



## ***Continuing Surgical Education Program*** **PRECEPTOR PROGRAM**

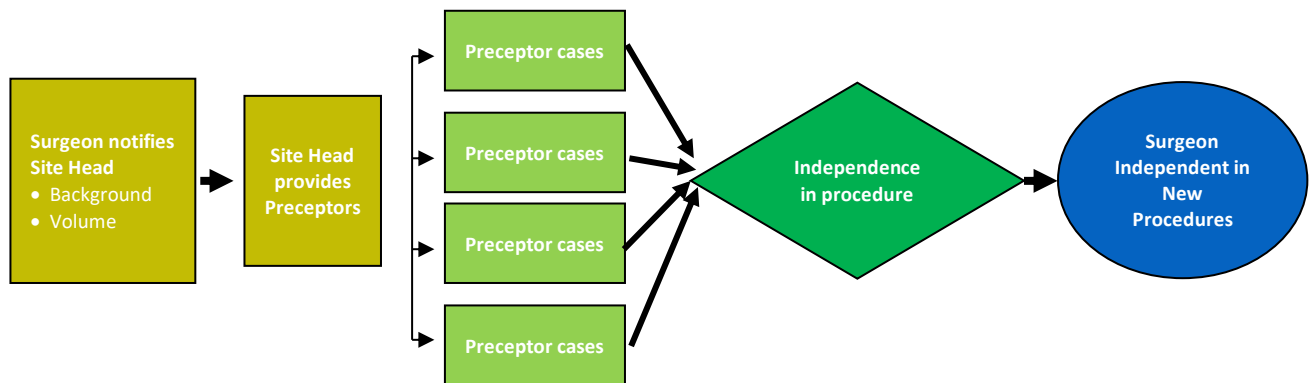
### **Goals of the Program**

The Department of Obstetrics and Gynecology strives to support its faculty members who are trying to acquire new surgical skills that have proven efficacy and safety. Ultimately this supports better patient care and enhances our educational mission. This must be balanced by our fiduciary responsibility to patients through balancing the development of new surgical techniques with optimization of the quality of patient care. Towards this end, the Continuing Surgical Education Program (CSEP) provides a model of faculty development to assist faculty members pursuing privileges in new surgical techniques.

### **Process**

The Preceptor Program provides a process to allow practicing surgeons to pursue cases with a preceptor surgeon while developing new competencies, until they have developed independence in the entrustable professional activity. (see figure 1)

**Figure 1.** Preceptor Program Process



A surgeon who wishes to pursue further training in a surgical technique through the CSEP Program initiates this process by notifying the Site Head of their intention. This should be done through an email request that specifies the surgical technique they want to pursue. The request should include documentation of prior pursuits of background knowledge including related anatomy and pathophysiology of the surgical technique, as well as evidence of sufficient clinical volume to permit maintenance of surgical skills. Prior knowledge of the surgical disorder could be demonstrated through participation in CME courses, fellowship training, or independent study. For procedures with new devices, new anatomical approaches, or new procedures, knowledge of specific surgical equipment is a prerequisite. With respect to clinical volume, the learner should have enough patients with the surgical disorder to produce a minimum of 6 cases per year to maintain the new surgical technique.



After approving the learner's request to join the CSEP Program, the Site Head will notify the CSEP by sending an email to the CSEP Administrator (see below) who will provide the Department Head and learner with a list of available preceptor surgeons for this specific surgical technique. Preceptors do not need to be primarily located at the learner's site, but should meet the criteria for a preceptor and be willing to mentor the learner (see below). The CSEP Administrator will assist Site Heads in finding appropriate preceptors.

The learner should notify a preceptor of their desire to acquire further training in a specific surgical technique and request to schedule patients with them towards that end. It is recognized that there are different levels of surgical skills and consequently, prior to scheduling cases with a preceptor the learner should initiate a conversation about the reality of their expectations and any prerequisite skill development that they should pursue.

The learner will need to provide patients who desire surgical treatment for the surgical disorder from their own practice. These patients should be informed that the learner is working with a preceptor through the CSEP Program to enhance their skills. The patient needs to understand that their surgeon will be working with a preceptor surgeon during their case and this should be part of the informed consent process and documented in the medical record. In addition, both surgeons should be listed on the OR slate and consent form.

The learner should in a timely fashion, provide the preceptor with a full history and physical exam documenting the patient's case, including indications, for surgery, prior interventions, and comorbidities. They should also send a copy of the OR posting form, and the preceptor should ensure that adequate OR time is scheduled. At the preceptor's discretion, the patient should be referred to the preceptor for a formal consult. Cases should either be scheduled during the learner's OR time allotment.

The preceptor will determine surgical roles during the case, with the intent of advancing the learner's skills. They will also provide specific objective feedback to the learner during the case and summarize this following the case, and if deemed appropriate, suggest a curriculum for improvement of skills. The preceptor can utilize the Objective Structured Assessment Of Technical Skills (OSATS) to document this if helpful.

