



Community Precepting: Demand, Supply and the Impact of the Emerging Precepting Crisis

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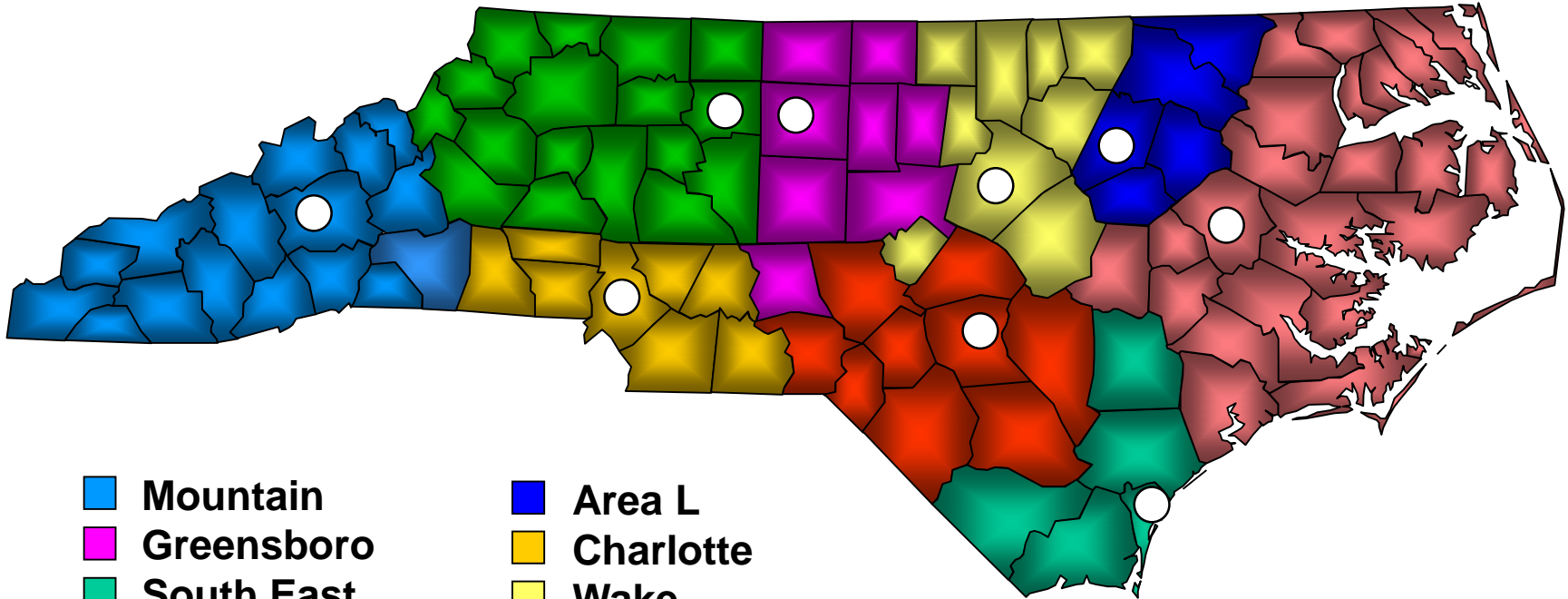
Key Messages










- *All health professions*
- *Demand more important than supply*
- *Preceptor quality is major concern*
- *Solution will be multifactorial; institutions and professions will need to work together*
- *State and Federal Policy change is also critical*



North Carolina AHEC

“Leading Transformation of Health Education and Practice”



- | | |
|---|---|
|  Mountain |  Area L |
|  Greensboro |  Charlotte |
|  South East |  Wake |
|  Northwest |  Eastern |
|  Southern Regional | |

