sites and modifying them as necessary to ensure the expected learning outcomes will be met by each student. Document preceptors are providing observation and supervision of student performance, providing feedback and mentoring.
Methods of Evaluation

• Site development visit (initial site visit)
  • Clearly define expectations of preceptor, program policies, student learning goals & examine clinical setting/facilities

• Ongoing site evaluation visits
  • In person, phone, Skype/Facetime
  • Review expectations, policies, feedback, student experiences
  • Assess for changes in the practice (staffing, EMR, new affiliations)
  • Provide preceptor support & resources

• Student evaluation of site following completion of rotation
  • Look for themes - student experiences often depend upon the student
  • Pink/red flags
    • Immediate notification regarding mistreatment or supervision issues
Methods of Evaluation

• Preceptor evaluation of students
  • Look for themes
    • Are certain segments of evaluation consistently not graded?
    • Is feedback overly generous or harsh?

• Student logging of patient experiences
  • Clinical settings
  • Patient populations & demographics
  • Kinds of experiences/procedures
  • Depth of student involvement
    • H&Ps, documentation, observation vs hands-on
Areas Requiring Intervention

• More common issues
  • Inappropriate supervision of student
  • Level of student participation - too much observation
  • Not providing student opportunities to meet program expectations
    • Often stems from lack of understanding of program-defined goals
  • Feedback style and frequency/timing

• Less common issues
  • Professionalism/boundaries
  • Mistreatment of learners
  • Using student as employee or scribe; no active teaching
Problem Assessment – now that you have the data…

- Is the problem real?
- Is the problem important?
- Is the problem in teaching or is it a professional issue?
Feedback Strategies for Faculty Development
Definitions of Feedback

Feedback can be defined as:
1. Information that lets people know where they are in relation to the goals toward which they are aiming
2. Information that assists people in correcting their course
3. Information about what the learner did that is shared with the learner
4. A way of helping people learn how closely their behavior matches their intentions

Characteristics of Constructive Feedback

1. Provide descriptive information rather than evaluative.
2. Focus on specific rather than general behavior.
3. Address the needs and expectations of the program, the student and the preceptor.
4. Direct feedback toward behavior the preceptor controls.
5. Provide feedback as soon after behavior occurs as possible.
7. Limit amount of information to what the recipient can use.
8. Check for clear communication.
9. Give feedback at multiple levels.
Remediation Strategies

“Did you try unplugging it and plugging it back in?”
How do we remediate preceptors?

• Let the data do the talking!

• Best if done during a face-to-face site visit
  • Coaching, reorientation to expectations, rapport building
  • Phone or email also acceptable
Eat the Elephant One Bite at a Time….

• Identify the specific issue or if multiple issues address one at a time.

• Consider the Preceptor
  • Brand new to your program “Green Horn”
  • Long standing “Old Timer”
Academic Detailing using the RAFT approach

- Rapport-building
- Assessment
- Focused preceptor development
- Thanks/Trinkets
RAPPORT BUILDING

• Make this a positive experience
• Lunch or other
• Share patient logs so preceptor understands the positive impact he is having on learner training
• Remind the preceptor of their affiliation with the university and/or their role as adjunct faculty
ASSESSMENT

• To assess the preceptor’s individual needs - does he or she have any concerns about students or the program
• Can the preceptor identify anything he/she may need from the program to prepare to teach students or to continue precepting?
FOCUSED-FACULTY DEVELOPMENT

• What issues have been identified?
• What proof or data do you have to share?

• Structured Feedback Letters
  • Collated data from de-identified student feedback
  • Positive as well as constructive
    • Note - what information are you ALLOWED to provide while protecting student anonymity

• Share summary of student logging data
  • Documentation of typical student experiences at that site
  • Can compare to similar practices to help demonstrate expectations
Resources for Effective Teaching

- One-minute Preceptor
- SNAPPS - Learner led. Share with your preceptor how this model works (if you are actually teaching this to your students)
- CMS guidelines
- Copy of Program Policies
- Mi-PLAN - model to make bedside experiences with learners more effective, fun and straightforward
- STFM PEP2 Preceptor Education Project
- MAHEC online modules
THANK YOU/TRINKETS (closure)

• Keep this positive and educational
• Of course program swag (cups, lunch bags, chapstick, etc.) is always nice
• Leave something of educational value - laminated cards with teaching tips, articles on precepting, etc.
Feedback Related to Professionalism Issues

- Be direct and factual
  - Avoid judgmental or emotional statements
- Connect feedback to student perceptions or concerns brought forward during routine evaluation process
  - Faculty are obligated to follow up
  - Can acknowledge topic might be uncomfortable to discuss
- Reiterate program expectations for preceptor behavior
- Let preceptor know student feedback will continue to be monitored
  - Plans for future follow up
Ongoing Analysis

• Post-remediation/intervention evaluation is important
  • Assess the data for improvement over time

• When desired change occurs, provide that feedback to the preceptor → positive reinforcement!

• If desired change doesn’t come
  • Reassess
    • Did preceptor get the resources and support they needed to make the needed change?
    • Is it worth a second remediation attempt?
      • Different faculty member, revised strategy, additional resources
When It’s Time…
Time to Part Ways When...

- Mistreatment of learners
- Interpersonal or Professionalism Issues
  - Not amenable to remediation
- Legal or Licensure Troubles
- Safety Concerns
- Remediation attempts by faculty do not result in improvement or resolution of the identified concerns
Strategies

• Cite program policy and preceptor expectations
• Use data to support your decision
• Documentation is important
  • ARC-PA - outcome from data analysis
• Express gratitude for their work with students

• Deactivate site...keep the affiliation
  • Providers come and go
  • Don’t burn bridges
Prevention

- Proper onboarding of new preceptors is essential
  - Appropriate vetting of new sites/preceptors
  - Preceptor Handbook
  - Course objectives and desired learning outcomes
  - Program policies & expectations
  - Provide teaching resources early and often

- Keep preceptors engaged and connected to program
  - Site visits
  - Newsletters
  - Feedback on their performance
References

• Aquila, Mitzi D' MACM, PA-C; Lie, Desiree MD. Preceptors' and physician assistant students' views about the value of clinical site visits. J Phys Assist Educ. 2015; 26(1):40-42
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Questions?
Thank You!

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