VOLUNTEER CLINICAL FACULTY ARE THEY SATISFIED?

Darra Ballance, MLIS, AHIP
Statewide Area Health Education Centers Network
Georgia Health Sciences University
Augusta, Georgia
Objectives

• Discuss which intrinsic and extrinsic rewards are more valued by Georgia community-based faculty
• Discuss any differences between the 2008 and 2011 surveys
• Discuss what can be done to retain community-based faculty
BACKGROUND
In the Literature (Latessa)

• Large survey of community-based physician preceptors in North Carolina was conducted in 2005 (69% response rate, or 1,428 preceptors)
• Most respondents were white, male, rural family medicine physicians
• 93% satisfied/very satisfied with preceptor experience
• 91% would probably/definitely continue precepting
• 83% said students have positive/very positive influence on overall job satisfaction
• 94% satisfied/very satisfied with professional life
In the Literature (Latessa)

• Most important intrinsic motivators
  • Demonstrating what community practice is like
  • Enjoyment of teaching
  • Giving something back to profession
  • Intellectual stimulation
  • Being a role model

• Most highly valued incentives
  • Category II CME credit for teaching
  • No-cost access to online library resources
  • Continuing education programs on clinical topics
  • University academic appointments
  • Financial compensation
In the Literature (Dent)

• An earlier 1999 survey of 236 community-based preceptors affiliated with Mercer University (71% response rate) had similar results

• Most highly valued recognitions or resources
  • Evaluation/feedback from students
  • Continuing medical education credit for teaching
  • Volunteer faculty appointment
  • Teachings aids related to community medicine
  • Medical textbooks
  • Computer hardware and software
  • CME for selected faculty development
  • Medical school library privileges
  • Voucher for professional development
  • Georgia Interactive Network privileges (e-mail, access to journals)
In the Literature (Marfell)

- National Organization of Nurse Practitioner Faculties (NONPF) surveyed members, 600 responded
- Among findings: On average, preceptors spend 2 more hours/day when working with students
- This information will be used to advocate for federal funding to compensate preceptorship
In the Literature (Okayama)

- Self-administered pre- and post-clerkship surveys given to 693 5th year medical students; 93% completed both surveys
- Students’ scores increased for
  - “I think practicing community health care is worthwhile”
  - “I am confident about practicing community health care”
- Authors suggest that clerkships in the community increase the chances that students will decide to practice in rural areas
OUR STUDY
Georgia AHEC Survey

- Surveyed community-based faculty (CBF) in 2008 and 2011
- Survey instrument similar to Latessa et al’s
- Survey distributed by mail and email
SETTING
An AHEC Network in Georgia
Georgia Statewide AHEC Network

- Blue Ridge AHEC
- Foothills AHEC
- PCOM-Georgia Campus
- Emory University School of Medicine
- Medical College of GA AHEC Program Office
- Morehouse School of Medicine AHEC Program Office
- Mercer University School of Medicine AHEC Program Office
- Three Rivers AHEC
- SOWEGA AHEC
- Magnolia Coastlands AHEC

Cities:
- Rome
- Gainesville
- Atlanta
- Columbus
- Albany
- Statesboro
Why survey volunteer faculty?

- To determine satisfaction with the teaching experience
- To determine motivation to continue teaching
- To inform our network and others/contribute to the research base
SURVEY DESIGN
5-point Likert scale
Survey Instrument

• Section 1: “Your experience as a preceptor”
• Section 2: “Your professional experience”
• Section 3: “About you”
## Comparison of Two Surveys

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2011</th>
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<tbody>
<tr>
<td>CBFs (MD/DO)</td>
<td>210</td>
<td>873</td>
</tr>
<tr>
<td></td>
<td>(MD/DO, DDS, PA, allied health, nursing, pharmacy)</td>
<td>(MD/DO, DDS, PA, allied health, nursing, pharmacy)</td>
</tr>
<tr>
<td>Trained at least two student rotations in a 12-month period</td>
<td>158 surveys returned (78%)</td>
<td>186 surveys returned (23%)</td>
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## Our Findings

<table>
<thead>
<tr>
<th>Comparison</th>
<th>2008</th>
<th>2011</th>
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<tbody>
<tr>
<td>Satisfied/very satisfied with experience as CBF</td>
<td>88%</td>
<td>92%</td>
</tr>
<tr>
<td>Likely to continue as preceptor over the next 5 years</td>
<td>86%</td>
<td>91%</td>
</tr>
<tr>
<td>Satisfied/very satisfied with professional life</td>
<td>94%</td>
<td>92%</td>
</tr>
<tr>
<td>Satisfied/very satisfied with incentives</td>
<td>43%</td>
<td>37%</td>
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# What Students Most Influence

