

Supplemental Digital Appendix 1

Statewide North Carolina Preceptor Satisfaction Survey, 2017

North Carolina AHEC 2017 Preceptor Survey

Your Survey ID: _____

Section 1: About Precepting and Your Experiences

Please select the choice which best describes how you feel about each statement.

1. * What is the INFLUENCE of having a student on the following:	Very Negative	Negative	Neither Positive nor Negative	Positive	Very Positive
Patient flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationships with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your patients' satisfaction with your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationships with colleagues and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. * Indicate the IMPORTANCE of each item in your decision to precept students.	None	Very Little	Some	Great	Very Great	Not Applicable
Giving something back to my profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating what community practice is like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoyment of teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student contribution to my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewed sense of importance of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping my knowledge up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student appreciation of my teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting future partners for my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving payment for teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching students from my Alma mater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the statements below, please respond with your initial reaction.
<p>3. In general, what percentage of time spent precepting, do you:</p> <p><i>Please place an X on the line to mark your response.</i></p>
<p>Know clearly what the student's school expects of me.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 10%;">Never 0%</div> <div style="width: 80%; border-top: 1px solid black; position: relative;"> <div style="position: absolute; left: 50%; top: -50%; transform: translate(-50%, -50%);">Sometimes 50%</div> </div> <div style="width: 10%; text-align: right;">Always 100%</div> </div>
<p>Feel students understand what is expected from them.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 10%;">Never 0%</div> <div style="width: 80%; border-top: 1px solid black; position: relative;"> <div style="position: absolute; left: 50%; top: -50%; transform: translate(-50%, -50%);">Sometimes 50%</div> </div> <div style="width: 10%; text-align: right;">Always 100%</div> </div>
<p>Feel prepared to teach and evaluate.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 10%;">Never 0%</div> <div style="width: 80%; border-top: 1px solid black; position: relative;"> <div style="position: absolute; left: 50%; top: -50%; transform: translate(-50%, -50%);">Sometimes 50%</div> </div> <div style="width: 10%; text-align: right;">Always 100%</div> </div>
<p>Know your student is coming before he/she arrives.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 10%;">Never 0%</div> <div style="width: 80%; border-top: 1px solid black; position: relative;"> <div style="position: absolute; left: 50%; top: -50%; transform: translate(-50%, -50%);">Sometimes 50%</div> </div> <div style="width: 10%; text-align: right;">Always 100%</div> </div>

4. Indicate whether you have ever received the incentives below for precepting, AND how much you do or would VALUE that incentive.	EVER RECEIVED (past or present)		I DO/WOULD VALUE THE INCENTIVE				
	Yes	No	Do Not Value at All	Value Slightly	Value Somewhat	Value Moderately	Value Greatly
No cost access to AHEC Digital Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education programs on clinical topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty/preceptor development workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing education credit for teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching recognition certificate or plaque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site visits by university or AHEC staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Profession specific, MD or DO only) Other professions, please proceed to question 6.						
5. Although the incentives below have never been offered, indicate how VALUABLE it would be to you if you were allowed to:	No Value at All	Slight Value	Some Value	Moderate Value	Great Value	Not Sure
Fully use a student's note for your documentation, adding only the edits you feel are needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use student help with preceptor Maintenance of Certification (MOC) Quality Improvement Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Which statement **best describes** whether and how financial compensation for precepting is awarded in your practice?

- I receive direct financial compensation for precepting.
- My practice receives direct financial compensation for my precepting.
- My practice receives financial compensation to offset my productivity when precepting (i.e. less patients scheduled in half days with students).
- Neither I nor my practice receives financial compensation for precepting.
- Not sure
- Other _____

7. Would you be interested in a tax incentive in lieu of direct financial compensation? Yes No Not Sure

8. * What is your overall DEGREE OF SATISFACTION with your experience as a community-based preceptor?	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Online version skip logic: If "very dissatisfied" or "dissatisfied" were chosen, participants were given the opportunity to answer the following open ended question: Please tell us more about your dissatisfaction with your experience as a community-based preceptor.

9. * How LIKELY are you to continue as a community preceptor over the next five years?	Definitely Not	Probably Not	Not Sure	Probably Yes	Definitely Yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Online version skip logic: If "definitely not" or "probably not" were chosen, participants were given the opportunity to answer the following open ended question: Please tell us why you are not likely to continue as a community preceptor over the next five years.

