Faculty Experience and Engagement in a Longitudinal Integrated Clerkship

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Longitudinal Integrated Clerkship (DH-LIC)
University of Colorado
Struggle to recruit & retain ambulatory preceptors for medical students

- Clinicians face pressure to increase productivity and revenue
- Medical schools across the US report difficulty with identifying and retaining ambulatory training sites
- Resources to incentivize faculty are limited
- Alliance for Clinical Education: “The Community Preceptor Crisis”

Can an LIC tip the balance?

- Schools attempt to recruit and retain faculty with monetary compensation and non-monetary benefits
- Many preceptors at DH have left Traditional Block Rotations (TBR) teaching roles
- LIC preceptors report high a sense of reward in working with students

Study Design

- 38 item survey
- Administered before and after the inaugural year of the DH-LIC.
- Topics: experiences teaching medical students, motivation for and approaches to teaching, and perceptions of obstacles and challenges
- Opportunity to contrast experience teaching in TBR vs. LIC environments (internal controls)
- Study Aims:
  - Perception of rewards and challenges of teaching in an LIC
  - Compare LIC and TBR teaching experiences
  - Understand implications for recruitment and retention
Study Setting

• DH-LIC established in 2014 with 8 students
• Included volunteer faculty preceptors with regular contact with an LIC student over the duration of the DH-LIC program
  • Forty faculty members in six specialties
  • family medicine, internal medicine, pediatrics, psychiatry, obstetrics and gynecology, and emergency medicine
<table>
<thead>
<tr>
<th>Specialty Taught</th>
<th>Percent (n) (n=28)</th>
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<tbody>
<tr>
<td>Urgent/Emergent Care</td>
<td>21.4 (6)</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>25 (7)</td>
</tr>
<tr>
<td>Internal Medicine, Ambulatory</td>
<td>28.6 (8)</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>7.1 (2)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>14.3 (4)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>3.6 (1)</td>
</tr>
<tr>
<td>Female Gender</td>
<td>67.9 (19)</td>
</tr>
<tr>
<td>Years working at DH</td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>60.7 (17)</td>
</tr>
<tr>
<td>6-10</td>
<td>28.6 (8)</td>
</tr>
<tr>
<td>&gt;10</td>
<td>10.7 (3)</td>
</tr>
<tr>
<td>Respondents who taught no or limited number of MS3s in TBRs</td>
<td></td>
</tr>
<tr>
<td>No students</td>
<td>7.1 (2)</td>
</tr>
<tr>
<td>Limited students (1-3)</td>
<td>35.7 (10)</td>
</tr>
</tbody>
</table>
Teaching Satisfaction and Retention

As a result of teaching in the LIC, my overall job satisfaction has increased.

Compared to teaching in TBRs, my level of personal satisfaction from teaching in the LIC is...

Retention Year 1 → 2: 85.7%
Rewards

As a result of teaching an LIC student, my base of medical knowledge has increased.

Precepting an LIC student has helped me improve my teaching skills.

Compared to TBRs, my ability to provide meaningful/constructive feedback in the LIC is...

- Agree and Strongly Agree: 74%
- Neutral: 43%
- Strongly Disagree and Disagree: 7%
- More: 94%
- No difference: 6%
- Less: 0%
- Strongly Disagree and Disagree: 4%
Rewards

How well do you know your student?

- Limited knowledge
- General knowledge of skills
- Know well enough to tailor instruction
- Know well enough to provide mentorship

Pre-LIC
LIC
Perceptions of Barriers to Teaching

- Rated the importance of various challenges in teaching students at baseline (TBR) and end-of-year (LIC)
- Scale of 1 (not a burden) to 4 (reason not to teach)
- At both time points, the greatest barrier cited was having a high clinical load
  - 71.4% (n=20) felt this was a major challenge or reason not to teach at baseline (mean 2.78)
  - 59.2% (n=16) felt this way at the end of year. (mean 2.67)
- Difference not significant (p = 0.48)
- No variability between specialties.
Perceptions of Barriers to Teaching

- Concerns about being unable to trust student skills or about having problematic students became significantly less important in the LIC.
- Importance of other barriers did not change during the year:
  - Decreased efficiency
  - Can’t meet teaching requirements
  - No protected time for teaching
  - Too many students
  - Teaching not valued
Conclusions

• With no additional monetary or material incentives, the DH-LIC retained the majority of faculty.

• Examining preceptor perceptions after first year of the DH-LIC provided the opportunity to compare experiences of the same individuals in TBRs and the DH-LIC.

• Limitations: small sample size, single institution, engaged faculty at baseline
Conclusions

• In the LIC environment, faculty described:
  • Increased job satisfaction
  • Minimal obstacles relative to rewards
  • Meaningful relationships with students
  • Improved ability to provide tailored and constructive feedback
  • Higher quality of instruction: practice with clinical reasoning and asking questions to promote critical thinking.
Conclusions

- There is an ongoing crisis in recruiting and retaining community-based preceptors for medical student education across specialties.
- LIC programs may be an attractive alternative for faculty and provide medical schools with a sustainable model to maintain teachers in ambulatory settings who are invested in student development and effective teaching.

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