

## ABFM/STFM Precepting Performance Improvement Pilot Program

### Questions for Final Report -- **DRAFT**

Number of medical students or residents who have been precepted to date by preceptors participating in this pilot:

- 1<sup>st</sup> year students: \_\_\_\_\_
- 2<sup>nd</sup> year students: \_\_\_\_\_
- 3<sup>rd</sup> year students: \_\_\_\_\_
- 4<sup>th</sup> year students: \_\_\_\_\_
- Residents: \_\_\_\_\_

Number of community preceptors (defined as teachers who practice off-campus and who do not have a primary appointment in your department or institution) who are currently participating or have completed their participation in this Precepting Performance Improvement Pilot Program: \_\_\_\_\_

Number of preceptors employed by your academic unit (department/program) who are currently participating or have completed their participation in this Precepting Performance Improvement Pilot Program: \_\_\_\_\_

Number of new preceptors you've been able to recruit or reengage due to this opportunity for ABFM performance improvement credit: \_\_\_\_\_

Taking into account the value of the performance improvement credit, rate the level of administrative burden to the academic unit (your department or program) in implementing this pilot:

- \_\_\_ minor
- \_\_\_ reasonable
- \_\_\_ too much

Explain \_\_\_\_\_

Taking into account the value of the performance improvement credit, rate your perception of the level of administrative burden to the preceptor in implementing this pilot:

- \_\_\_ minor
- \_\_\_ reasonable
- \_\_\_ too much

Explain \_\_\_\_\_

This program requires 180 1:1 contact hours between a preceptor and students. With regard to providing incentive for teaching and implementing a performance improvement activity, is that number of hours:

- \_\_\_\_\_ Not enough
- \_\_\_\_\_ About right
- \_\_\_\_\_ Too much

Explain \_\_\_\_\_

In general, do you think preceptors involved in this project through your department/program improved their teaching performance/skills/knowledge?

Yes

No

Explain \_\_\_\_\_

How many different performance improvement projects did you make available to your preceptors (count the number of different projects, not the number of preceptors who implemented them)? \_\_\_\_\_

Describe the performance improvement project you think worked the best: \_\_\_\_\_

What has been the biggest challenge of implementing this pilot project? \_\_\_\_\_

Do you plan to continue being a Sponsor of this ABFM performance improvement credit when this rolls out beyond the pilot project?

Yes

No

Don't know

What changes do you think ABFM should make to the program before rolling it out beyond the pilot? \_\_\_\_\_

Do you plan to present or publish the results of your participation in this Precepting Performance Improvement Pilot Program?

Yes: Where?

No

What advice do you have for departments and program who were not in the pilot project who will be Sponsors for the Precepting Performance Improvement Program in the future? \_\_\_\_\_

Any additional comments for ABFM, STFM, and/or future Sponsors?