Source: NC AHEC Program

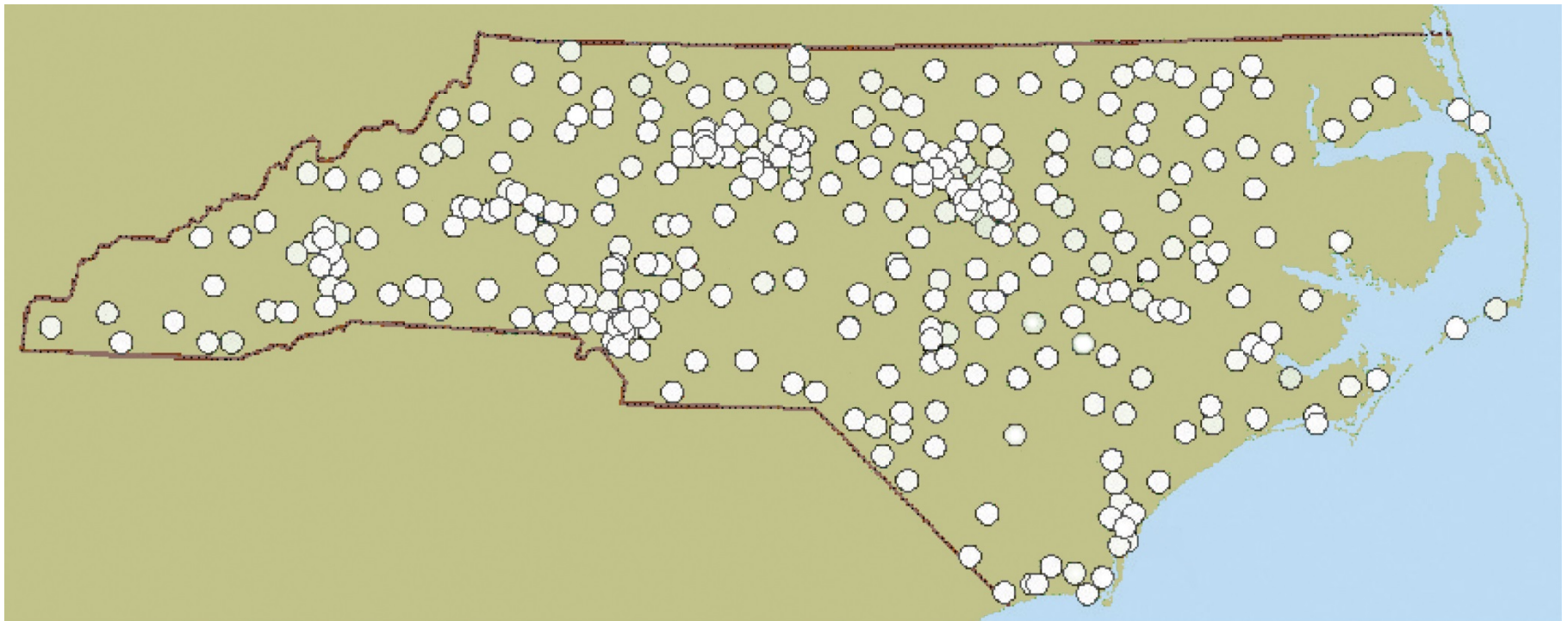


AHEC and Community Precepting

- In 1972, Medicine, then Nursing (NP/DNP, BSRN, AD), Pharmacy, PAs, Mental Health and others; 10 schools/16 programs.
- AHEC provides housing at minimal charge; since 1990s, preceptors reimbursed (\$75-125/week).
- Does not serve new schools.



Locations of NC AHEC Student Training Sites



Transformation of Health Care and Health Education in NC

- Dramatic changes in organization of care—hospital/health system consolidation, employment of physicians, integrated EHRs, pay for value and widespread clinician/nurse burnout.
- Major changes in education across all health professions.



Key Questions

- What is demand for precepting?
- What is supply of community preceptors?
- What is the impact of shortage?
- What should we do about it?



Methods

- Focus on Community Precepting.
- 2015-16: meetings with statewide educational leaders across all disciplines (MD/DO, NP/DNP, PA).
- Survey of health professional schools; N=29, 100% response rate.
- Previous NC AHEC studies of preceptor satisfaction and experience in other AHECs.



Results—Demand

- **27%** increased enrollment since 2011 with a further **11%** estimated over next 2 years.
This is likely an underestimate: Changing curricula are driving more community time.
- **93%** of schools report increased need in all clinical specialties, particularly OB-GYN and PEDIATRICS.
- **SARA** will increase demand.



Results—Supply

- AHEC provides stipends for 1,300-1,500 sites; number is stable with 70% same year-to-year.
- Most schools provide variety of non-financial incentives; stipends are spreading...
- Preceptor surveys in 2005 and 2011 show stable commitment; 2016-2017 pending...
- Most practices take students from one school due to accreditation constraints and alumni ties and often limited number per year.



Results—Impact of Shortage

- A **major** issue for the schools!
- Most report satisfaction with current preceptors, but 2/3 report preceptors dropping out in last year.
- Anecdotal reports of problematic preceptors fired by one school then rapidly hired by other schools.
- Preceptor faculty development activities are very modest.



Why Do Preceptors Precept?

