

The Good, the Bad and the Ugly; Externs and Private Practice

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We are using a polling system go to:

meet.ps/ada2018

Once there- answer our test question

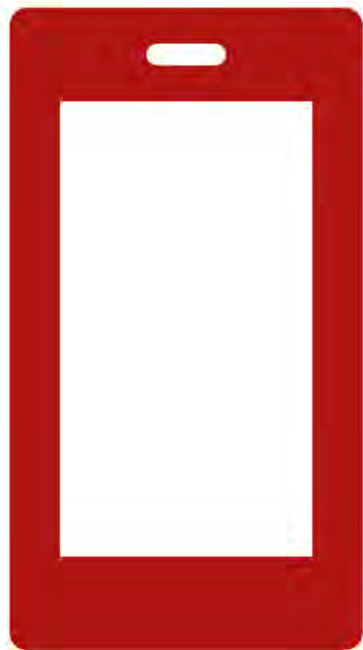
Overview of Talk

- ▶ Introduction
- ▶ The Good- Rewards of taking on an extern
 - ▶ Next generation, new information, and new employee
- ▶ The Bad- Challenges to taking an extern
 - ▶ Time, feedback, and reimbursement
- ▶ The Ugly- When things go awry
 - ▶ Low performance, failing or firing



Introduction

BACKGROUND WITH PRECEPTING AND EXTERNSHIP



Poll Time!

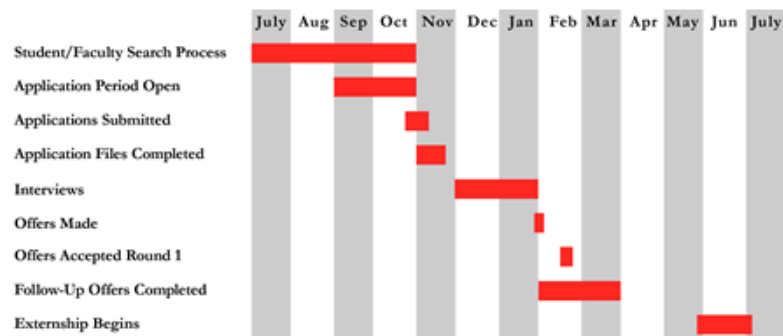
[MEET.PS/ADA2018](https://meet.ps/ada2018)

The background features a dark teal gradient at the top and bottom, with a white horizontal band across the middle. Overlapping circles in various shades of red and maroon are scattered across the teal areas. A small red rectangle is positioned in the upper right corner.

The Externship Process

Externship Timeline

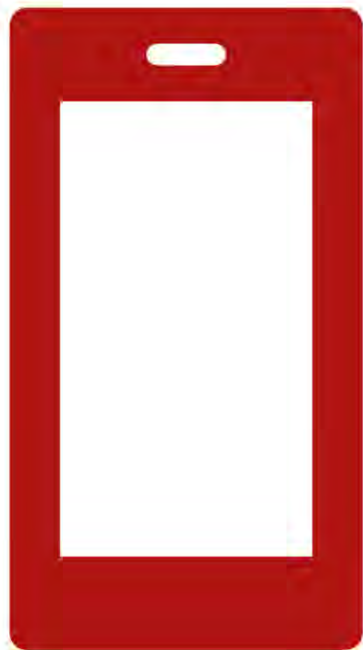
Student/Faculty Search Process:	Students/faculty investigate program opportunities, requirements, deadlines; July through October
Application Period Open:	Extern sites accept applications during this time period; September and October
Application Submitted:	Final date for sites accepting applications; October 31
Applications Files Completed:	Letters and transcripts to be on file; November 15
Interviews:	Externship interviews scheduled and completed; December and January
Offers Made:	Offers made by sites to students on February 1
Accepted Round 1:	Offers accepted by students within 2 weeks
Follow-up Offers Completed:	Process completed by March 31
Externship begins:	June 1 - July 1



AAA Externship Timeline

THIS WAS ORIGINALLY
BROUGHT FORWARD BY THE
ACADEMY'S CLINICAL
EDUCATION SUBCOMMITTEE
IN 2006

<https://www.audiology.org/education-research/education/externships/suggested-timeline-12-month-aud-externships>



Poll Time!

[MEET.PS/ADA2018](https://meet.ps/ada2018)

The Reality

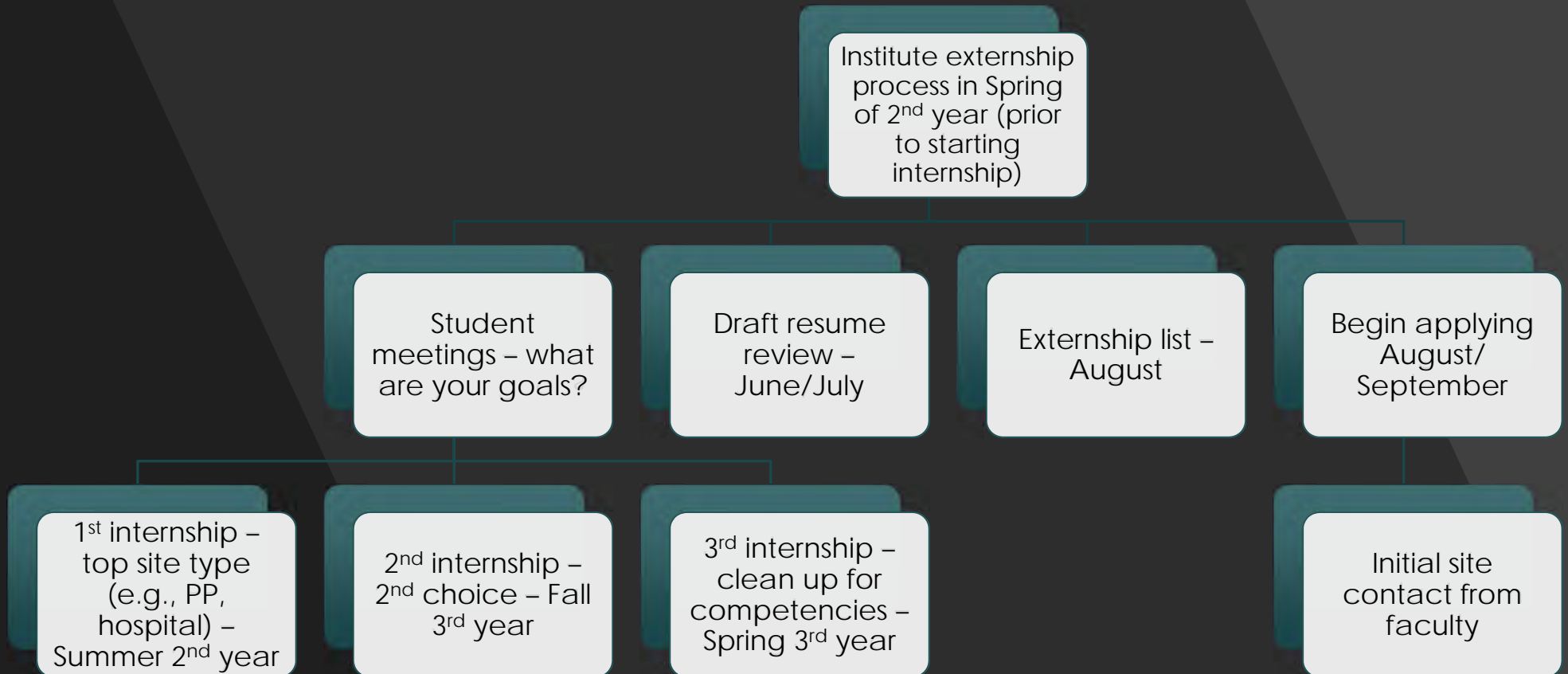
"...the following timeline was suggested by the Academy's Clinical Education Subcommittee in **2006**."

4 offers made in June 2018 for May 2019

Application deadlines: August 15 / September 1

Offers made with 24 hour deadlines for accepting

NSU Process



Johari Window

- ▶ The Johari window was originally developed by Joseph Luft and Harrington Ingham in 1955 as a model of interpersonal awareness.
- ▶ In 2009, Halpern used this model to relate to the clinical preceptor/student model.



	known to self	unknown to self
known to others	open arena	blind spot
unknown to others	hidden or private arena	undiscovered potential

Figure 1 Johari window

	known to supervisee	unknown to supervisee
known to supervisor	open arena	blind spot
unknown to supervisor	hidden or private arena	undiscovered potential

Figure 2 Adapted Johari window

Johari window

	known to supervisee	unknown to supervisee
known to supervisor	open arena	blind spot
unknown to supervisor	hidden or private arena	undiscovered potential

Open arena

- Shared information between preceptor and student. It is recommended that in beginning it is worth exploring, what is the common knowledge between the preceptor and student.

Hidden or private arena

- This is information that the student has not disclosed. This is an area that the preceptor can probe, but some students may be reluctant to share this information.

Blind spot

- These are areas that the is unknown to the student. This requires the preceptor to provide feedback to the student regarding this information. Providing feedback that is effective and given at the right time
- This can be tricky for the preceptor, to make sure providing information that is evidenced based and not that their assumptions or interpretations are knowledge being imposed on the student

Undiscovered Potential

- This is area that is not known by either the preceptor or student.
- By exploring together, new information can generate a new experience for both the preceptor and student.

