

Primary Care Preceptor Expansion Action Plan

Family medicine and other primary care clerkships are struggling to obtain and retain quality clinical training sites. To begin to address this threat to the sustainability of America's medical education system, The Society of Teachers of Family Medicine (STFM) conducted a Summit in August 2016 to identify the most significant reasons for the shortage of community preceptors and shape the priorities, leadership, and investments needed to ensure the ongoing education of the primary care workforce.

The Summit was funded by the American Board of Family Medicine Foundation and STFM. The 52 Summit participants included health system leaders, organizational representatives, policy experts, clerkship directors, community preceptors, physicians who do not precept, students, etc. The aims and action steps in this plan were informed by the discussions at the Summit, input from the STFM Board of Directors, feedback from academic deans, as well as the existing literature on the shortage.

Aims

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

Measure: Percentage of primary care clerkship directors at MD-granting medical schools, DO-granting medical schools, nurse practitioner programs, and physician assistant programs reporting difficulty finding core clinical sites as measured by the *Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey*.

Baseline:

- Family medicine MD: 47%
 - Family medicine DO: 3%
 - Family medicine PA: 34%
 - Outpatient family health NP: 60%
 - Outpatient pediatrics NP: 77%
 - Outpatient internal medicine NP: 40%
- **Increase the percentage of students completing clerkships at high-functioning sites.**
Measured by improvement in the CERA Clerkship Directors Survey.
Baseline (note: this data is confidential/tentative/pending publication): Percentage of students completing the family medicine clerkship at preceptor sites that have
 - Patient-centered medical home (PCMH) or similar practice transformation recognition: 41.4%
 - Provide comprehensive* care, including obstetrical care (OB): 28.9%
 - Provide comprehensive* care, without obstetrical care (OB): 66.1%
 - Allow students to access data in the Electronic Health Record (EHR): 78.5%
 - Allow students to enter ANY kind of data in the EHR: 64.8%
 - Allow students to write patient encounter notes in the EHR: 57.1%

* Comprehensive care defined as inclusion of both acute and chronic care, preventive services, end-of-life care, care at all stages of life

How This Plan Will Be Implemented

An interprofessional Preceptor Expansion Oversight Committee will provide oversight for the work of this initiative. Each tactic in this plan will be tasked to a project team consisting of experts and representatives from organizations with vested interests in the outcomes of the tactic. Each project team leader will serve as a member of the oversight committee, which will also include a chair and 2-4 members who are not part of a project team. STFM will provide staff support for the oversight committee and project teams.

Responsibilities of Oversight Committee

The Preceptor Expansion Oversight Committee will include a chair, the leader from each project team, and the staff project director. The oversight committee will meet periodically to:

- Ensure that work is progressing
- Ensure that plans align with the project goals and don't duplicate or interfere with the work of others involved in the plan implementation
- Develop solutions to any barriers

Next Steps

In spring 2017, STFM will convene the oversight committee to begin the development of strategies, budgets, timeframes, and measures for each tactic. Following this meeting, project team leaders will flesh out detailed plans for their tactic. They'll each develop a 3-5 page document that includes:

- What others have done or are doing related to their topic
- Areas of opportunity related to this topic
- Organizations that may want to engage in this project
- A list of potential project team members and what they might contribute to completion of the plan
- Draft timelines
- Draft measures
- How their tactic/action items might rely on/interact with the work of other project teams
- An estimate of the funding they'll need to support their plan with a list of potential funders

Documents will be due in late summer/early fall 2017. The oversight committee will hold a second meeting to refine the overall plan and determine next steps for funding and convening project teams.

Summary of Tactics/Action Items

| Tactic | Action Items |
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| <p>1. Work with CMS to revise student documentation guidelines</p> | <p>1A. Meet with CMS to understand its concerns with student documentation in EHRs. Discuss the difference between who exercises clinical judgment vs. who documents in the record.</p> <p>1B. Bring associations together to lobby for change. Make the case that CMS can save money if learners enter residency with an understanding of how to accurately document, provide team based care, and address population health.</p> <p>1C. Work toward statutory change.</p> |
| <p>2. Integrate interprofessional/interdisciplinary education into ambulatory primary care settings through integrated clinical clerkships</p> <p>Integrate students into the work of ambulatory primary care settings (clinical clerkship sites) in useful and authentic ways</p> | <p>2A. Conduct sessions on interprofessional/interdisciplinary clerkships at national meetings</p> <p>2B. Share examples of successful models of transformation</p> <p>2C. Offer training awards for medical schools to pilot interprofessional/interdisciplinary primary care clerkships</p> <p><i>Award to cover:</i></p> <ul style="list-style-type: none"> • <i>Training for 3 faculty at National Center for interprofessional Practice and Education's faculty development workshop Workshops include 3.5 days of training, team projects, quarterly coaching webinars, formal evaluation of the training program https://nexusipe.org/t3-train-trainer-faculty-development-program-interprofessional-education-faculty-development</i> • <i>One on-site consultation from an interprofessional education expert Award criteria and pilot/reporting requirements to be developed by project team.</i> |

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| | <p>2D. Standardize and Improve the clinical competency preparation of students by creating a list of what students should know and be able to do before primary care rotations</p> <p>2D1. Develop a communications/faculty development plan for sharing/implementing this nationally</p> <p>2E. Create a succinct, standardized toolkit/handout for preceptors that says what students should know when they begin their clerkships and the roles they can play in the practice (a modified version of STFM's Strategies to Ensure that Students Add Value in Outpatient Offices).</p> <p>2F. Identify organizations and individuals who are champions for Longitudinal Integrated Clerkships. Build relationships and share information/resources with members of primary care organizations.</p> |
| 3. Develop standardized onboarding process for students | <p>3A. Develop a national set of onboarding requirements, based on best/common practices.</p> <p>3A1. Create a free national portal within TeachingPhysician.org for confidential sharing of this information (forms, course completion, etc.) between med schools and preceptor sites.</p> |
| 4. Develop educational collaboratives across departments, specialties, and institutions to improve administrative efficiencies | <p>4A. Offer funding for self-identified new collaboratives designed to improve administrative efficiencies for preceptors</p> <p><i>Proposals could include ideas for State Authorization Reciprocity Agreements, centralized scheduling, shared administrative support, onboarding of preceptors and/or students, standardization of requirements, shared on-site coordinators at precepting locations, etc</i></p> |
| <p>5. Promote productivity incentive plans that include teaching (matching financial incentives to lost RVUs)</p> <p>Develop metrics to define and support high-quality teaching practices</p> <p>Develop a culture of teaching in clinical settings</p> <p>Incentivize teaching through Continuing Certification (MOC) incentive</p> | <p>5A. Present sessions at conferences for health system leaders advocating for and delineating the benefits of creating cultures/systems that encourage and reward teaching</p> <p>5B Write and publish a paper in a peer-reviewed journal advocating for and delineating the benefits of creating cultures/systems that encourage and reward teaching</p> <p>5C. Create a national recognition program for systems/practices that meet quality teaching criteria</p> <p>5D. Develop a Master Preceptor recognition program for preceptors</p> <p>5E. Work with ABFM so they allow components of teaching of medical students and residents to fill some of the performance improvement requirements for continuing certification.</p> |

Summit Participants

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