10. What is your DEGREE OF SATISFACTION with your AHEC Office of Regional Primary Care Education (ORPCE) in each of the following areas?	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Not Used or Not Aware Of
Ease of contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate notification of student rotations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with student issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Disciplines of students (*not residents*) you precept: (*check all that apply*)

- Medicine Pharmacy Certified Nurse Midwife
 Physician Assistant Nurse Practitioner Other _____

12. * Who **most** controls whether or not you precept students during any given year?

- Clinic School Not sure
 Employer Self Other _____

13. * Approximately how many **years** total in your career have you precepted students? _____

14. * On average, how many **weeks** per year do you precept? _____

15. In which model of clinical training do you precept: (*check all that apply*)

- Traditional block rotations Longitudinal Integrated Clerkship Medical Student rotations (LIC)
 Does not apply Not sure

Section 2: About Your Practice Mark appropriate box or fill in the blank.

16. * Your professional degree:

- MD or DO PA PharmD or RPh
 NP CNM Other: _____

17. Your primary medical specialty:

- Family Medicine Pediatrics Pharmacy Other: _____
 Internal Medicine Obstetrics/Gynecology Geriatrics

18. * How would you describe the type of the practice in which you work? (*check all that apply*)

- Not for profit Owned by hospital or health system Corporate chain
 FQHC Multi-specialty practice (not owned by hospital or health system) Inpatient hospital
 VA Academic health center
 Private practice Independent group practice or private practice (not owned by hospital or health system) Other: _____

19. In a typical week, how many: (<i>profession specific</i>)	
<u>MD or DO, NP, PA, CNM</u>	<u>PharmD or RPh</u>
Hours do you work? _____	Hours do you work? _____
Patients do you see? _____	Patients do you counsel? _____
	Prescriptions do you fill? _____

20. * How many years have you been in practice: ≤5 6-15 16-25 26-35 >35

21. * Is your practice location: Urban Suburban Rural/small town

22. What is your overall DEGREE OF SATISFACTION with your professional life?	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Demographics *Mark appropriate box or fill in the blank.*

23. * Gender identity: Woman Man Transgender Prefer not to disclose

24. * Race/Ethnicity: (*check all that apply*)

- White Asian Hispanic or Latino(a) Prefer not to disclose
 Black or African-American Native Hawaiian or other Pacific Islander Native American or Alaska Native Other _____

25. * What is your age?

- ≤30 31-40 41-50 51-60 61-70 >70 Prefer not to disclose

Is there anything else you want to share with us? Please provide any additional comments below.

*Questions analyzed in current study

Supplemental Digital Appendix 2

North Carolina Preceptors' Reported Distribution of Control Over Precepting, by Degree Group in 2017^a

<i>Control over Precepting^b</i>	<i>Degree group</i>				All % (n)
	physicians: % (n)	pharmacists: % (n)	advanced practice nurses: % (n)	physician assistants: % (n)	
Self	73.5 (322/438)	49.8 (99/199)	70.9 (139/196)	73.9 (34/46)	67.6 (594/879)
School	4.8 (21/438)	23.6 (47/199)	0.5 (1/196)	4.3 (2/46)	8.1 (71/879)
Employer	15.8 (69/438)	21.6 (43/199)	21.9 (43/196)	17.4 (8/46)	18.5 (163/879)
Other	5.9 (26/438)	5.0 (10/199)	6.6 (13/196)	4.3 (2/46)	5.8 (51/879)

^a Survey question: "Who most controls whether or not you precept students during any given year?"

^b Response options include "Clinic" "Employer," "School," "Self," "Not sure," and "Other." "Clinic" and "Employer" responses represent "Employer," "Not sure" and "Other" represent "Other" in the table.

Supplemental Digital Appendix 3

Employment Status of North Carolina Preceptors, by Degree Group in 2017^a

<i>Practice Type^b</i>	<i>Degree group</i>				All: % (n)
	physicians: % (n)	pharmacists: % (n)	advanced practice nurses: % (n)	physician assistants: % (n)	
Hospital or Health System	50.9 (226/444)	44.3 (90/203)	42.5 (85/200)	52.2 (24/46)	47.6 (425/893)
Independent	40.5 (180/444)	22.7 (46/203)	37.0 (74/200)	30.4 (14/46)	35.2 (314/893)
Other	16.7 (74/444)	41.9 (85/203)	34.0 (68/200)	26.1 (12/46)	26.8 (239/893)

^a Survey question: “How would you describe the type of the practice in which you work? (check all that apply)”

^b Hospital or Health system is “Academic health center,” “Inpatient hospital,” and “Owned by hospital or health system” responses combined. Independent is “Private practice,” “Multi-specialty practice,” and “Independent group practice” responses combined. Other is “Not for profit,” “FQHC,” “VA,” “Corporate chain,” and “Other” responses combined.