Johari window- audiology example

	known to supervisee	unknown to supervisee
known to supervisor	open arena	blind spot
unknown to supervisor	hidden or private arena	undiscovered potential

Open arena

- How to determine a threshold, how to run a tympanogram

Hidden or private arena

- Issues from previous clinical placements

Blind spot

- Interpretation of a vestibular case, knowledge of billing and coding

Undiscovered Potential

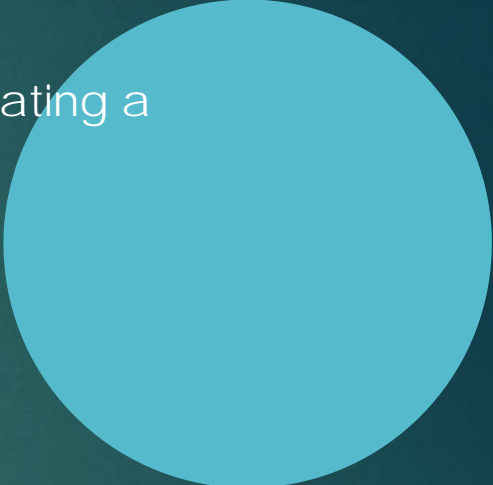
- Clinical question- how does the vHIT correlate with the calorics? Would the patient's diabetes affect this testing?



The Good: Rewards of Taking an Extern

Benefits to precepting an extern



- ▶ You are helping to shape the future of audiology and creating a legacy
 - ▶ Continued exposure to new concepts, new literature and techniques
 - ▶ Increased revenue from extern productivity
 - ▶ Hiring future employees
- 

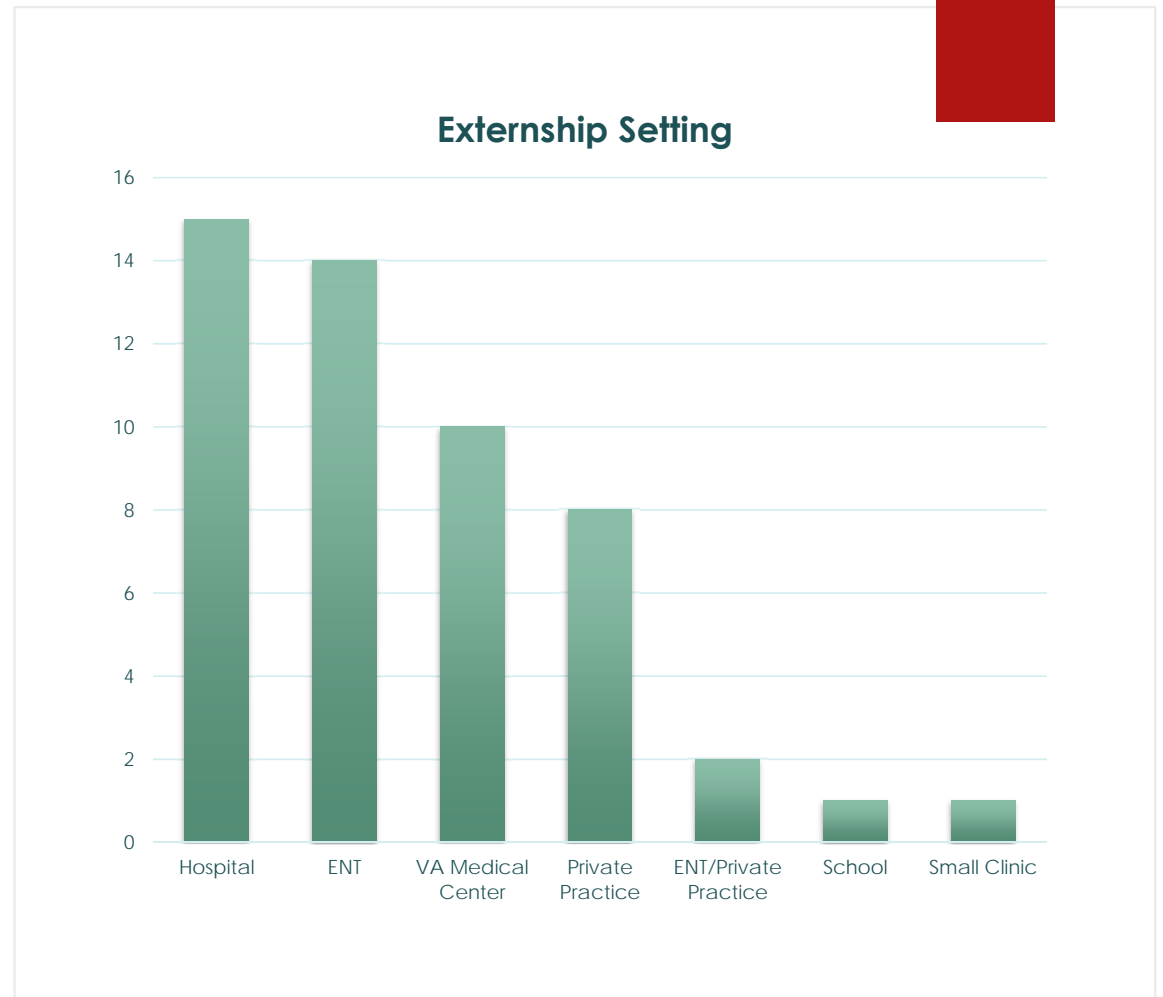
Benefits of precepting



- ▶ Baldor, et al (2001) surveyed physicians and in relation to benefit, the majority of respondents reported a benefit to precepting:
 - ▶ 78% reported precepting helped to keep their knowledge up-to date
 - ▶ 75% reported precepting enhanced their enjoyment of patient care
 - ▶ 52% reported precepting improved their quality of practice

Internal Survey

- ▶ Surveyed our alums and had 51 responses:
 - ▶ Graduates from 2004-2018



What an extern can bring to the table

- ▶ We asked our externs if they contributed to the externship site
 - ▶ 28 reported that contributed to the site



How they contributed

- ▶ Creating or modifying protocols:
 - ▶ OAE, VNG (3), VEMP (3), neonatal ABR, Balance/Fall Prevention (2), ABR, QuickSIN, ENOG, APD, CI
- ▶ Research (2)
- ▶ Handouts:
 - ▶ Newly identified pediatric, communication strategies and counseling
- ▶ Creating, running, or modifying a program/testing:
 - ▶ Tinnitus (2), CI mapping,
- ▶ Encouraged or started specific testing:
 - ▶ Real Ear (5), OAE, ABR, VNG
- ▶ Scheduling scheme
- ▶ Proposed the practice expose externs to more of the business side
- ▶ Helped with proposal for new vHIT equipment
- ▶ Monitoring scheme for canalith repositioning success rate
- ▶ Encouraged using other hearing aid manufacturers and more hearing aids overall
- ▶ CI comparison chart
- ▶ Helped with marketing plans
- ▶ Helped track more patients
- ▶ Presentations

As you can see...

- ▶ Students can help your clinic beyond just seeing patients
- ▶ Be open to student suggests, but you can require evidence and justification
 - ▶ Students are eager and have the energy so they can develop great ideas
 - ▶ Be open to what they have to say
 - ▶ You don't have to necessarily implement the idea if it truly won't fit in the practice setting, but there may be pieces or ideas from the proposal that could help the practice
- ▶ Set up revision cycles for protocols
- ▶ Students, particularly in small or private practices, may also be interested in the business side and can help with initiatives

Cutting-edge Cathy

- ▶ A student was at a clinical site and they were seeing a vestibular patient.
 - ▶ The patient had symptoms of bilateral vestibular loss, ataxia, peripheral neuropathy, normal hearing and swallowing problems.
- ▶ As the preceptor was talking to another preceptor about the case, the student suggested CANVAS as a possible differential diagnosis
- ▶ The student described the pathology
- ▶ After the student and the preceptor looked it up, the preceptor agreed that the symptoms/findings matched and it could be a possibility for the diagnosis.
- ▶ This was an example of a good “hidden arena” on the Johari window



So, how can I make
this work financially?