The intent of the CSEP Preceptor Program is to assist practicing surgeons in becoming proficient and competent in specific surgical techniques, and each surgeon will develop this competency at a different pace. The Preceptor will need to determine where the surgeon is on this path and will make the final determination of the learner's ability to do a procedure independently and safely. The system of Entrusted Professional Activities developed by the UBC Department for teaching Postgraduate Learners applies well for lifelong learners as well. Different learners will develop independent skills for a given surgical technique at different paces, and therefore, the number of cases that need to be performed in the preceptor program will vary by learner and surgical technique. Determination of skill will be based on



competency not the number of cases. Any preceptor identified for the specific surgical technique can approve the learner as competent in the new surgical technique. Therefore, a learner seeking privileges for a new technique does not need to schedule all of their cases with a single preceptor.

When a preceptor determines that a learner has gained the necessary skills to competently perform the procedure independently with results that will meet the standard of care, they should notify the Site Head of this in writing by email. A template for this is provided (CSEP Preceptor Assessment Template). The Site Head can then use this to inform the normal process for assessing and providing provisional privileges in the new technique. The Site Head/Learner Surgeon should provide a summary of preceptor cases (number of cases and name of preceptor surgeon(s)) to the CSEP Administrator. The Learner Surgeon should also maintain a log of cases that includes perioperative complications for a year thereafter, and present this to the site head at annual reviews, to inform decisions about moving from provisional to complete privileges.

### **Scope of Program**

The CSEP should be available to all academic and clinical faculty members of the of the UBC Department of Obstetrics & Gynaecology across all provincial sites. To accomplish this in distributed sites, the program is organized by hospital site. The institutional CSEP Program at different sites share many common elements, including preceptors and shared framework as the basis of the individual programs. At the same time, individual programs may operationalize it differently.

For those sites with sufficient resources, surgical volume, and demand on the part of faculty members, a formal, scheduled CSEP Program is desirable. Such a program may enlist standing preceptors and provide recurring scheduled OR time, during which faculty members can schedule cases with the preceptor. The frequency of OR preceptor days should be commensurate with the demand by faculty members. Scheduling cases into the preceptor sessions should be equitable.

### **Preceptors**

This program depends on the generosity of faculty members who have specific surgical and teaching skills and are willing to provide service to the department to improve the care we provide to the women of British Columbia.

### ***Criteria for Preceptors***

For the procedure planned, the PRECEPTOR should:



1. Regularly perform the procedure in their practice and have prior acknowledgement for his/her surgical teaching skills.
2. Have a current surgical volume that is adequate to maintain competence for the planned surgical procedure to be mentored.
3. The Site Head or the CSEP Administrator should have knowledge of the preceptor's skills and complications with the procedure.

### ***Responsibilities of Preceptors***

For the Learner pursuing a new procedure, the PRECEPTOR should:

1. Be willing and able to review with the learner aspects of the surgical procedure BEYOND the actual surgery, such as:
  - a) Indications for the procedure.
  - b) Alternative treatment options, including surgical and non-surgical options
  - c) Management of complications associated with the procedure.
  - d) Expectations and outcomes from the procedure.
2. Have the flexibility to book the mentoring cases on learner's time, within a reasonable timeframe.
3. Provide feedback to the learner surgeon based on OSATS criteria.
4. Be willing to provide a letter or recommendation to the Site Head confirming competence of the learner on the procedure once the learner has met the OSATS criteria.
5. Be accepting of the other parameters of the CSEP, including stipends, billings, preop and patient assessments.

### **Rewarding Preceptors**

Participation in the CSEP requires preceptor to spend additional operative time during preceptor cases, as well as preoperative and postoperative time providing teaching and feedback to the learner. Rewarding department members for participation should focus on academic notoriety, but also provide some financial remuneration. Towards the first goal, participation in the CSEP Program will be recognized as academic service to the department that counts toward expected teaching contributions. Financial compensation cannot fully remunerate the time spent teaching in the program, but should strive to balance the investment of time that could have been financially rewarded through clinical care.

To balance the clinical income the preceptor program will forgo, the preceptor surgeon will bill as the primary surgeon for all preceptor cases, while the learner surgeon will bill as an assistant. For cases done at their institution, the preceptor surgeon will also benefit from additional surgical time, outside their usual RAM allocation. For those preceptors who must travel more than ten miles from their hospital to mentor another surgeon, the department will seek travel costs from the rural health authority MOCAP funds and other sources.



Some surgical companies that service the gynecological surgery field, offer financial remuneration for surgeons that preceptor learner surgeons in cases using their products. Departmental members participating in the CSEP Program will be allowed to benefit from this additional source of funding, provided that the product has been approved for use by the Site Head, and that it does not provide a conflict of interest with the educational responsibilities of the preceptor.

#### Medical Legal Risk

The CSEP has been reviewed by to the **Canadian Medical Protective Association** for guidance on medico-legal issues associated with this program. The review by a Senior Medical Officer was positive, with minor recommended changes that were addressed.

#### **CSEP Administration**

The UBC Department of Obstetrics and Gynaecology developed the CSEP Preceptor Program in 2008, as an important means to support the lifelong learning of our faculty members, which is essential to optimizing the surgical education of our postgraduate learners, and improves the care of women in British Columbia. Given the success and value of the Preceptor Program, the UBC Department has appointed a Program Administrator, Dr Geoff Cundiff ([geoff.cundiff@ubc.ca](mailto:geoff.cundiff@ubc.ca)) to oversee it. We request that the Site Heads, Learners, and Preceptors provide regular feedback to the Administrator regarding procedures, cases, learners and preceptors.