



Report on the Summit to Address the Shortage of High Quality Primary Care Community Preceptors

Family medicine and other primary care clerkships are struggling to obtain and retain quality clinical training sites. Contributing factors include time constraints, competition for a limited number of training sites, physicians' concerns about their ability to be effective teachers, physician burnout, and dated practice models that aren't ideal training sites.¹⁻⁴

Addressing the Shortage

The Society of Teachers of Medicine's (STFM) mission is to advance family medicine to improve health through a community of teachers and scholars. To further that mission, STFM agreed to be responsible for Family Medicine for America's Health's Workforce Education and Development Core Team's task of identifying, developing, and disseminating resources for community preceptors.

To begin to address this charge, STFM engaged multiple stakeholders in developing aims to address the shortage of precepting sites.

Aims

- **Decrease the percentage of primary care clerkship directors who report difficulty finding clinical preceptor sites.**

The *Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey* found that clerkship directors at M.D.-granting medical schools, D.O.-granting medical schools, nurse practitioner programs, and physician assistant programs have all experienced increasing difficulty obtaining clinical training sites.

- "At least 80 percent of respondents in each discipline felt concern regarding the adequacy of the number of clinical training sites.
- More than 70 percent of respondents in each discipline felt that developing new sites was more difficult in 2013 than it had been two years before."¹

- **Increase the percentage of students completing clerkships at high-functioning sites.**

While it's important to find *enough* clerkship sites, it's equally important to find sites that role model comprehensive, patient-centered care.

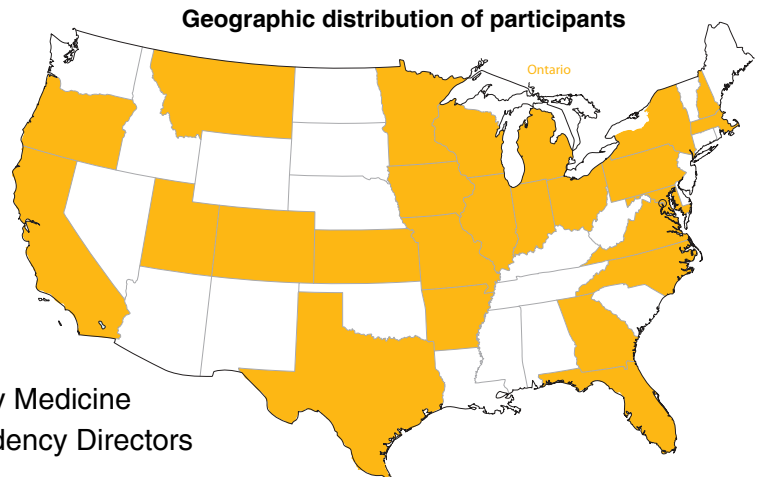
The Summit

A summit provided an opportunity to bring together those who understand the problem and have power to make change. The Summit was the first step in identifying the most significant reasons

for the shortage of community preceptors and shaping the priorities, leadership, and investments needed to ensure the ongoing education of the primary care workforce.

The 52 Summit participants included health system leaders, organizational representatives, policy experts, clerkship directors, community preceptors, physicians who do not precept, students, etc. Those represented included:

- American Academy of Family Physicians
- American Academy of Family Physicians State Chapter
- American Academy of Pediatrics
- American Medical Association
- American Association of Colleges of Osteopathic Medicine
- American Board of Family Medicine
- American College of Osteopathic Family Physicians
- American Psychological Association
- Association of American Medical Colleges
- Association of Departments of Family Medicine
- Association of Family Medicine Residency Directors
- CEO(s)/CMO(s) of Health Systems
- Clerkship Coordinators
- Clerkship Directors
- College of Family Physicians of Canada
- Community Preceptors
- Council of Academic Family Medicine
- Family Medicine for America's Health Workforce Education and Development Core Team
- Health Resources and Services Administration
- Physician Assistant Educators Association
- Students/Residents
- Society of General Internal Medicine
- Society of Teachers of Family Medicine
- STFM Medical Student Education Committee
- STFM National Clerkship Curriculum
- STFM Group on Medical Student Education Preceptor Project
- TeachingPhysician.org
- Veterans Health Administration
- Others with specific relevant expertise/experience



All participants are listed in the Appendix.