Month	Independence
1-2	0-25%
3-4	50%
5-6	75%
7-12	100%

Extern Scheduling: Assumptions

- ▶ Scenario 1:
 - ▶ Small office
 - ▶ Primarily audios & HAs
 - ▶ 1 booth / 1 consult room
 - ▶ 1 audiologist
- ▶ Scenario 2:
 - ▶ Medium office
 - ▶ HAs & diagnostics (VNG, tinnitus)
 - ▶ 2 booths / 2 consult/treatment rooms
 - ▶ 3 audiologists

Month One

Scenario 1

	Monday, June 3, 2019	Tuesday, June 4, 2019	Wednesday, June 5, 2019	Thursday, June 6, 2019	Friday, June 7, 2019
8:00-8:30	Audio: P+S	Audio: P+S	Audio: P+S	Audio: P+S	Audio: P+S
8:30-9:00					
9:00-9:30	HA Eval: P+S	Audio: P+S	HA Fit: P+S	HA Fit: P+S	HA Eval: P+S
9:30-10:00					
10:00-10:30		HA Fit: P+S	Audio: P+S		Audio: P+S
10:30-11:00				HA Fit: P+S	
11:00-11:30	HA Fit: P+S	HA Eval: P+S			HA Fit: P+S
11:30-12:00			HA Eval: P+S		
12:00-12:30					
12:30-1:00					
1:00-1:30		Audio: P+S	HA Eval: P+S	Extern Meeting: P+S	HA Eval: P+S
1:30-2:00	Audio: P+S				
2:00-2:30			Audio: P+S		Audio: P+S
2:30-3:00	HA Fit: P+S	HA Eval: P+S			
3:00-3:30			Audio: P+S	Audio: P+S	
3:30-4:00					Audio: P+S
4:00-4:30	Audio: P+S	Audio: P+S		Audio: P+S	
4:30-5:00					

Scenario 2

	Monday, June 3, 2019	Tuesday, June 4, 2019	Wednesday, June 5, 2019	Thursday, June 6, 2019	Friday, June 7, 2019
8:00-8:30	Audio: P+S	Audio: P+S	Audio: P+S	Audio: P+S	Audio: P+S
8:30-9:00					
9:00-9:30	Tinnitus: P+S	Audio: P+S	HA Fit: P+S	HA Fit: P+S	HA Eval: P+S
9:30-10:00					
10:00-10:30		HA Fit: P+S	Audio: P+S		VNG: P+S
10:30-11:00				HA Fit: P+S	
11:00-11:30	HA Fit: P+S	Tinnitus: P+S			
11:30-12:00			HA Eval: P+S		
12:00-12:30					
12:30-1:00					
1:00-1:30		Audio: P+S	HA Eval: P+S	Extern Meeting: P+S	HA Eval: P+S
1:30-2:00	Audio: P+S				
2:00-2:30			VNG: P+S		Audio: P+S
2:30-3:00	HA Fit: P+S	HA Eval: P+S			
3:00-3:30				Audio: P+S	
3:30-4:00					Audio: P+S
4:00-4:30	Audio: P+S	Audio: P+S		Audio: P+S	
4:30-5:00					

Month Five



Scenario 1

	Tuesday, January 7, 2020		Wednesday, January 8, 2020		Thursday, January 9, 2020		Friday, January 10, 2020		Saturday, January 11, 2020	
	Preceptor	Student	Preceptor	Student	Preceptor	Student	Preceptor	Student	Preceptor	Student
8:00-8:30	Audio: P	HA Eval: S	Audio: P	Audio: S	Audio: P	HA Eval: S	Audio: P	HA Eval: S	Audio: P	Audio: S
8:30-9:00										
9:00-9:30	HA Eval: P		Audio: P	HA Fit: S	HA Fit: P	Audio: S	HA Fit: P		Audio: P	HA Fit: S
9:30-10:00										
10:00-10:30	Audio: P	HA Fit: S	HA Fit: P		Audio: P		HA Eval: P	Audio: S	Audio: P	
10:30-11:00										
11:00-11:30	HA Fit: P	Audio: S	HA Eval: P	Audio: S		HA Eval: S	Audio: P		HA Fit: P	Audio: S
11:30-12:00										
12:00-12:30										
12:30-1:00										
1:00-1:30			Audio: P	HA Eval: S	HA Eval: P	Audio: S	Extern Meeting: P+S		HA Eval: P	Audio: S
1:30-2:00	Audio: P	HA Eval: S								
2:00-2:30			HA Eval: P		Audio: P	Audio: S			Audio: P	HA Fit: S
2:30-3:00	HA Fit: P	Audio: S		Audio: S						
3:00-3:30			Audio: P		Audio: P		Audio: P	Audio: S	Audio: P	HA Eval: S
3:30-4:00		HA Fit: S				HA Eval: S				
4:00-4:30	Audio: P		Audio: P	HA Fit: S			Audio: P	HA Fit: S	HA Fit: P	
4:30-5:00										

Scenario 2

	Monday, November 4, 2019		Tuesday, November 5, 2019		Wednesday, November 6, 2019		Thursday, November 7, 2019		Friday, November 8, 2019	
	Preceptor	Student	Preceptor	Student	Preceptor	Student	Preceptor	Student	Preceptor	Student
8:00-8:30	Audio: P	Audio: S	Audio: P	Audio: S	Audio: P	Audio: S	Audio: P	Audio: S	Audio: P	Audio: S
8:30-9:00										
9:00-9:30	HA Eval: P	Tinnitus: S	Audio: P	Audio: S	HA Fit: P		HA Fit: P		HA Eval: P	
9:30-10:00								Audio: S		
10:00-10:30	Audio: P		HA Fit: P		Audio: P	HA Fit: S	Tinnitus: P		Audio: P	VNG: S
10:30-11:00		Audio: S						HA Fit: S		
11:00-11:30	HA Fit: P		HA Eval: P	Tinnitus: S			HA Eval: P		HA Fit: P	
11:30-12:00					HA Eval: P					
12:00-12:30										
12:30-1:00										
1:00-1:30			Audio: P	HA Eval: S	HA Eval: P	Audio: S	Extern Meeting: P+S		HA Eval: P	HA Fit: S
1:30-2:00	Audio: P	Audio: S								
2:00-2:30			VNG: P		Audio: P	VNG: S			Audio: P	HA Fit: S
2:30-3:00	HA Fit: P			Audio: S						
3:00-3:30							Audio: P	Audio: S		
3:30-4:00		HA Fit: S			HA Fit: P				Audio: P	Audio: S
4:00-4:30	Audio: P		Audio: P				Audio: P			
4:30-5:00										

Have student make follow-up calls, patient education, history and questionnaires (Bigioli and Chappelle, 2010)



Procedure	Time
Hearing Eval (HE)	1 hour
HA Eval/Fitting	1 hour each
Tinnitus	1 hour
VNG	2 hours

Caseload Assumptions

Procedure	Time	Charge
Hearing Eval (HE)	1 hour	\$150
HA Eval/Fitting	1 hour each	\$3000*
Tinnitus	1 hour	\$200
VNG	2 hours	\$450

*HA cost - \$1500

Caseload Assumptions

Procedure	Time	Charge	# Patients	
			Scenario 1	Scenario 2
Hearing Eval (HE)	1 hour	\$150		
HA Eval/Fitting	1 hour each	\$3000*	30% of HE's	20% of HE's
Tinnitus	1 hour	\$200		10% of HE's
VNG	2 hours	\$450		10% of HE's

*HA cost - \$1500

Caseload Assumptions

Weekly Scenario ~ Month 3

Scenario 1

Procedure	# Patients	Revenue (\$)	Time
Hearing Eval	5	\$750.00	5 hours
HA Eval/Fitting	1 binaural .5 monaural	\$7,500.00 <u>-\$3,750.00</u> \$3,750.00	2 hours
Total		\$4,500.00	7 hours

Scenario 2

Procedure	# Patients	Revenue (\$)	Time
Hearing Eval	5	\$750.00	5 hours
HA Eval/Fitting	1 binaural	\$6,000.00 <u>-\$3,000.00</u> \$3,000.00	2 hours
Tinnitus	.5	\$100.00	.5 hours
VNG	.5	\$225.00	1 hours
Total		\$4,075.00	8.5 hours

Weekly Scenario ~ Month 5

Scenario 1

Procedure	# Patients	Revenue (\$)	Time
Hearing Eval	10	\$1,500.00	10 hours
HA Eval/Fitting	2 binaural 1 monaural	\$15,000.00 <u>-\$ 7,500.00</u> \$7,500.00	6 hours
Total		\$9,000.00	16 hours

Scenario 2

Procedure	# Patients	Revenue (\$)	Time
Hearing Eval	10	\$1,500.00	10 hours
HA Eval/Fitting	1 binaural 1 monaural	\$9,000.00 <u>-\$4,500.00</u> \$4,500.00	4 hours
Tinnitus	1	\$200.00	1 hours
VNG	1	\$450.00	2 hours
Total		\$6,500.00	17 hours

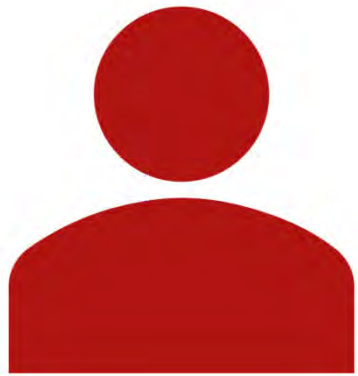
Weekly
Scenario
~Months 7+

Scenario 1

Procedure	# Patients	Revenue (\$)	Time
Hearing Eval	20	\$3,000.00	20 hours
HA Eval/Fitting	5 binaural 1 monaural	\$33,000.00 <u>-\$16,500.00</u> \$16,5000.00	12 hours
Total		\$36,000.00	32 hours

