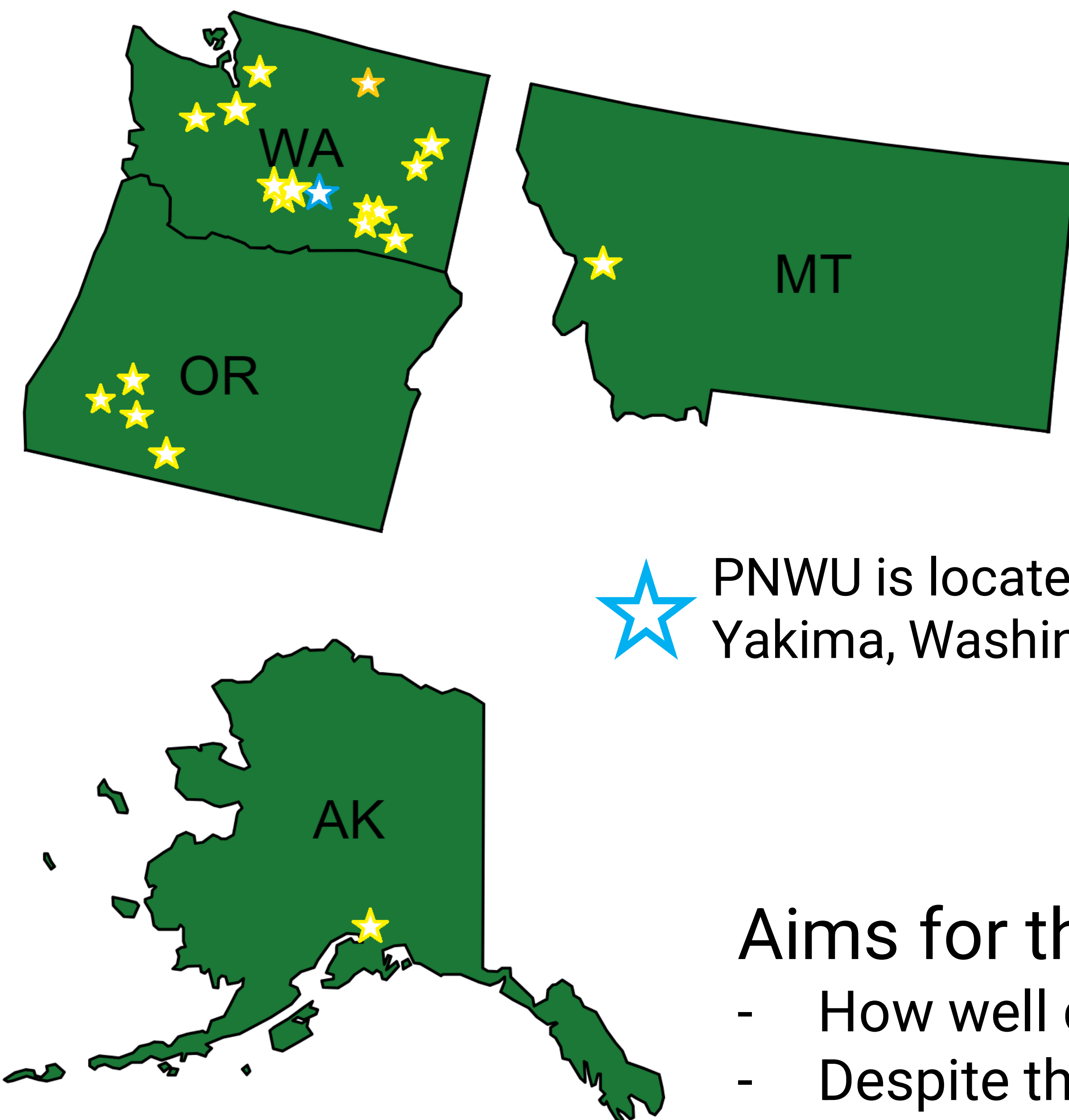



## Background and Aims



 PNWU is located in Yakima, Washington

### PNWU hosted a Master Preceptor Fellowship between 2018-2024

- 20 fellows enrolled in a 1-2 year fellowship with \$40,000 stipend for fellows
- Fellowship focus was to improve precepting skills, developing leadership qualities, and healthcare transformation through small quality improvement projects
- Quality improvement projects were meant to be conducted within one year

### Aims for this project:

- How well did we do with coaching fellows through QI?
- Despite the small sample size, can we see any trends?

## Results and Observations

### Types of completed projects:

- 10 projects addressed teaching students, residents, and/or physicians
  - *More feasible to complete due to smaller locus of control and accessibility of implementation strategies*
- 3 implemented health interventions for patients
  - *Stability in personnel was critical for success*
- 6 analyzed staffing workflows to improve quality/consistency of care
  - *Workflows are easier to shift in smaller systems*

## Discussion

**Appropriately scoping projects was the biggest hurdle**, and an achievable project helped fellows complete on time, **boosting both confidence and agency**

Preceptors in non-academic settings **benefit greatly from an academic partnership** and academic resources including a statistician, library services, and peer support

**Change management and stakeholder engagement skills are necessary for QI**, and most physicians need coaching to help shift mindset towards collaborating and seeking buy-in for project implementation

The Master Preceptor Fellowship was a **great way to identify 'rising stars'** and invest in future healthcare leadership

## Methods

### We evaluated:

- Our process log, team meeting minutes
- Exit interviews with Fellows
- Exit surveys for Fellows
- Discussions among grant fellowship staff

### To create:

A retrospective chart review of the 20 projects

## Results and Observations

- **19 of 20 Fellows completed the Fellowship and completed QI projects**
- 8 were in provider-owned or small clinic (<6 locations) systems. None were in academic health centers
- Of the 19, seven changed project topics more than three months into the project. Reasons for changing:
  - Too much turnover in key personnel/senior leadership
  - Unable to collect relevant data from EHR
  - Dunning-Kreuger effect; project was poorly scoped from the beginning

## Disclosure

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,952,537 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

