How to Develop a Hospital-Based Preceptorship Program

Session Code: WE05

Date: Wednesday, October 25

Time: 8:30 a.m. - 10:00 a.m.

Total CE Credits: 1.5

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How To Develop a Hospital-Based Preceptorship Program

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Problem Statement
How can my organization safely assist physicians and other practitioners in acquiring new clinical skills outside of residency and/or fellowship?
Physicians Don’t Stop Learning After They Complete Formal Training

Recent Examples of New Modalities That Required Integration Into Clinical Practice

- Robotic Surgery
- TAVR
- Transcatheter Aortic Valve Replacement
- NOTES
- Natural Orifice Transluminal Endoscopic Surgery
- HIFU
- High-Intensity Focused Ultrasound

Clinical Practice Changes Every Year and New Skills are Required to Deliver Clinical Services
TAVR (Transcatheter Aortic Valve Replacement)

How Are These New Skills Acquired?

- Residency/fellowship
- Manufacturer designated training
- Simulation or cadaver labs
- Supervised human subjects experience (preceptorship)

What Doesn’t Work!

Turning a blind eye and simply allowing on the job training “OJT” on human subjects to occur
The Dilemma – Chicken or the Egg?

- Granting privileges in order to obtain human subjects experience
- How can we grant privileges if the individual does not meet criteria for current clinical competence?

Terminology Confusion

**Proctoring**
- Observation to confirm/verify competence when the individual asserts that they are completely competent
- Scenario occurs when privileging criteria is met and after privileges have been granted
- AKA — FPPE

**Preceptorship**
- Scenario occurs when an individual has completed didactic training and requires supervised human subjects experience.
- Occurs when privileging criteria is not met and privileges have not yet been granted.

How Does an Organization “Authorize” Training in the Clinical Environment?

- Affiliation Agreement – i.e., residency program or NACOG refresher
- Manufacturer Sponsored Training
- Hospital Sponsored Preceptorship Program
How Do We Structure/Administer/Authorize a Preceptorship?

- Preceptorship Policy
- Preceptorship Proposal
- Preceptorship WIP documentation

Potential Policy Elements
Requisite Conditions to Initiate a Preceptorship

A. Pre-requisites for a Preceptorship:

A Medical Staff member may be considered for a preceptorship if either of the following prerequisites are met:

1. The Medical Staff member cannot meet stated training criteria for privilege(s) desired because the Medical Staff member completed prior didactic training that either did not include documented supervised human subjects experience or had insufficient supervised human subjects experience;

OR

2. The Medical Staff member is unable to satisfy specific criteria requiring documentation of ongoing clinical practice in the previous 24 months for the privilege(s) desired.
Potential Policy Elements, con’t.

B. Requirement to Engage a Preceptor:

1. It is the responsibility for the Medical Staff member to engage a willing preceptor (supervising physician) who currently holds unrestricted privileges in the procedural area where supervised human subjects experience is being sought. The Medical Staff is under no obligation to locate a preceptor for the Medical Staff member. If a Medical Staff member fails to locate a preceptor who is agreeable to providing clinical training, supervision and performance evaluation then the preceptorship cannot proceed.

2. The agreement to act as a preceptor is voluntary. If the preceptor is unable to fulfill the role at any point during the preceptorship for any reason, then the preceptorship will terminate immediately. The Medical Staff is not responsible for securing the ongoing participation of the preceptor engaged by the Medical Staff member.

Potential Policy Elements, con’t.

C. Patient Attribution and Liability

1. Establish who the patient “belongs” to… the preceptor or the trainee? or both as a team? This is important to sort out in advance in your policy statement.

2. It is required that the medical malpractice insurance of both parties covers the clinical activities associated with the preceptorship.

3. You may or may not need a statement regarding patient consent if your organization currently has a statement regarding on premises training in your Conditions for Admission.
Describe The Process in the Policy

Process: Proposal --

1. When the requisite conditions are met, the organization is prepared to work with the Medical Staff Member to draft and potentially approve a Preceptorship Proposal. The following provides a high level overview of the process to be followed and potential outcomes.

2. The Medical Staff Member will complete the proposal and locate a willing preceptor who will also complete his/her portion of the proposal.

3. The Department Chair shall review the Preceptorship Proposal and make a recommendation regarding whether to proceed.

Describe The Process in the Policy, con’t.

4. The Department Chair recommendation shall be forwarded to __________ for final authorization to proceed.

5. The Medical Staff member shall complete the preceptorship in conformance with the proposal within the time frame specified. The MSSD will inform Medical Staff members when/if their proposal is not approved.

Describe the Process in the Policy, con’t.

Process: Preceptor’s Evaluation:

1. If the Department Chair determines that the Medical Staff member has satisfactorily completed the training pathway, the Medical Staff member may apply for and be granted related privileges.

2. Successfully completing the preceptorship is defined as receiving an unqualified recommendation that the Medical Staff member appears qualified for “independent practice” from the preceptor and Department Chair.
Describe the Process in the Policy, con’t.

3. If the Department Chair determines that the Medical Staff member has not satisfactorily performed the clinical activities referenced in the Preceptorship Proposal, the Medical Staff member may be subject to additional supervised training at the discretion of the Department Chair.

4. If a Medical Staff member does not successfully complete a preceptorship for any reason the preceptorship may be terminated at the discretion of the Department Chair with no further obligation of the Medical Staff.

5. Outcome to be documented on Preceptorship Summary of Results.

Point of Service Control

- Will you limit preceptorships to only those clinical areas/skills of interest to your organization?
- Will there be a fee involved to administer a preceptorship?
- Liability concerns – whose patient is it?
- Patient consent

Policy/Program Considerations

- Will you limit preceptorships to only those clinical areas/skills of interest to your organization?
- Will there be a fee involved to administer a preceptorship?
- Liability concerns – whose patient is it?
- Patient consent
- MANPOWER REQUIREMENTS
Does Your Organization Want To Permit Preceptorships?

- Educate your organization regarding the difference between proctoring and preceptorship
- Discuss the effort/resources involved in administering these types of programs.
- Identify who will be involved in administering the program – i.e., Continuing Education Department vs. MSSD.
- If your organization elects not to permit preceptorships then discuss how continued development of your medical staff and clinical services will occur.

Coming Attractions