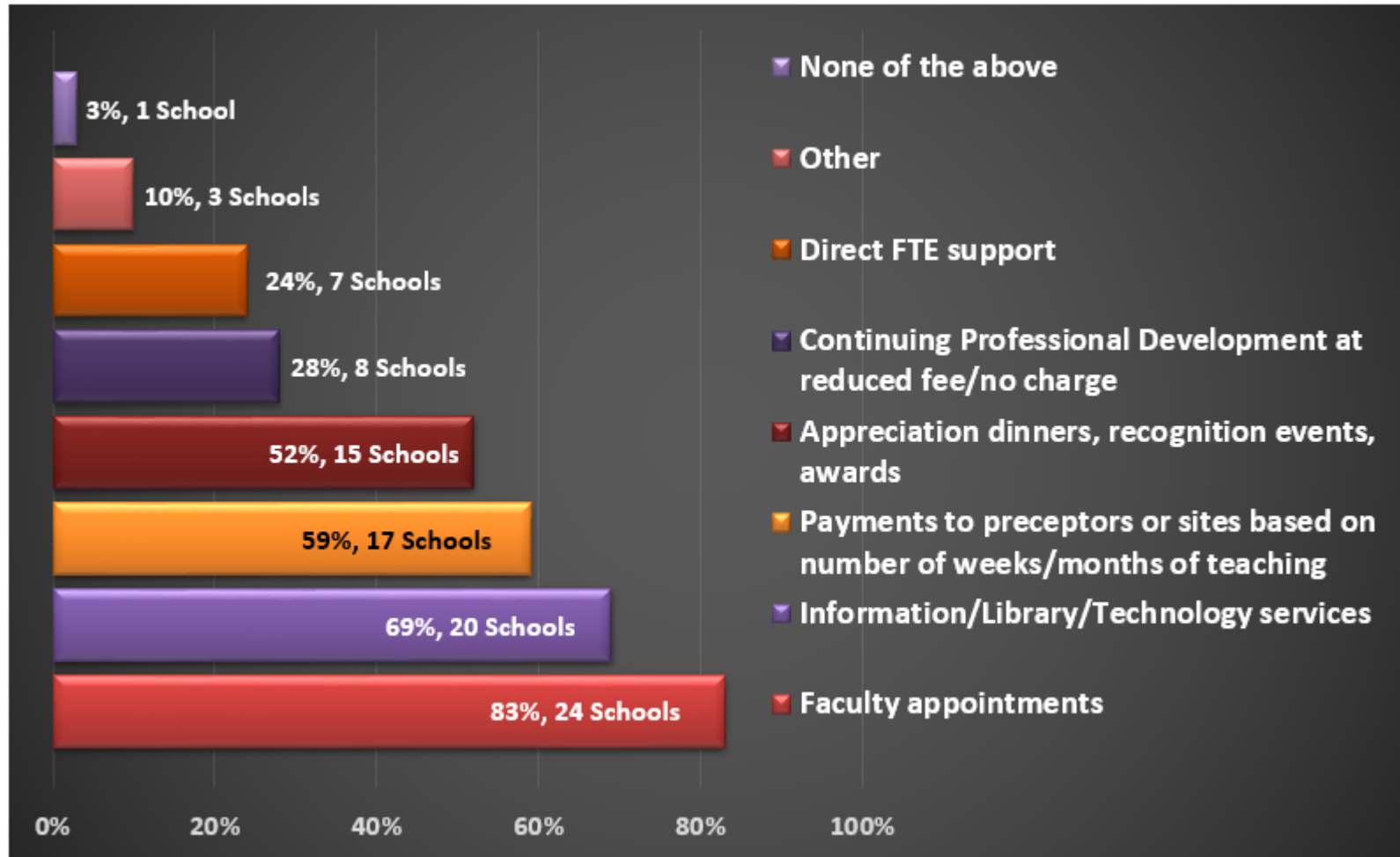
- Hippocratic Oath
- Professional Satisfaction

But...students are expensive in time and money and compensation models for primary care clinicians do not include teaching. Recognition, both personal and financial, is important.



Incentives Currently Offered

All programs (N=29. Check all that apply.)



Preceptor Compensation

- All have “eat what you treat” design...
- How much does precepting lower income?
Or, does it keep people late?
- The perils of overestimating lost income.
- Bright spots in compensation plan design.



Summary

- ***Strategic*** issue for state and for all health professions education—both in **numbers** and **quality**.
- Demand has exploded in NC; supply stable to slightly declining; many practices teach a small part of the time.
- Health professions schools are beginning to see a significant impact on education.
- Trend is accelerating rapidly.