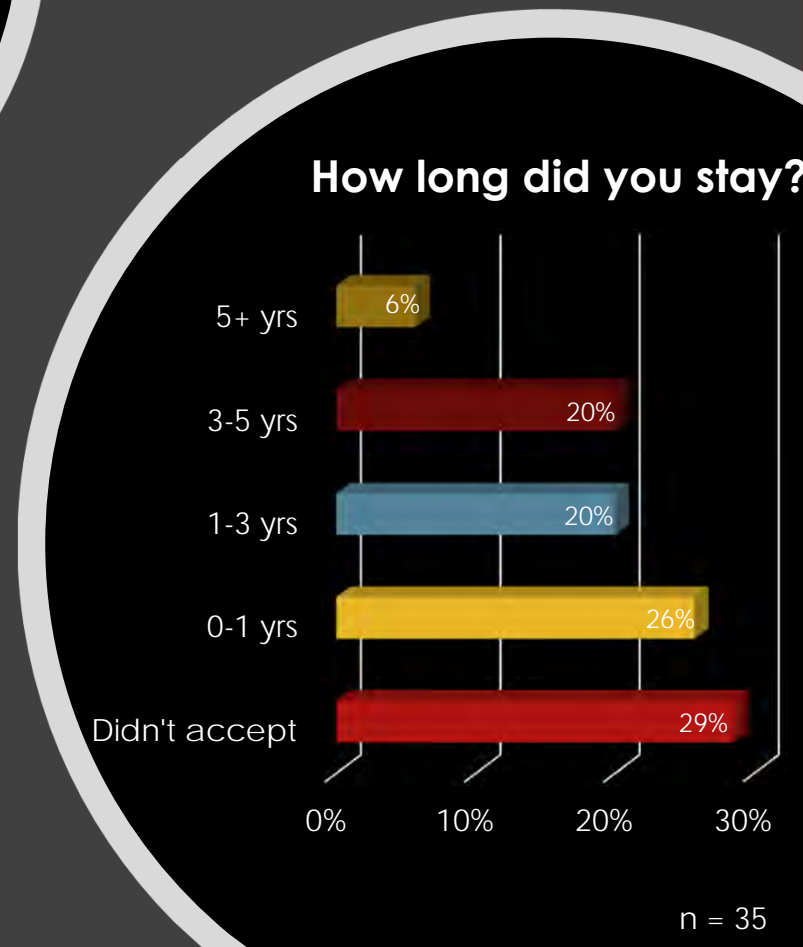
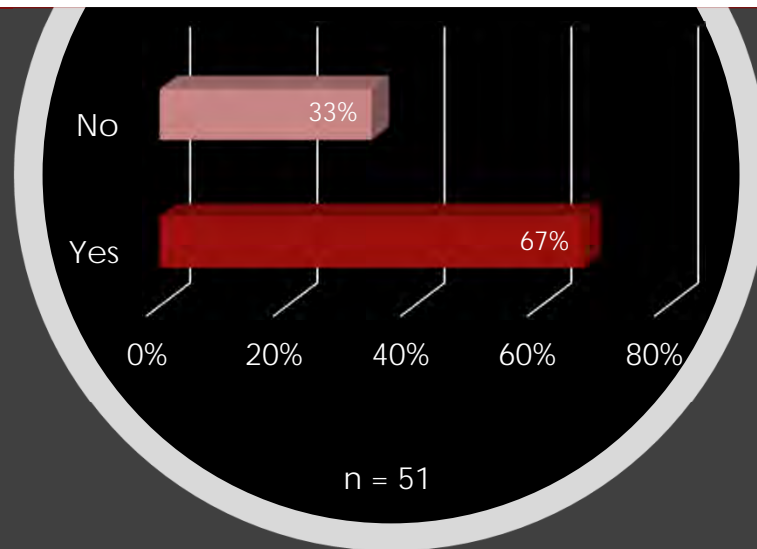
Scenario 2

Procedure	# Patients	Revenue (\$)	Time
Hearing Eval	20	\$3,000.00	20 hours
HA Eval/Fitting	3 binaural 1 monaural	\$21,000.00 <u>-\$10,500.00</u> \$10,5000.00	8 hours
Tinnitus	2	\$400.00	2 hours
VNG	2	\$900.00	4 hours
Total		\$25,300.00	34 hours



What
happens at
the end of
externship?

Were you offered a position or hired by the facility where you completed your externship?



Go-Getter Gracie

- ▶ Gracie is a super go-getter with an outgoing personality. When interviewing, she shared how interested she is in pursuing a career in private practice.
- ▶ Gracie is living up to your expectations, and then some. Her skills in diagnostic assessment, patient rapport, hearing aid fittings (including Lyric), and cerumen management are outstanding. Gracie is clearly ready to take steps into understanding the business. You've been exploring a new marketing endeavor, letting Gracie take the lead.
- ▶ Externship is almost over. You've afforded Gracie the opportunity to engage in all aspects of the practice, including business and marketing considerations. You ask her to join your practice permanently; which she accepts.
- ▶ With Gracie on board, you have developed new marketing endeavors, and are able to expand your practice to a 3rd location. Two years later, you additionally expand by developing new diagnostic revenue streams to your offices.

The Bad: Challenges to Taking an Extern



Challenges



- ▶ Although there are rewards to taking an extern, there are definitely some challenges such as:
 - ▶ Time commitment
 - ▶ Providing feedback
 - ▶ Reimbursement issues

Time and stress



- ▶ Baldor, et al (2001) found that 73% of preceptors reported that they had a decrease in work productivity and on average added 60 minutes of work per day
- ▶ In the same study 47% also reported an increase in stress due to precepting.

Amount of time added to work day related to precepting externs

- ▶ Informal polling on Audiology Happy Hour FB group
- ▶ Compared to the Baldor (2001) survey data of 60 minutes, audiology seems to be similar

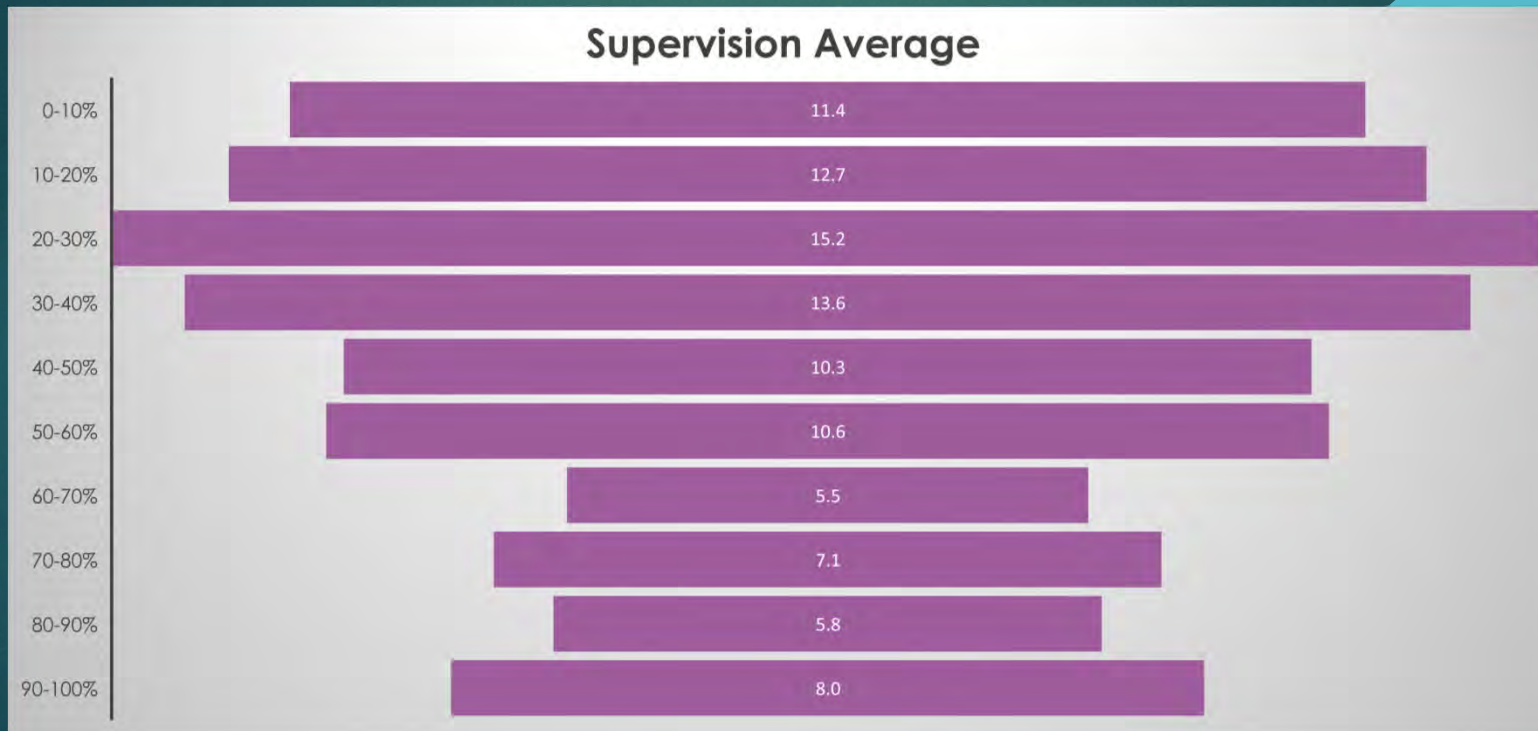
Tish Gaffney created a poll in **Audiology Happy Hour**.
September 26 at 6:37 PM · 📍

I'm working on a presentation and wanted to poll the group. If you precept an 4th year extern, on average how much time do you think precepting adds on to your day?