<table>
<thead>
<tr>
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<th>2008</th>
<th>2011</th>
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<tbody>
<tr>
<td>Overall job satisfaction</td>
<td>Overall job satisfaction</td>
<td></td>
</tr>
<tr>
<td>Relationship with colleagues and staff</td>
<td>Relationship with colleagues and staff</td>
<td></td>
</tr>
<tr>
<td>Relationship with patients</td>
<td>Relationship with patients</td>
<td></td>
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</tbody>
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## What Influences Satisfaction with Professional Life

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<tr>
<td>Relationship with patients</td>
<td>Relationship with patients</td>
<td></td>
</tr>
<tr>
<td>Management of clinical decisions</td>
<td>Management of clinical decisions</td>
<td></td>
</tr>
<tr>
<td>Supportiveness of colleagues and staff</td>
<td>Supportiveness of colleagues and staff</td>
<td></td>
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</table>
## Top Intrinsic Reasons for Precepting

<table>
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<th>2011</th>
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<tbody>
<tr>
<td>Enjoyment of teaching</td>
<td>Giving back to my profession</td>
</tr>
<tr>
<td>Giving back to my profession</td>
<td>Enjoyment of teaching</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>Intellectual stimulation</td>
</tr>
<tr>
<td>Demonstrating what community practice is like</td>
<td>Serving as a role model</td>
</tr>
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## Top Extrinsic Reasons for Precepting

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<td>Academic appointment at a health sciences university</td>
<td>Continuing education programs on clinical topics</td>
</tr>
<tr>
<td>Stipends for CE/CME conferences, etc.</td>
<td>Category II CME</td>
</tr>
<tr>
<td>Category II CME</td>
<td>Academic appointment at a health sciences university</td>
</tr>
<tr>
<td>Financial compensation</td>
<td>Access to full-text library resources</td>
</tr>
<tr>
<td>Teaching recognition certificate or plaque</td>
<td>Stipends for CE/CME conferences, etc.</td>
</tr>
</tbody>
</table>
Compare your rewards to what’s valued (discussion)
Generational Differences

- In looking at the 2008 survey, we wondered if the proverbial generation gap existed among our preceptors
  - 30-39 year old CBF represented Gen X, 50+ year olds represented Baby Boomers
  - Boomers are known to work longer hours and to see medicine as a “tireless vocation” and GenXers are seen as tech savvy and interested in life balance (Mitchell)

- Only a few differences were found:
  - Receiving a stipend, financial compensation, or other incentives not listed in the survey, and free access to online resources, were more important to GenXers
  - Satisfaction with personal time was higher among GenXers
Preceptor Comments (2008)

• Students are assets in so many non-material ways. Would like more feedback, i.e., student evaluations of my practice.

• Receive no compensation or stipend for precepting. Enjoy and have lots to learn from students.

• Since no student that I have here within the last 2 years is going into IM or FP, these incentives really do not apply. Very satisfied until last 1-2 years. I realize there are virtually no American trained MDs going into IM or FM. We have a primary care crisis in rural Georgia.

• MCG needs to provide incentives for us as do the other medical schools, otherwise I will not continue to precept medical students. None of MCG students I have, even recently, have gone into primary care. I see no reason to waste my time teaching future specialists when MCG does nothing for me or my practice.
Preceptor Comments (2011)

• I enjoy the interaction with pharmacy students. The students ask questions that force me to evaluate what I do and how I perform different facets of pharmacy practice. I think this makes me a better pharmacist. I am also impressed by the knowledge base exhibited by these students.

• The personal and educational [sic] of the medical students who rotate through our office is uniformly excellent.

• We feel collectively some students do not appreciate the experience they receive at our site. We are also understaffed and we need to provide a dental assistant for the students when it's difficult.
AHEC housing for NE Georgia students is very minimal. It would be excellent to have accommodations in Blairsville or Young Harris.

Am concerned about quality of education received by students, particularly nurse practitioners that is largely web or internet-based didactically with volunteer community clinical instructors. Students may pass the board but I am concerned that they have gaps in their skill sets that would have been met with more traditional training and mentoring.

Unfortunately, we are forced to take students within our health system. There is no compensation for accepting students (i.e., funds received are not given to the preceptor).

It is really hard to continue to practice with increased hassles/costs and decreased reimbursement and find time to teach students (with no incentives as a preceptor). The final blow is that students are not interested in primary care and likely not going to stay in Georgia. I hold on because I have my patients and have a great staff.
Conclusions

• Intrinsic rewards were more highly valued than teaching stipends, faculty status, or concrete incentives
• Still satisfied with precepting, but may be less satisfied with incentives. Need to improve
Bibliography


Thank You!

• Darra Ballance
• dballance@georgiahealth.edu
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• www.georgiahealth.edu/ahec