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## Introduction

- Burnout is a significant concern in healthcare providers. Despite the concerning ramifications for the providers and to the national healthcare system, there is very little in the literature pertaining to burnout in clinical preceptors, particularly in Physician Assistant (PA) population.
- The prevalence of burnout in clinicians varies, but is consistently between 30-50%.<sup>1-3</sup> A prevalence has not been reported in PA preceptors however. Studies have suggested challenges specific to precepting including preceptor overuse with rapidly growing education programs, a decrease in productivity, and lack of associated compensation or appreciation.<sup>4-5</sup>
- The aim of this research is to quantify a prevalence of burnout specifically for the PA clinical preceptor population. A secondary goal is to identify a perceived root cause of the burnout in preceptors.**

## Methods

- Design and setting:** Cross-sectional, mixed quantitative and qualitative study performed on a national level.
- Patients:** Study participants were PA that were previously, or are currently, clinical preceptors.
- Research methods:** A proposal was approved by the A.T. Still University (ATSU) Institutional Review Board. An original survey was created on Qualtrics and distributed through 2 national sources, the ATSU Doctor of Medical Science email list, and the Physician Assistant Education Association message board. The survey was open for a total of 4 weeks. A participant was randomly drawn and contacted via email regarding winning a Starbucks gift card. Following the surveying period, the data was compiled and analyzed using Microsoft Excel and Intellectus.

## Materials

### Distributed Burnout survey

- Are you a Physician Assistant (PA) that has previously or is currently precepting PA students? Y/N (If "No", no need to go any further).
- How many total students (PA, NP, MD, DO) do you normally precept in a year?
  - 1-5 students
  - 6-10 students
  - 11-15 students
  - Greater than 15 students
- How long have you been a clinical preceptor?
  - 0-5 years
  - 5-10 years
  - Great than 10 years
- Do you precept for multiple programs/institutions? Y/N
- What is your specialty?
  - Primary care specialty (Family Medicine, Internal Medicine, Women's Health)
  - Emergency Medicine
  - Surgical specialty
  - Other (please specify)
- Burnout is defined as emotional exhaustion, depersonalization (sense of detachment), and/or lack of or low sense of personal accomplishment. Have you previously or do you currently experience burnout? Y/N
- Do you feel your burnout is more related to your normal job responsibilities or to precepting responsibilities?
  - Job responsibilities
  - Precepting responsibilities
- If felt to be related to precepting, what do you perceive to be the root cause? Mark all that apply and rank them in descending order with 1 (one) being the main reason. If your burnout is felt to be related to your normal job responsibilities rather than precepting responsibilities, skip this question.
  - Overuse with little or no breaks.
  - Perceived decrease in normal productivity level.
  - Pressure from practice or supervising physician.
  - Lack of appreciation or compensation.
  - Other (please list)

## Results

- The sample size consisted of 12 respondents.
- The majority of respondents precepted 1-5 students (n=6, 50%) annually, followed by 11-15 students (n=4, 33%) and, finally, 6-10 students (n=2, 17%).
  - No respondent admitted to taking greater than 15 students annually.
- Most respondents precepted between 5-10 years (n=6, 50%), followed by those greater than 10 years (n=4, 33%) and 0-5 years (n=2, 17%).
- The majority of respondents reported precepting for multiple programs (n=8, 67%), rather than exclusively for one (n=4, 33%).
- The largest group of respondents specialized in primary care specialties (n=5, 42%), which included family practice, internal medicine, and women's health. The next largest group was those that responded with "other" (n=4, 33%). Of these, 2 worked in psychiatry, 1 in dermatology, and 1 in urgent care. The remaining respondents worked in either emergency medicine (n=2, 17%) or a surgical specialty (n=1, 8%).
- 75% (n=9) of the respondents reported previous or current burnout.**
  - Of those, the vast majority related their burnout to job responsibilities rather than precepting responsibilities (n=7, 78% versus n=2, 22% respectively).
- 3 of the 7 respondents (43%) wrote in the "Other" option agreeing that the extra time demands of precepting was their primary reason for burnout.**
- There was a significant positive relationship between the "lack of appreciation or compensation" and "pressure from practice or supervising physician" options (n=3, r=1, p<.001).
- A negative correlation was noted between the "lack of appreciation or compensation" and "perceived decrease in normal productivity level" options (n=3, r= -1, p<.001), as well as the "perceived decrease in normal productivity level" and "pressure from practice or supervising physician" options (n=3, r= -1, p<.001).

## Conclusions

- PA clinical preceptors had a higher prevalence of burnout than healthcare providers, with 22% specifically relating their burnout to precepting.
- Burnout related to precepting was multifactorial as predicted, however, the primary perceived cause had more to do with the time commitment than to decreased productivity, lacking compensation or appreciation.
- The small sample size was a limiting factor in the significance and validity of the findings.
- Further research could provide stronger validity, a better understanding of preceptor-specific challenges, and potentially propose some strategies to address preceptor burnout before it threatens education programs' ability to train healthcare providers in the face of national clinician shortages.

## References

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