- 31-60 minutes**
Added by you ✕
34 votes
- 1-30 minutes**
Added by you ✕
24 votes
- No extra time**
Added by you ✕
5 votes
- 61-90 minutes**
Added by you ✕
5 votes
- 91-120 minutes**
Added by you ✕
- 121+ minutes**
Added by you ✕

+ Add a poll option...

Percent of Supervision



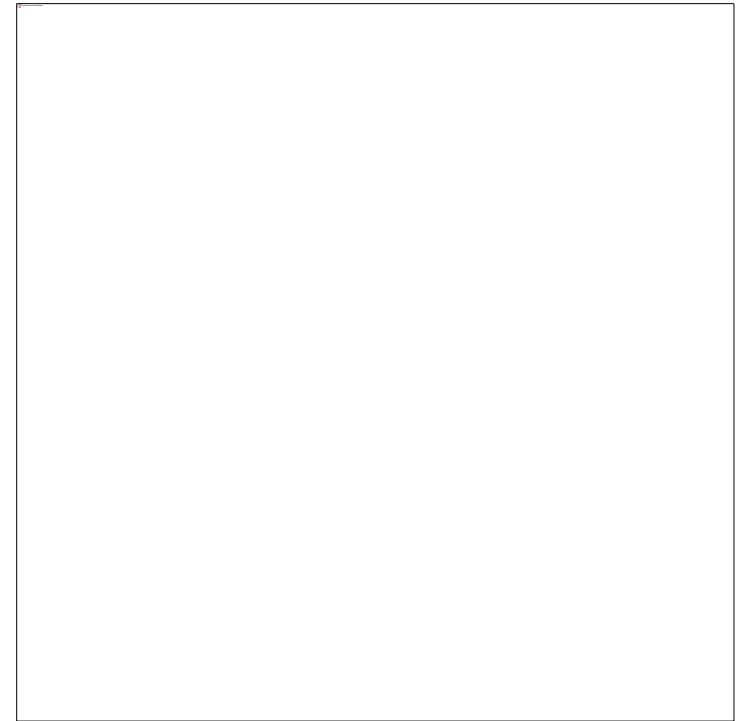
Data from 2006-2016 data from Gaffney Residential AuD surveys

To improve efficiency...

- ▶ To improve precepting efficiency for scheduling, Biagioli and Chappelle (2010) recommends:
 - ▶ Block 15 mins in the morning and afternoon for student review
 - ▶ If you are going to double book:
 - ▶ Double book for the first appointment and block your last appointment slot so you have time to review student work during that last slot
 - ▶ Book the student the complex case while you see shorter cases because you can efficiently see those other patients and have time to check on the student if needed

PROVIDING FEEDBACK

The student isn't
performing as
expected...



Feedback



- ▶ From our survey:
 - ▶ They liked immediate feedback if there was something wrong or if they did something very well
 - ▶ Weekly meetings that were open discussion for what the preceptor thought as well as what the student needed
 - ▶ One alum said: "Preceptors who used a post-appointment briefing same day highlighting strengths and opportunities were most effective."
 - ▶ Feedback during the patient's appointment when the patient can hear can be embarrassing
 - ▶ Feedback, but increasing independence

Communicate

- Provide regular feedback
- Students receiving immediate *verbal* feedback achieve significantly higher ratings on clinic evaluations than students receiving delayed *written* feedback.

(Ho & Whitehill, 2009)

Immediate verbal feedback

Learn from the strengths and weaknesses of other clinicians/students

Time consuming, tiring to have such a long evaluation followed by feedback session

Immediate, fresh memory of the clinic session

Delayed written feedback

Could take a rest after clinic and had more time to self-evaluate, organize, interpret data and plan for treatment

More efficient, saves time on discussing some cases which s/he didn't observe

Written expression is more difficult than oral expression

Fewer opportunities to ask questions on the patient

More open to raise concerns individually, without worrying that question may sound stupid to others

Had to send emails for clarification if did not understand

Hewson and Little (1998)

- ▶ They surveyed 83 participants from 60 different institutions in the US, UK and Canada that represented medicine, psychologists, social workers, nurses and public health specialists
- ▶ Their survey found “Helpful Techniques” :
 - ▶ When preceptors focused on skills and personal style (e.g. quiet, verbally assertive, flexible, speaking too much or using jargon, and facilitative)
- ▶ Their survey found “Unhelpful Techniques” :
 - ▶ Judgements, rejected, that they don’t understand, lectures, blamed and receiving feedback in inappropriate locations (e.g. in front of others, in public places)

What if the feedback isn't good?



- ▶ We know there are times when things are not going well and more significant feedback must be given.
- ▶ These are not pleasant situations for both parties.
- ▶ Recommendations:
 - ▶ Start with a student self-evaluation
 - ▶ Can the student see their blind spots?
 - ▶ Relate to job description or clinical competencies
 - ▶ Action items including timeline
 - ▶ Follow-up to specifically address the concerns

Ask

- For the learner's self assessment



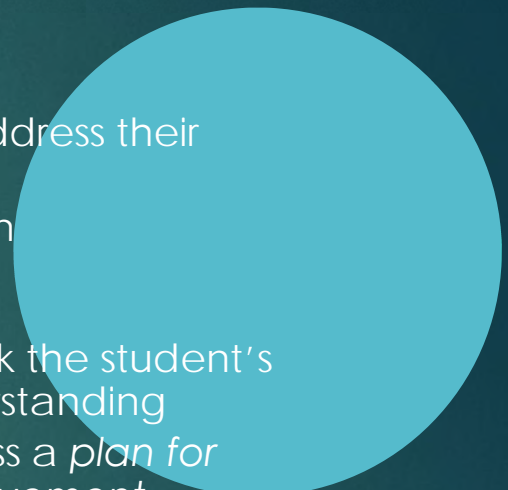
Tell

- Acknowledge and address their concerns
- State your observation



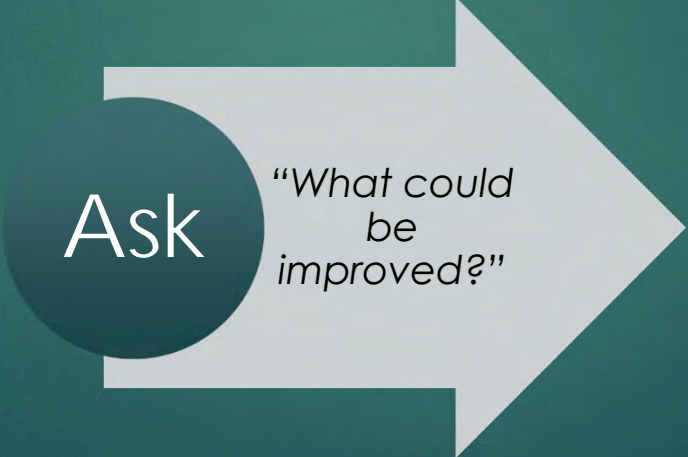
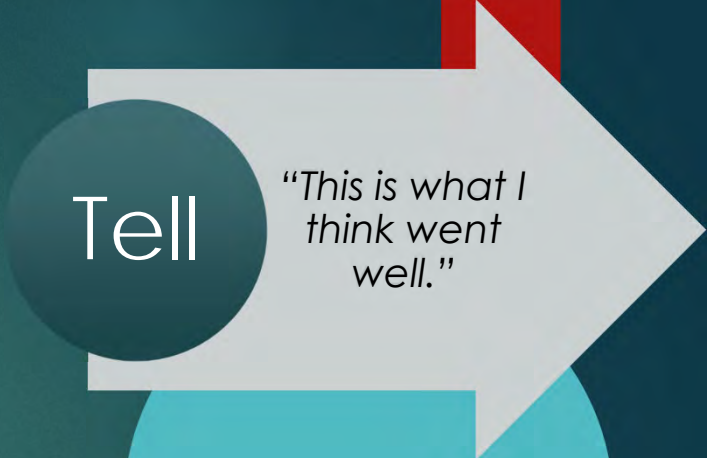
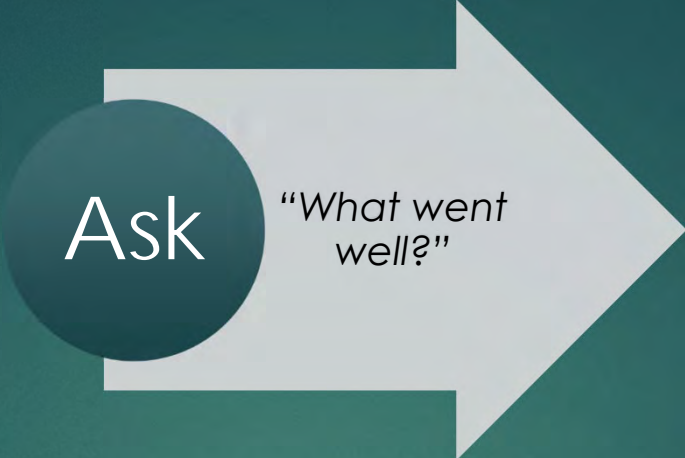
Ask

