Progress on Preceptor Expansion Action Plan  
February 5, 2018

Goals:
- Decrease the percentage of primary care clerkship directors who report difficulty finding clinical preceptor sites.
- Increase the percentage of students completing clerkships at high-functioning sites.

Oversight Committee:
An interdisciplinary, interprofessional oversight committee met in June 2016 to set the direction for the work. They have provided ongoing input via email and online review of project plans. The committee will meet again in April 2018 to review and provide input on the work of the tactic teams.

Status of Tactics:
Five work teams have developed implementation plans with specific steps to achieve their goals. Pieces of the plans are contingent on funding (pending). Members, staff, and others invested in the project are getting input from the wider community on the potential effectiveness of the steps and strategies within the individual implementation plans. The following is what has happened or is currently scheduled:
- Presentation/vetting at AAMC meeting, November 2017
- Focus Group at Texas Academy of Family Physicians chapter meeting, November 2017
- Conversation with preceptors at a KU-Wichita winter symposium, November 2017
- Conversation with preceptors at a member mixer coordinated by the Michigan Academy of Family Physicians, February 2018
- Presentation/vetting at STFM Conference on Medical Student Education, February 2018
- Presentation/vetting at STFM Annual Spring Conference, May 2018
- Presentation at the National AHEC Organization conference, July 2018

Tactic 1: Work with the Centers for Medicare and Medicaid Services (CMS) to revise student documentation guidelines
The rules regarding the use of student notes for billing purposes have hampered medical education and increased the administrative burden on the teaching physician. These guidelines limit the student documentation role to review of systems and/or past family/social history and prohibit teaching physicians from referring to a student’s documentation of other parts of the history, physical exam findings, or decision-making. This team’s task is to explore with CMS, and other federal bodies as needed, ways to revise the student documentation guidelines to help relieve unnecessary administrative burdens on preceptors and increase the active learning of students.

Status: The team and others invested in the outcome created a one-page request that was vetted by several organizations. Members of the team then met with CMS in December 2017, providing arguments in favor of the change and proposing revised transmittal language. CMS requested data to quantify the amount of time this change would save in a preceptor’s clinical
visit. The tactic team created a survey, which received 1,900 responses in 11 days, and sent the data to CMS on January 24. CMS released the revised transmittal on February 2.

**Tactic 2: Integrate interprofessional/interdisciplinary education into ambulatory primary care settings through integrated clinical clerkships**

Clinicians are stretched between the demands of their practice and precepting responsibilities; asking preceptors to embrace interprofessional education is yet an additional pressure. This tactic explores a means to increase the number of learners at a given site without putting more pressure on the clinician’s shoulders. To do this, we must utilize levers that are meaningful to the practice site, such as practice transformation and patient-centered care. This means transforming education, in conjunction with the practice, away from the preceptor/student model or a model favoring any one profession's education requirements. We will approach this by developing effective, simple workflow models that target everyone along the learning spectrum from students to preceptors. The workflow models will be widely distributed at national and regional levels in professional development settings with a train-the-trainer model, and our dissemination plan will develop champions that can teach it at the local level.

**Status:** The team leader has connected with educators around the country involved in interprofessional education in an effort to identify what’s already being done in order to build complementary components. The tactic team will meet in early 2018.

**Tactic 3: Develop standardized onboarding process for students and preceptors & Integrate students into the work of ambulatory primary care settings in useful and authentic ways**

This tactic will define strategies to standardize the onboarding process for learners, such as simplifying the process of credentialing preceptors and updating faculty appointments. The tactic team is also working to disseminate strategies that help the preceptor integrate the student more easily into the practice and make them more useful.

**Status:** The team had its first in-person meeting on November 1 and made good progress on identifying a list of onboarding resources to link to or develop. STFM is exploring using TeachingPhysician.org to house the standardized documents and training. The team is looking at AAMC’s 2008 Recommendations for Preclerkship Clinical Skills Education for Undergraduate Medical Education as a potential foundational document to update, ideally in collaboration with AAMC, and disseminate to ensure that students consistently enter clerkships with clinical skills that add value to the practice.

**Tactic 4: Develop educational collaboratives across departments, specialties, professions, and institutions to improve administrative efficiencies**

This tactic will offer funding for self-identified new collaboratives that will improve administrative efficiencies for preceptors. Proposals could include ideas for State Authorized Reciprocity Agreements, centralized scheduling, shared administrative support, onboarding of preceptors and/or students, standardization of requirements, shared on-site coordinators at precepting
locations, etc. The goal is to identify new models that can be implemented across the United States.

**Status:** The team held its first in-person meeting in December to develop eligibility, evaluation, and dissemination requirements to be included in the call for proposals. The team also developed plans for communication about and spread of models that prove to be effective. A funding proposal is being sent to the ABFM Foundation

**Tactic 5: Promote productivity incentive plans that include teaching**

The unifying theme of the tactics under this umbrella is creating the incentives and culture needed to expand the pool of preceptors. The target audience for these efforts is the health systems that employ community preceptors. Foundational to this work is defining the characteristics of high-quality ambulatory primary care clinical training sites and recognizing high-quality teachers and practices.

**Status:**

- The Action Plan chair and the project team leader asked the ABFM to consider giving performance improvement credit for precepting. This was approved by the ABFM and a pilot program was announced on February 1. The program allows academic units (Sponsors) to develop and oversee the completion of performance improvement projects that meet the ABFM Family Medicine Certification requirements. To receive credit, teaching physicians must complete at least 180 1:1 teaching hours and implement an intervention to improve the teaching process.

- The team is compiling information on incentive plans that include teaching for primary care community preceptors and academic faculty. This list will be made available to preceptors, health systems, and academic institutions.

- The team is reviewing what has been published on characteristics of high-quality ambulatory primary care clinical training sites, with the goal of developing a definition that will guide the work.

- A sub-group has been formed to conduct a research project to determine the impact of having medical students (and potentially NP and/or PA students) in ambulatory, primary care clinical practices for clinical training experiences.

**Preceptor Expansion Action Plan - Next Steps**

Teams will continue with implementation of their projects and staff will continue to seek funding. Team leaders, project managers, and the project chair will convene via conference call in February to discuss status of the projects. The Oversight Committee will meet in April.