Next Steps: North Carolina AHEC...

- 2016 Preceptor Survey; Compensation Plan survey.
- Explore hospital rotation demand, especially for Nursing and for PAs.
- Engage stakeholder schools and preceptors on priorities, common curricula and best models of teaching.



Next Steps:

State Policy Issues

- Is community precepting a “commons” that merits public support? How do we make this argument in both red and blue states?
- Should we align public and private schools—and support new schools which are trying to meet needs of the state?
- When will we address the implications of dramatic expansion of student loans/debt?



Next Steps:

Reduce Administrative Burden

- Passports (common immunization, safety, and other requirements, EHR training and access) + online training in advance as much as possible.
- Training students to be more useful on day 1 of the rotation.
- Regional air-traffic control across schools.



Next Steps:

Preceptor Development

- Very modest now?
- How well are preceptors know?
- Is passive on-line development sufficient? Should we require face to face meetings? How often



Next Steps:

Incentives for Preceptors

- Recognition, Faculty Appointments.
- CME/CE support, as permissible under Stark laws.
- Financial—Preceptor Tax Deductions and Credit (Georgia, Maryland, Utah).
- MOC—develop part 2 and part 4?
- Others...



Next Steps:

Curriculum Innovations

- Practice-ready students—specific skills that will increase value to practice.
- More than one student at a time? Blended learning
- Longitudinal curricula allow students to learn practice and people—and become more useful.
- Care Transformation—e.g. daily huddles drive culture change, allow students to participate.
- Interprofessional teams addressing social determinants of health/superutilizers.



Next Steps:

Develop Model Teaching Practices

- Develop **model teaching practices**, with students throughout the year, developed faculty, good care (PCMH plus better than average quality) and interprofessional teams.
- Ongoing precepting development, with yearly observation: More than student satisfaction surveys!
- **Align** with alumni networks.
- Make it an honor to precept...



National Policy Issues

- CMS rules about what students can document.
 - ✓ Key educational issue and value to practices.
- EHR—training, student licenses, team documentation.
- Address debt impact on practice choice.
- Loan repayment for practicing physicians conditional on teaching?
- Align ABMS Maintenance of Certification (parts II and IV) with precepting.



Comments/Questions?





Transforming Traditional Continuing Education (CE) into Continuing Interprofessional Education (CIPE): Lessons from a Real-World CIPE Training Initiative

Adapted from Poster Presentation by:

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Introduction

- 2010-The Institute of Medicine Report Brief: Redesigning Continuing Education in the Health Professions. Recognition of the key role of CE in developing new competencies in the workforce.
- 2013-North Carolina Area Health Education Centers (NC AHEC) recognized that transforming CE to CIPE was required to fulfill its mission
- 2014--National CIPE faculty engaged to co-create / implement a 10-month initiative in 9 regions with over 50 CE planners.





Project Description

U.S. / North Carolina CIPE Initiative. Teaching CE professionals and faculty how to integrate Interprofessional Education (IPE) into existing CE planning and implementation.

Step 1:

Strategic Actions Taken

- NC AHEC statewide leadership establishes a white paper on IPE & Implications for Future NC AHEC programs
- April 2014: Two AHECs blend proposals to NC AHEC Program Office to advance use of CIPE throughout statewide AHEC system
- Oct 2014: Baseline survey conducted for statewide readiness for transformative IPE
- A statewide “train the trainer” model developed for CE leaders, staff & faculty to integrate IPE into their existing processes

Step 2:

