Provider Perspectives on Maintaining Productivity While Precepting PA Students

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October 2019
Background

• Strong impression that precepting negatively impacts productivity

• There are not many data points about this
  – What had been published was largely self-reported impressions of decreased productivity.

• We wanted to look at this more definitively.
Method

• We devised a protocol to look at productivity without and with a student present using actual billable charges (RVUs).

• We followed that up with interviews of all participating preceptors to gather demographics, their experience, and their views on productivity while precepting.

• The question set was standardized for all interviews.
Protocol

• Inclusion criteria
  – Preceptors: at least three years of prior precepting
  – Students: second to fourth quintiles of didactic academic performance

• Exclusion criteria
  – Students with high levels of independent prior clinical experience
Protocol (cont.)

• We collected basic patient demographics (age, sex) and preceptor billing data on visits for three family medicine preceptorship weeks.
  – A week before the student was present
  – A week early in the student’s preceptorship
  – A week late in the student’s preceptorship
Preceptor Demographics

• Seven from University of Washington: Washington, Montana, Alaska
• Seven from UTHSCSA: all in Texas
• Overall: 7 men and 7 women
• Average years in practice: 14.9 years
• Average years precepting: 9 years
• No significant differences between WA and TX
Practice and Patient Characteristics

• Practice size: varies from several to over 100 practitioners, in all cases including PAs
• Practice location: both urban and rural
• UW patient age (avg): 39.8, 39.3, 37.5
• UT patient age (avg): 44.3, 46.6, 43.4
• UW patients, male: 50%, 50%, 49%
• UT patients, male: 37%, 38%, 40%
• No significant differences
Practice and Patients (cont.)

• UW # pts seen per week: 64.1, 55.0, 57.3
• UT # pts seen per week: 73.7, 81.4, 75.9
• UW # pts students saw per week: 28.6, 36.4
• UT # pts students saw per week: 47.1, 50.0
• No significant differences
# Table: Average RVUs

### Table 1: Average RVUs per Preceptor per Half-Day

<table>
<thead>
<tr>
<th></th>
<th>Week 1 Without Student</th>
<th>Week 2 Early in Rotation</th>
<th>Week 3 Late in Rotation</th>
<th>Repeated Measures ANOVA (P = )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UW n = 7</strong></td>
<td>10.7 ± 2.3</td>
<td>9.4 ± 2.6</td>
<td>9.4 ± 1.6</td>
<td>0.24</td>
</tr>
<tr>
<td>(mean ± SD)</td>
<td></td>
<td></td>
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<tr>
<td><strong>UT n = 7</strong></td>
<td>9.3 ± 3.1</td>
<td>10.8 ± 3.3</td>
<td>9.4 ± 3.3</td>
<td>0.07</td>
</tr>
<tr>
<td>(mean ± SD)</td>
<td></td>
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</tr>
<tr>
<td><strong>Aggregate n = 14</strong></td>
<td>10.0 ± 2.7</td>
<td>10.1 ± 3.0</td>
<td>9.4 ± 2.5</td>
<td>0.43</td>
</tr>
<tr>
<td>(mean ± SD)</td>
<td></td>
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<tr>
<td><strong>UW v. UT</strong></td>
<td>0.35</td>
<td>0.40</td>
<td>1.00</td>
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<tr>
<td>two-sample t-test</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(P = )</td>
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</tbody>
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Abbreviations: RVU = relative value unit, UW = University of Washington, UT = University of Texas Health Science Center San Antonio, v = versus.
Previous Perception: Pressure for Productivity and Value of Precepting to your Organization

- Pressure for productivity? no
- Did you think you lost productivity? no
- Value to organization? yes
- Pressure to see number of patients, has it changed over time? no
Techniques to Organize the Day and Maintain Productivity

- No change to the preceptor schedule
- Send student to see patient while preceptor is seeing next several patients
- Medication sheets for student reference
- Flow sheets for common chronic diseases
- Select a topic per week (e.g., DM, HTN, HL, asthma, rheumatology, depression)
Extra Time Requirement

• Most preceptors: no extra hours per week
• Some preceptors: a little more time on charting
  – Most: minimal
  – One: 2-3 hours
  – One 8-10 hours
• Students start out being good with H&P, it takes longer to list DDx and Tx plan.
• It depends on where students are in training and in the rotation.
Why Become a Preceptor?
What are the Benefits to You?

• Give back!
• Learn along with students
• Continuing education
• Better clinicians when teaching
• It’s fun! Students are energetic and energizing.
• If you do a good job, you get some very positive feedback from students.
Was Data Collection Nonintrusive?  
Who Filled in the Form?  
What Should we do Differently?

• Data collection very easy, no impact on time.  
• Recruited MAs to do this, but it was so easy most preceptors did it themselves.  
• The protocol itself did not impact their productivity.
Do you Want to Participate?

• A follow-up, larger, nationwide study.
• We’ll provide you with the recruiting and informational materials.
• The data can be sent to us.
• We’ll acknowledge your program in the article.
• Supported by a small grant from the University of Washington School of Medicine
• UW IRB approved – exempt
• Tim Evans: tevans@uw.edu