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Ten tips to effectively engage community-based preceptors in distributed medical education settings

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Ten tips to effectively engage community-based preceptors in distributed medical education settings

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Abstract

The effective engagement of community-based preceptors in distributed medical education (DME) settings is an active challenge in medical education. DME is a model of medical education that involves training medical students in multiple, geographically dispersed locations. DME environments include regional medical campuses (RMCs) and rural areas. Preceptors at regional medical campuses (RMCs) and in rural settings have diverse needs that may differ substantially from faculty at central medical campuses. Well-intentioned engagement efforts that fail to understand the unique needs and motivations of community-based faculty can fall short. We present 10 tips for effective engagement of community-based DME faculty. These tips are rooted in the literature and can provide important context for productive faculty engagement in the DME setting.

Introduction

Distributed Medical Education (DME) is a model of medical education that involves training medical students in multiple, geographically dispersed locations. DME environments include regional medical campuses (RMCs) and rural areas. DME programs rely heavily on community-based faculty, but recruiting and retaining community-based preceptors is a notable challenge in medical education (1). Despite significant investments in faculty engagement initiatives, many DME programs struggle to effectively engage community-based preceptors. This is due, in part, to a lack of understanding of the unique needs of community-based faculty, who may have different motivations to teach, alternative priorities, and a relationship to the medical school distinct from faculty located on a central medical school campus (2).

As we note in Tip 1, intrinsic motivation to teach is a key driver for DME faculty (3) but real engagement depends both on support for this intrinsic motivation *and* on effective extrinsic motivators (4). In this article, we present 10 tips for engaging community-based DME preceptors, based on the literature on faculty engagement in distributed medical education settings and regional medical campuses. For each of these tips we include practical examples which will be useful those working to effectively engage community-based preceptors in DME settings.

Tip 1. Recognize and support intrinsic motivation to teach

Understanding why preceptors choose to teach medical students and what they hope to gain from the experience can help tailor engagement strategies to their individual needs. The intrinsic motivation to teach is highly important for DME preceptors (3), but to be sustained, it requires support and nurturing.

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Academic institutions can foster and support intrinsic motivation by creating opportunities for personal growth and development, mentorship, and networking among DME faculty and by helping DME faculty to recognize the impact of their work. As well, DME preceptors seek feedback and opportunities for personal growth in their teaching roles. Intentional institutional support of intrinsic motivation is a key driver of engagement (5) and will be impactful to most DME faculty.

Example: sending letters to all nominees for teaching awards, not just recipients; faculty mentorship programs; encouraging learners to write notes to preceptors outlining the impact they had on their journey

Tip 2. Offer faculty development opportunities that meet the needs of DME faculty

Providing relevant faculty development offerings is mutually beneficial for both medical schools and preceptors: the courses, webinars, or conferences ensure that faculty have the teaching skills required and they also support the educational career paths of faculty. However, DME faculty often face unique barriers in accessing faculty development, including distance and competing demands of clinical productivity. When creating faculty development opportunities for DME faculty, course designers must keep these challenges in mind and use locations, times, topics, and delivery methods that work for DME preceptors. Utilizing a mix of in-person and virtual sessions and maintaining a repository of on-demand resources are ways to boost uptake of faculty development offerings (6).

Example: faculty development event focused on understanding/myth busting of the promotion process for part-time faculty; facilitated small-group learning around education topics for discipline specific events (e.g. just Emergency physicians or just Psychiatrists)

Tip 3. Provide equitable financial remuneration to DME preceptors

Financial recognition of the work of teaching is an important extrinsic motivator for preceptors. Interestingly, for most DME faculty the most important financial issue is fairness, which includes fair compensation for their time and parity of compensation for teaching with colleagues located at central urban medical campuses (5). Where preceptors are doing unpaid work, specifically recognizing this, and thanking them for their contributions is vital. In addition, preceptors are concerned about the impact of clinical teaching on their clinical productivity and ability to generate income (7). Medical schools can ensure that payment rates are equitable, thus offsetting costs and lost productivity. Medical schools should also maintain transparency around payment models and rates to support engagement (5,8).

Example: look critically at rates of remuneration for central vs distributed faculty and consider other factors including distance to drive from clinic to teaching site, cost of parking, etc.; be transparent about remuneration for various teaching roles including financial compensation and teaching hours awarded.

Tip 4. Provide recognition and appreciation for the work of DME faculty

Acknowledging and rewarding the time and effort preceptors contribute to medical education is important and can go a long way in keeping them engaged. However, DME preceptors have diverse ways of thinking about recognition, so only being offered a narrow variety of rewards may not be perceived as satisfactory. We have identified that DME faculty have 3 clusters of preferences of recognition (8). First, as we mentioned in Tip 1, preceptors often want support of their intrinsic motivation to teach, including networking, access to resources, and faculty development (see Tip 2). Second, some preceptors want to receive tokens of gratitude (e.g. small gifts, thank-you cards, wall plaques, etc.). Even a personalized thank you or small gesture of appreciation shows preceptors that their efforts are recognized and esteemed (5). Third, many preceptors value formal institutional recognition (e.g. awards, promotion, support for building traditional academic careers, etc.).

Recognition by peers in similar DME environments is particularly appreciated. One way to increase the perceived value of the offered rewards might be to

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include DME preceptors on awards and recognition committees.

We note that these forms of appreciation should be offered in addition to the financial remuneration (Tip 3). Also, the diversity of DME faculty and their unique needs suggests that one size does not fit all, and the medical school should offer a variety of recognition strategies for maximum engagement of their target audience (8).