- Check the student's understanding
- Discuss a *plan for improvement*

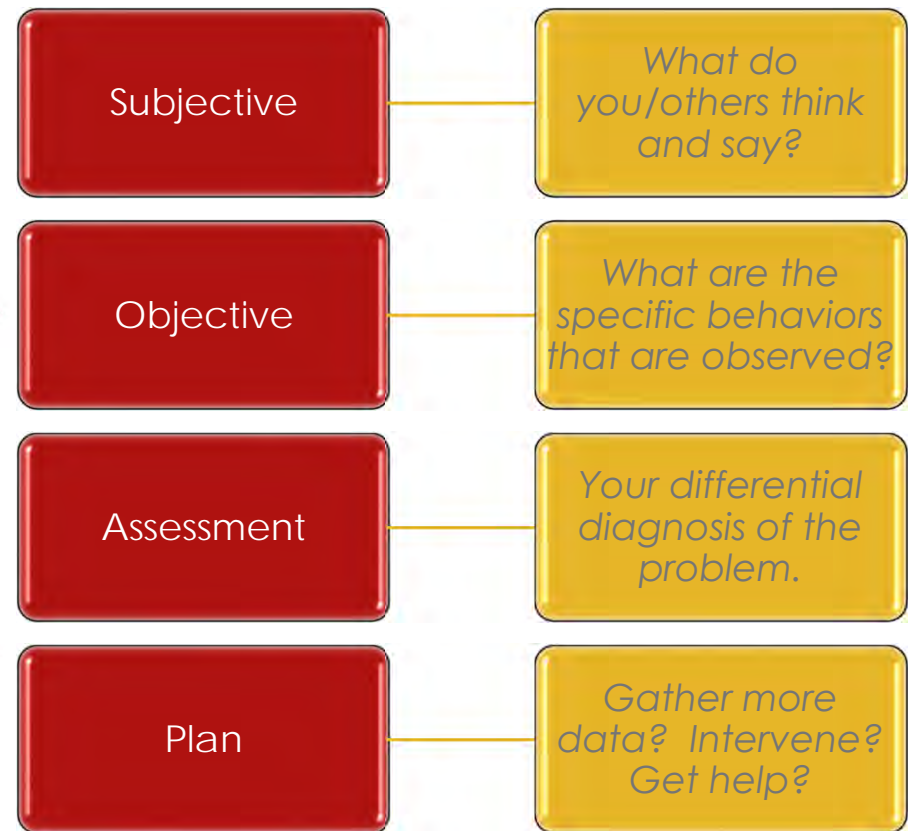


Ask-Tell-Ask Feedback Model

Ask-Tell-
Ask
Feedback
Model



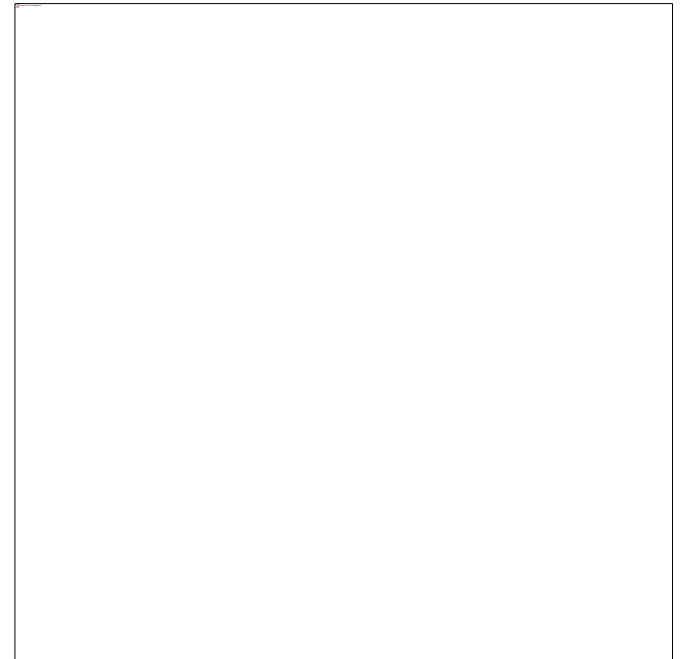
SOAP-An Approach to Problem Interactions



Dealing with the Difficult Learning Situation: An Approach to Problem Interactions. (n.d.). Retrieved October 12, 2018, from http://www.snhahec.org/preceptor_development.cfm

SOAP: Subjective

- ▶ Chief complaint
 - ▶ *What made you consider that there may be a problem?*
- ▶ Get input from others
 - ▶ *What do others think of this learner and his or her performance in the office?*
- ▶ Get input from the learner
 - ▶ *Are they aware that there is a problem?*



▶ Identify specific instances of behavior
document the issues

- ▶ *“More than 20 minutes late to the office on Monday, Tuesday and Thursday this week.”*
- ▶ *“Visit Thursday morning with Sam White: Took forty minutes to complete immittance.”*
- ▶ *“Spoke harshly to receptionist when asking her to schedule Mrs. Blackburn’s return visit.”*
- ▶ *“Unable to program hearing instrument on Friday AM after we had reviewed it during our Thursday afternoon meeting.”*

SOAP: Objective



SOAP: Assessment

- ▶ Cognitive
 - ▶ Does the student's knowledge or skill base seem below your expectations for a student of this level?
 - ▶ *Deficit in clinical ability?*
 - ▶ *Inadequate university preparation?*
 - ▶ *Limited prior xx experience?*
- ▶ Affective
 - ▶ *Does the student appear anxious with patient and/or preceptors?*
 - ▶ *Does the student show a general disinterest in the clinical area?*

SOAP: Plan

Gather more data?

- Observe and record
- Discuss with learner
- **Contact university**

Intervene?

- Detailed behavior-specific feedback
- Specific recommendations for change
- Set interval for re-evaluation

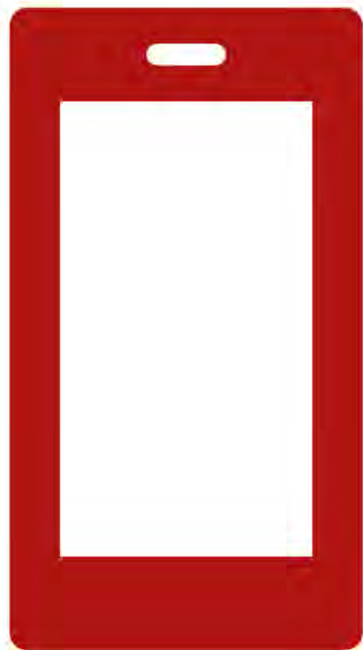
Get help?

- Get **assistance** the university
- Transfer learner

Lazy Lisa

- ▶ Lisa has a charismatic personality; people relate and respond well to her, making her an excellent candidate for your high volume dispensing practice.
- ▶ Lisa starts off with a bang; your patients and staff really like her. Over the next month or two, you start to notice Lisa is often late to work, eating her breakfast and putting on makeup in the break room instead of prepping for the day.
- ▶ As you observe her with patients, you see she is unprepared, her documentation is not always completed, and patients are often being rescheduled because she forgot to order hearing instruments and earmolds. Staff complain that she's always on her phone, and forgets to clean up after herself, leaving a mess in the treatment room for the next person to take care of.





Poll Time!

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Lazy Lisa Results

- ▶ These issues were discovered in a clinical evaluation, the site never directly contacted the university
- ▶ University the site to find details
- ▶ Separate meeting with student to discuss issues and subsequently sent to student progress committee for unprofessional issues
- ▶ The site made a rule that if she was late again, they would fail her (performance improvement plan)

The Extern site:

Sally is a strong student. From almost Day One, she has demonstrated strong clinical skills and a quiet confidence. She works hard, is always on time, and reports are complete and thorough. Your feedback to Sally is always positive. Your evaluation to the university indicate high marks in most areas; the only lower clinical areas being those she's had limited experiences with you. In sum, *"one of the best externs we've ever had!"*

Silent Sally

The University:

Sally has always been strong. She never shies away from new clinical challenges; she enjoys the fast-pace and mix of patients and patient needs. If there's something she doesn't understand, she researches and readily makes changes. Your evaluation of the extern is exactly what we expected.

Silent Sally

Sally

Sally likes her externship placement for the most part. She gets along well with all the staff and enjoys the diversity of the caseload. There are times, however, when she doesn't agree with her preceptor's clinical assessment of things she learned at the university.

Recognizing that she's a student, and is there to learn, she regularly asks questions to try to understand these clinical concerns. She wants to be respectful, so does not challenge her preceptor or note that she is not in agreement. As time goes on, Sally starts to worry that her preceptor may be grading her poorly because of this difference in clinical assessment when Sally takes the lead.

Instead of addressing her concern with you, Sally instead chooses to complain to the university.