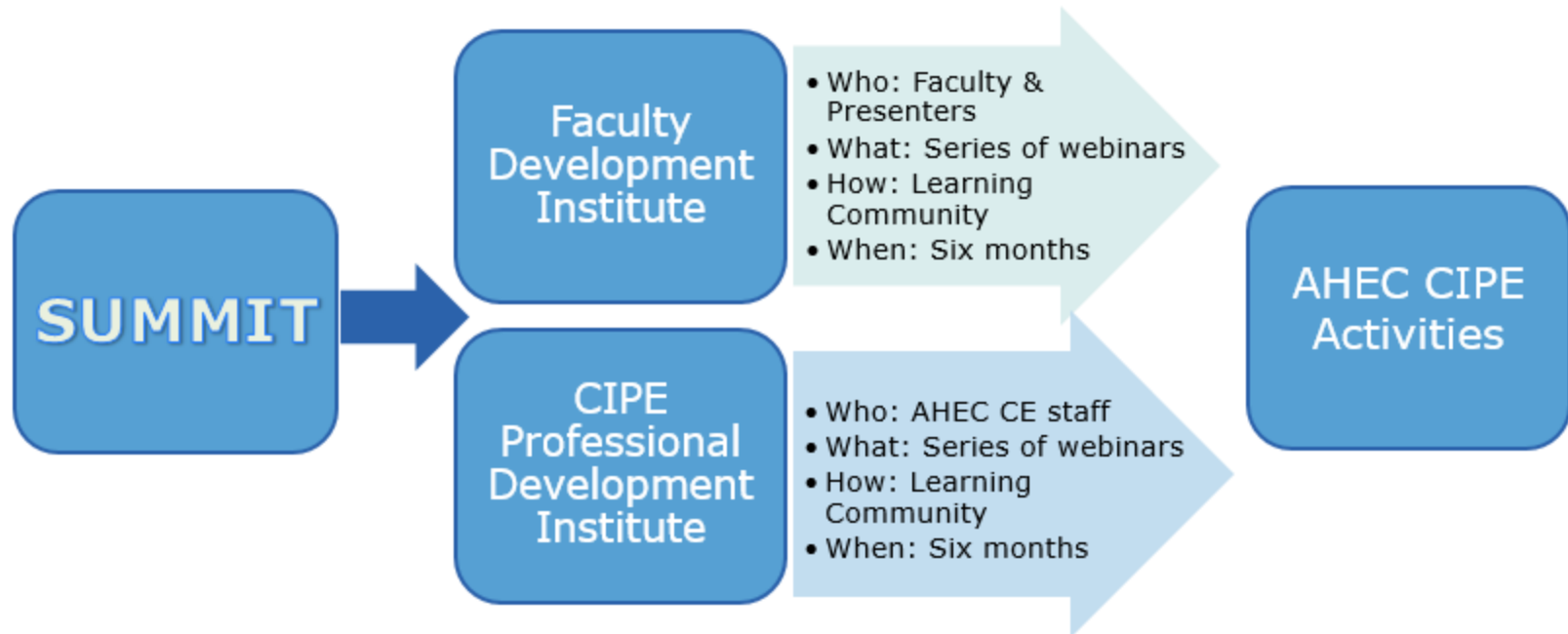
Educational Interventions

- November 2014: 1-day Summit conducted with over 140 participants
- Goals of the Summit - develop common CIPE knowledge base / promote collaboration / avoid duplication / create shared definitions & standards to advance CIPE across NC
- Teaching Methods: didactic presentations, facilitated discussions, individual reflection, small group exercises/discussions, role play & modeling, problem-solving, video-simulation technology & large group sharing of ideas





Summary



Building on the foundation laid at the Summit...

Applying skills in the context of a Community of Practice...

Demonstrating educational outcomes with a CIPE project!





Significance and Outcomes

This CIPE Initiative transformed 50-experienced CE educators into proficient CIPE educators, planners, and leaders by utilizing IPE experts & tools; created new CIPE experts from CE to CIPE educators = the right formula for success. Webinar 1: N = 30; Last Webinar: N = 12. (1 = Strongly Disagree; 5 = Strongly Agree)*

Participant's Evaluation: Likert Averages (1-5)*	Webinar 1	Last Webinar
I am prepared to plan and implement a CIPE activity.	3.47	4.08
My AHEC is prepared to drive the transformation from traditional CE to CIPE.	3.50	4.00
My AHEC partners (faculty/joint providers) are prepared to support the transformation from traditional CE to CIPE.	3.03	3.42





Significance and Outcomes, cont.

Sample of CIPE Projects

- Adverse Childhood Experiences: Building Resilient, IP Workforces, Communities and Families
- Team Approach to Alzheimer's Disease
- Collaborative Care of the Home Health Patient
- IP Approach to Mental Health Services
- Care of the Sickle Cell Anemia Patient and Family
 - Examples: 5 out of 9 NC Regional Areas





Project Evaluation and Lessons Learned

- Participants:
 - Summit: 143 attendees (78 AHEC, 39 Academic, 20 Health Center/Hospital, 6 others. Webinars: 50 CE faculty / planners.)
- Evaluation results were universally positive.
- Applied leadership role of CIPE Champions in sustaining 10-month initiative.
- Teaching application of learning theories & evaluation was instrumental.
- CIPE Planning Process (Owen & Schmitt, 2013) & Owen CIPE Planning Process Guide to design, implement, & assess CIPE activities critical.
- Successful teaching application, CIPE Clinical Scenarios & Reflective Tool (Lake, 2015).



Comments/Questions?