Example: handwritten thank you notes at the end of a teaching block, plaques/signage for clinicians' offices declaring them to be teaching sites, awards that are tailored specifically to part-time and distributed faculty, opportunity to meet with staff from home departments in preparing packages for promotion consideration.

Tip 5. Encourage autonomy and self-determination
DME teachers are likely to feel more satisfaction when they experience autonomy, competence, and relatedness in their teaching. Self-determination and recognition of local expertise in local matters is a form of recognition and engagement. DME preceptors want to be recognized as the experts in DME and in their local work environments. Supporting self-determination and local decision making recognizes this expertise and can make preceptors feel more connected to the academic institution. Institutions must strive to find an optimal balance of support and autonomy. Autonomy is another key contextual factor in engagement. Giving DME faculty autonomy over learners' scheduling and local teaching opportunities encourages this self-determination (4,8,9).

Example: organizing local workshops and teaching sessions to prepare students for transitioning to clerkship using same topic list as other campuses but engaging local preceptors, materials (e.g. simulation space and materials); having speakers/lecturers from distributed sites as well as central campus when broadcasting a teaching session across sites.

Tip 6. Foster a sense of community and connection among DME preceptors
Community and connection are important to DME preceptors. Medical schools can help preceptors to build a professional identity as teachers through facilitating networks and engaging them in academic activities beyond direct teaching. Creating opportunities for preceptors to connect with each other and with central medical school faculty can help build a sense of community and relatedness to the larger academic mission. Similar to establishing communities of practice, creating a sense of belonging within the DME faculty can lead to supportive relationships or mentorship. It can also provide relatively straight-forward navigation for problem-solving (10).

Example: annual meetings or faculty retreats for distributed faculty at a central location, faculty newsletter, inviting leaders from central university to the distributed site to meet faculty and discuss concerns and opportunities.

Tip 7. Facilitate clear communication and provide readily available support
Open communication is a key component of keeping DME faculty engaged. Clear communication channels between preceptors and the medical school can help ensure that everyone is on the same page and can address concerns in a timely manner. Communication channels such as websites, newsletters and email must be clear and consistent and must explicitly identify how preceptors can communicate back to the medical school. Medical schools, in turn, must demonstrate that they are open to feedback. Acting on feedback from DME preceptors demonstrates that faculty input is valued and can lead to improvements in the DME program (10).

Example: giving frequent opportunities for faculty to provide feedback to the program through site visits, town halls, directed surveys over email, evaluation forms following events and curricular blocks, reaching out to faculty leaders to hear their concerns.

Tip 8. Recognize importance of feedback on an individual level
Recognition and feedback from individual learners is highly influential to preceptors. Processes that support bi-directional feedback between preceptor and learner support the intrinsic motivation to teach and grow as a teacher. Compared to faculty at a central campus, DME faculty may have increased

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challenges accessing feedback. Thus, ensuring that preceptors receive timely feedback should be an institutional priority. Frequent feedback on performance can help preceptors understand their strengths and weaknesses and feel more connected to the medical school. Providing guidance in teaching when needed increases the preceptor's confidence and develops connection and a sense of community. Connecting feedback to faculty development resources supports preceptors in addressing feedback in a positive way (5).

Example: work with Departments to find ways of distributing feedback to faculty relatively soon after rotation while respecting need for learner anonymity, when faculty is identified to be struggling, create individualized learning plan with resources that are accessible (asynchronous, online, etc.), hold faculty development events on dealing with difficult feedback as a preceptor.

Tip 9. Publicize successes to emphasize the importance of the preceptor role

It can be difficult for preceptors to know the impact they have on their learners. Publicizing success stories and sharing data that shows the impact of DME preceptors is an important form of engagement. Highlighting the critical role that DME preceptors play in medical education and the impact they have on future physicians can help motivate and inspire them. Institutions should consider the importance of DME faculty in their policies, their communications, and the planning of events (4,5,10).

Example: highlight "success" or "impact" stories about faculty members in hospital newsletters, hospital social media, local media and campus communication channels; lobby central university to highlight good news stories from distributed education sites as part of their central media plan; encourage central university to choose location of faculty wide events at equal commuting distance from multiple sites or rotate location throughout the year.

Tip 10: Learn from past challenges and failures

Medical education initiatives that fail are rarely discussed or explored in the literature but present a significant opportunity for learning. Attention to initiatives that fail allows for reflection and program evolution. One study that explored reasons why community pediatricians stopped teaching was able to identify issues and barriers that were important to retention in teaching programs. DME programs should take a rigorous approach to quality improvement and quality assurance. Evaluating initiatives and programs that fail and following up with preceptors who leave teaching can provide key insights into DME program challenges. The lessons learned through this approach are likely to be of high value for overall preceptor engagement (11,12).

Example: have exit interviews with faculty who choose not to renew their faculty appointments; take QI approach to making changes in curriculum and seek faculty input; approach new initiatives as 'pilot programs' and be prepared they may not succeed or may not be able to be scaled-up to be offered at all teaching sites.

Conclusion

Effective engagement of community-based DME preceptors remains a challenge. Developing a successful program of engagement takes time and effort. Involving DME faculty is crucial as they are best positioned to advise on the expected impact and barriers of different strategies. Medical schools cannot assume that engagement strategies focused on faculty at central medical campuses will translate well to community-based DME faculty. Although DME faculty are a diverse group with unique needs, active planning and knowledge of the literature and best practices in the research area can increase the chances of success. The 10 tips presented in this article offer practical considerations, rooted in the medical literature, which can guide medical school efforts to effectively engage DME faculty.

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