Silent Sally

▶ The Extern site:

- ▶ Strong student
- ▶ Strong clinical skills & confident
- ▶ Works hard, on time, good reports
- ▶ Your evaluation indicates high marks in most
- ▶ *"One of the best externs we've ever had!"*

▶ The University:

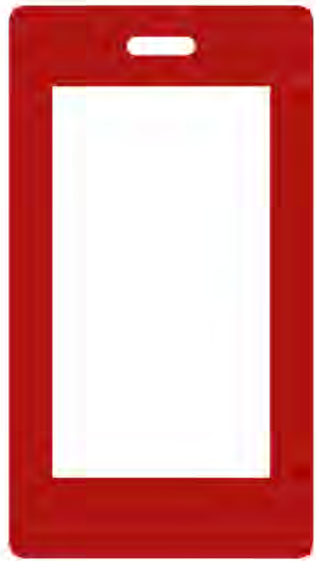
- ▶ Strong student
- ▶ Embraces new clinical challenges
- ▶ Enjoys fast-pace and diverse caseload
- ▶ High post-graduation aspirations
- ▶ Your evaluation of the extern is exactly what we expected

Silent Sarah

▶ Sarah

- ▶ Sarah loves the site she is at, and gets along well with all staff. They give her a lot of independence, even the autonomy to cover another audiologist's maternity leave in one of the satellite locations.
- ▶ While she appreciates their confidence in her, Sarah is now spending most of her time in a satellite, which is basic audios and not very busy; there are days when she may see only 1 or 2 patients. Sarah wants to be a team player and help where needed, but this was not what was discussed when accepting the externship.
- ▶ Thinking this will change with time, Sarah doesn't say anything. Six months of externship pass, and the schedule remains the same. Instead of addressing her concern with you, Sarah instead chooses to casually mention to the university that she has accrued only 400 hours to date.

Silent Sarah

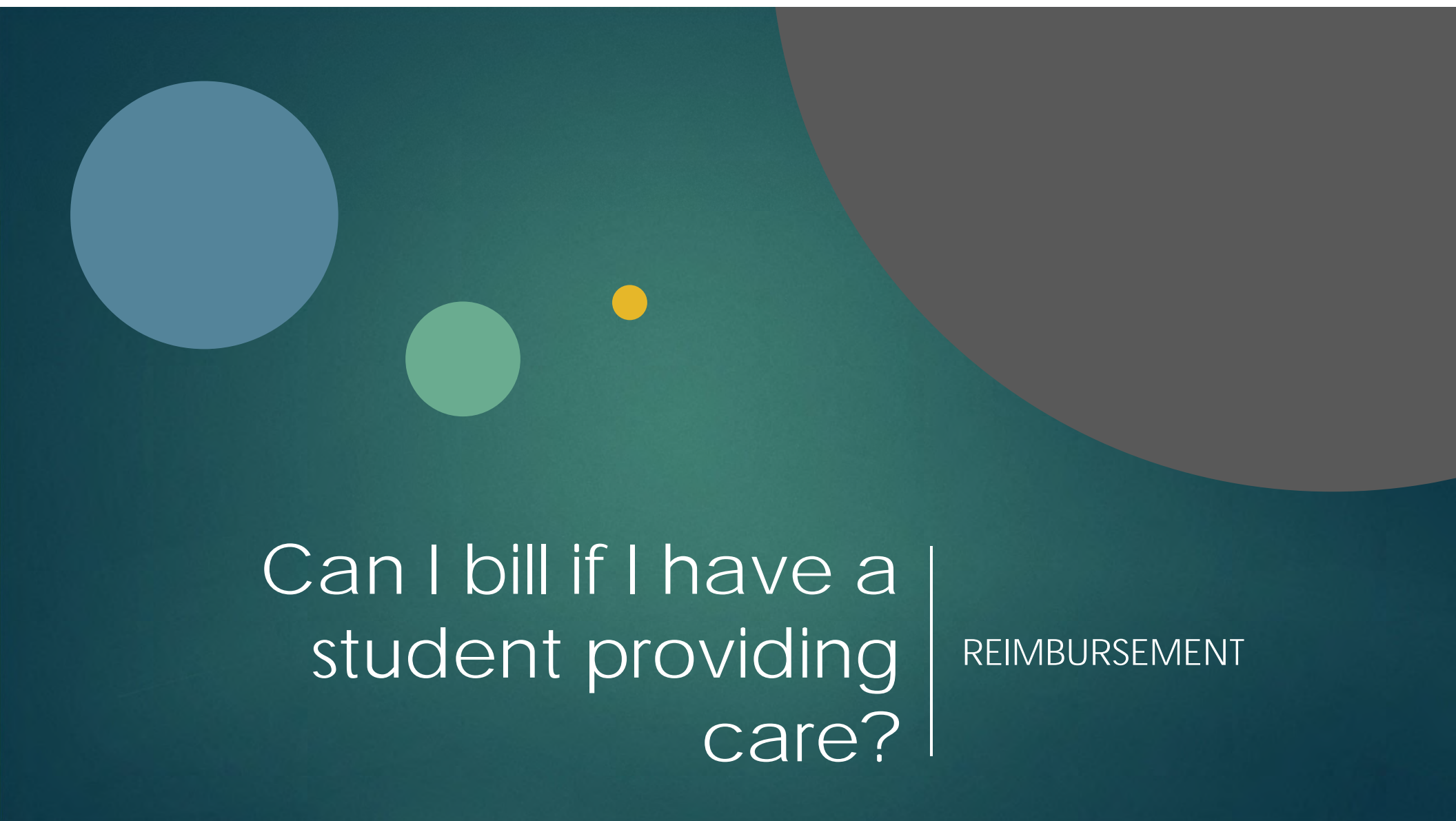


Poll Time!

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Silent Sally and Sarah Results

- ▶ Sally- the university met with the student regarding their concerns, suggesting that the student pull literature about the topic and present data to preceptor.
 - ▶ Preceptor accepted the new literature that she was not aware of and incorporated into clinical practice.
- ▶ Sarah- the university worked with the placement on options for more clinical hours and interactions.
 - ▶ Ultimately they were not able to provide more experience and the student was moved to another clinical site.



Can I bill if I have a
student providing
care?

REIMBURSEMENT

However,
Medicare
sees the 4th
year student
as just that...
a student.

- ▶ *"Contractors shall not pay for services that require the skills of an audiologist when furnished by an AuD 4th year student or others who are not qualified according to section 1861 (II) (3) of the Act."*
- ▶ *"AuD 4th year students ... may meet standards equivalent to audiology technicians."*
 - ▶ Can bill for what a technician could bill for, and/or can bill if supervised by a physician!



Students involved w/ Medicare
payment require over-the-
shoulder supervision.

PREVIOUSLY, WE
THOUGHT THAT IF THE
STUDENT HAD A
PROVISIONAL LICENSE,
THEN THE MEDICARE
SERVICES WERE BILLABLE.

Medicare Rationale



They pay for services provided by audiologists.



Unlike medicine, our interns/externs do not hold a degree.



We are saying that our students are still students.



Medicare has no history of paying for services of students.



Medical residents are physicians, and their services are paid through a different allocation of federal monies, not per patient

MEDICAID:
Audiology
Student
Supervision &
Reimbursement

"Under the Direction of" (i.e.,
qualified provider licensed by state)


Must supervise care:

- "See beneficiary at beginning of and periodically during treatment"
- "Be familiar with treatment plan ... [and] have continued involvement in care provided"
- "spend as much time as necessary...to ensure...accepted standards of practice."

Private Payers



Private pay patients not affected*



Student must still practice under state licensure laws

*Check with your 3rd Party Payor

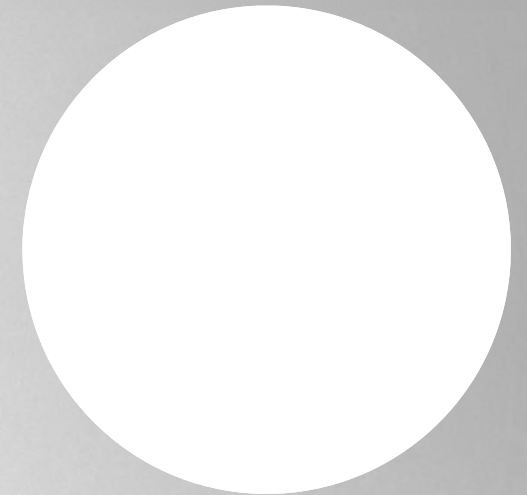
Sources of Payment: Private Practice

Out-of-Pocket	94%
Private Health Insurance	91%
Medicare	76%
Medicaid	53%

The 7+ Months Scenario

Procedure	# Patients	Revenue (\$)	
		Scenario 1	Scenario 2
Hearing Eval	20	\$3,000.00	\$3,000.00
HA Eval/Fitting	3 binaural 1 monaural	\$33,000.00 <u>-\$16,500.00</u> \$16,500.00	\$21,000.00 <u>-\$10,500.00</u> \$10,500.00
ABR	1		\$400.00
VNG	2		\$900.00
Total		\$36,000.00	\$25,300.00
Total – Ins (30%)		\$25,200.00	\$17,710.00

The Ugly: When
things go awry



Oh no...