Laying the Groundwork

At the beginning of the Summit, Beat Steiner, the Summit Chair, laid out the following measures of success for the 1½ day Summit. Participants will:

- Move beyond problems and barriers (talk about solutions)
- Identify 3-5 solutions that are ambitious enough to help resolve this vexing problem
- Make significant progress over the next 6-12 months to implement solutions

Before discussing solutions, participants looked briefly at potential causes of the shortage:

- Increasing number of students
- Not enough high-functioning (comprehensive/PCMH) sites
- Administrative burden of teaching (complicated paperwork/systems, etc)
- Competing clinical/productivity demands leaving inadequate time to teach
- Lack of adequate incentives (financial)
- Lack of adequate incentives (non financial)
- Loss of professionalism among clinicians with less desire to give back

Participants identified the following as the key causes of the preceptor shortage:

- Administrative burden of teaching (complicated paperwork/systems, etc)
- Competing clinical/productivity demands leaving inadequate time to teach

Prioritizing Solutions

Summit participants gave and listened to brief presentations on innovative ideas that are being implemented around the country on:

- Improving administrative efficiencies related to teaching
- New/better ways of teaching learners in the office
- Financial and other incentives

They then broke into small workgroups to discuss if/how those ideas and others could contribute to solutions to the preceptor shortage.

At the end of the second day, participants prioritized solutions, based on feasibility and potential impact; brainstormed next steps; and discussed who could help move the solutions forward.

Solution #1:

- Integrate interprofessional education into ambulatory primary care settings
- Integrate longitudinal structure into ambulatory primary care setting
- Integrate students into the work of ambulatory primary care settings in useful and authentic ways

Solution #2

- Develop simplified and standardized competencies/objectives and assessment tools for ambulatory primary care settings

- Develop a standardized onboarding process for students (standardized passport used across schools)
- Develop educational collaboratives across schools to improve administrative efficiencies (central database of preceptors, centralized scheduling, shared administrative responsibilities)

Solution #3

- Work with CMS to revise student documentation guidelines

Solution #4

- Measure and adjust RVUs for high quality teaching practices
- Develop metrics to define quality teaching and quality clinical care that defines high quality teaching practices
- Develop a culture of teaching in clinical settings

Next Steps

Building on the draft action steps developed at the Summit, STFM will work in collaboration with colleagues to finalize a vision and a detailed action plan that will be executed over the upcoming months and years. Change is going to require a united effort. The action plan will identify organizations and individuals who are willing and able to drive change within the health care system. Organizations may need to get approvals from their Boards of Directors to devote resources to the project, and funding may be required.

A small oversight committee will provide leadership for the project and oversee the implementation.

Summit Funding

The Summit was supported, in part, by a grant from the American Board of Family Medicine Foundation.

1. Association of American Medical Colleges et al. Recruiting and maintaining U.S. clinical training sites: joint report of the 2013 multi-discipline clerkship/clinical training site survey. <https://members.aamc.org/eweb/upload/13-225%20wc%20report%202%20update.pdf>. Accessed September 7, 2016.
2. Susan Laschinger MSc A, RN, Catherine Perkin MScN R. Preceptors' perspectives on recruitment, support, and retention of preceptors. *J Nurs Educ.* 2010;49(4):198.
3. Vath BE, Schneeweiss R, Scott CS. Volunteer physician faculty and the changing face of medicine. *West J Med.* 2001;174(4):242-246.
4. Room C. Where have all the preceptors gone? erosion of the volunteer clinical faculty. 2001.

Appendix: Summit Participants

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