- ▶ When the student is performing so poorly that the clinical function is significantly impacted. This can be related to:
 - ▶ Clinical performance – inability to function accurately in the clinical setting
 - ▶ Behavioral performance- behavior issues such as language and non-verbal behavior
 - ▶ Professional performance- coming late, leaving early, calling out too much, etc
- ▶ Some issues may be new issues and some may be older and could be part of the “hidden arena” of the Johari model

Alliance for Academic Internal Medicine (AAIM)

IN THEIR 2016 STUDY THEY
FOUND FROM PROGRAM
DIRECTORS AND PRECEPTORS:

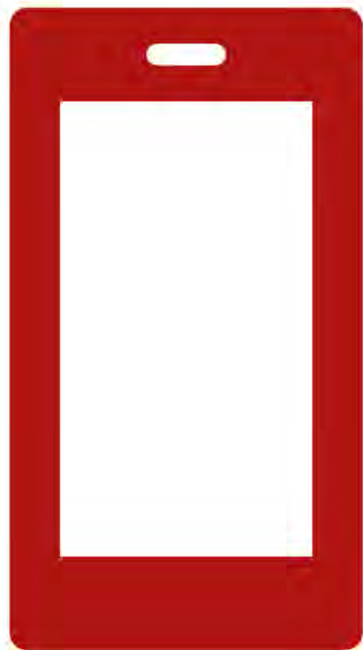
I have graduated at least 1 person
in the last 3 years about whom
I have concerns regarding their
ability to practice independently

52%

Every year, I advance
at least 1 resident about whom
I have concerns regarding their
ability to handle additional
responsibility

57%

(51% in 2011)



Poll Time!

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Work with the university

- ▶ The university is there to help you, you are not in this situation alone
- ▶ The university faculty is most likely used to seeing a greater variety of behaviors and have strategies to help manage those strategies
- ▶ Ultimately this is their student and the university is responsible for their grading and degree, so it is important to communicate with the university to keep them aware of the situation

Failing externship

- ▶ We find that preceptors often back down when we suggest that based on the student performance that the student should fail a semester of externship.
- ▶ As a university we do not take failing light, but in some cases it is necessary.
- ▶ We look at this a education- if the student has been given the opportunity to improve and can't, then they need more time to learn the concepts.
- ▶ These will be our future colleagues, is that the behavior you want your colleagues to possess

Failing externship

- ▶ It will delay graduation
- ▶ It should not be your responsibility to host the student for that extra semester unless you want to keep the student
 - ▶ The university should take the responsibility to find a place for the student to do the extra semester or longer
- ▶ This is hard on the student, which is why it isn't done lightly
 - ▶ Emotionally
 - ▶ Financially

Firing a student

- ▶ This is the most extreme step, but in some cases necessary
- ▶ If the student's behavior is so poor that you feel that their presence is a detriment to your practice and your patients, you may feel the need to fire the student.
- ▶ Communicate with the university
 - ▶ The university will have to immediately jump into action to help find the student a new placement and there will most likely be academic consequences to this
 - ▶ Giving the university information will help address the concerns so that the student can improve

Mary Mistake



Mary is working in a large ENT practice. The student has shown great interest in performing well, but there have been a few incidents.



The student also has anxiety issues which have been known to have an impact on clinical performance. The preceptors do not know of this history. (Johari hidden area)



Preceptors have been providing approximately 40% direct supervision.



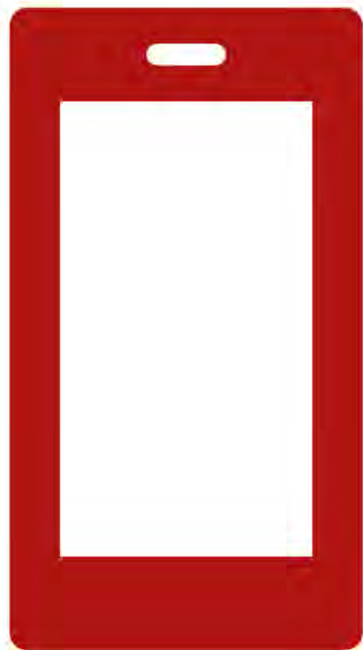
Over several months there have been cases with incorrect masking which has had significant consequences on ENT treatment and a bad ear impression on a child that needed one of physicians to remove it.



The ENTs do not trust the student's work and the preceptors now have to supervisor the student 100% of the time due to fear of mistakes.



The preceptors like the student because the student shows interest, is pleasant, and overall works hard.



Poll Time!

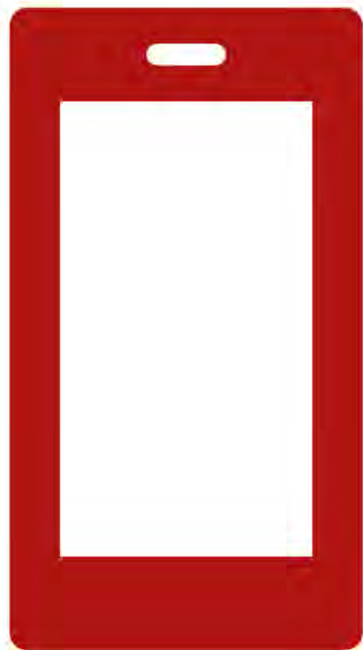
[MEET.PS/ADA2018](https://meet.ps/ada2018)

Mistake Mary Result

- ▶ The preceptors had provided information that suggested that Mary was not performing at a level consistent with where they felt the student should be performing.
- ▶ The preceptors scored Mary low on the semester evaluation.
- ▶ It was determined by the clinical director that Mary was not passing and failed 2nd semester of externship.
- ▶ The preceptors felt bad about Mary failing even though they felt she was not on par for performance.
- ▶ Mary spent the extra semester another clinical experience to fulfill the externship requirements.

Policeman Patty

- ▶ Patty has questions about the way the preceptor is coding certain appointments. Patty feels that the preceptor is billing inappropriately. The preceptor briefly explains the rationale to her.
- ▶ She is not satisfied by the explanation goes to the office manager a couple weeks later. The office manager brushes Patty aside explaining they are doing things properly.
- ▶ Patty then makes a comment that the billing seems fraudulent and they may report the clinic. She also makes a comment that it is fraudulent that the preceptor is not 100% supervising during all Medicare appointments.



Poll Time!

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Policeman Patty Result



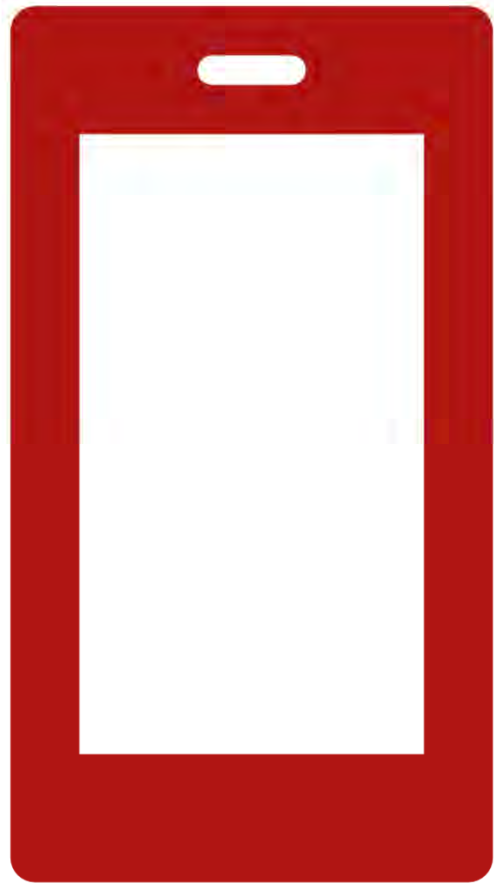
- ▶ These comments made the preceptors and office manager very uncomfortable
- ▶ The preceptor called and only provided minor details of the events.
- ▶ But overall the comments made the site so uncomfortable, they fired Patty from the externship site.

- ▶ As a program, we failed her for the semester for being fired. We worked to find Patty a clinical site that would provide 100% supervision for all patients.



Inexperienced Ivan

- ▶ Ivan presented very well during his externship interview. He had completed one of his early 3rd year internships with one of your coworkers, and they liked him a lot. He seemed like a good fit.
- ▶ Now in externship, he's struggling. He works hard, but is not a self-starter. Moreover, he lacks professionalism and seems immature when speaking with patients, making goofy jokes during appointments. Clinically, his skills are not progressing as you would expect for his level; he struggles with problem solving as well as seeing the "big picture" with patients.
- ▶ The site put Ivan on a performance plan, but it is not helping.



Poll Time!

[MEET.PS/ADA2018](https://meet.ps/ADA2018)

Inexperienced Ivan- Results

Do not hesitate to share
your concerns with us!

You are not failing him, you
are providing feedback as
to his current clinical skills

- The university provides the grade

An additional semester of
externship will give Ivan
the time he needs to
mature and develop his
clinical skills

If Ivan needs more time,
we will support you and
back up your concerns –
You are the expert!

Conclusion

- ▶ Precepting in most cases are mutually beneficial and the value to your practice is tangible. Even in cases where problems exist, most times the outcome can be positive if various techniques or concepts can be applied.
- ▶ In the rare case when a mutual solution cannot be accomplished, do not let it dissuade you from taking other students from that university or from taking other students in the future.
- ▶ Precepting externs can be professionally satisfying and financially rewarding.



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