



*Continuing Surgical Education Committee*  
**Model for a  
PRECEPTOR PROGRAM  
for New Surgical Procedures**

### **Goals of the Program**

Recognizing the obstacles for practicing physicians to developing new surgical techniques, 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 leads to 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 including maximizing patient safety. Towards this end, the Continuing Surgical Education Committee proposes the Preceptor Program for assisting faculty members pursuing privileges in new surgical techniques.

### **Scope of Program**

The Preceptor Program should be available to all members of the faculty of the UBC Department of Obstetrics & Gynaecology. Recognizing that the faculty is distributed over multiple hospital sites, each site will create a Preceptor Program that will address the needs of the faculty members at that site. These institutional Preceptor Programs will share many common elements, including preceptors. In fact, the goal of this document is to establish a framework on which to base 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 Preceptor Program is desirable. Such a program should 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 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 PRECEPTORSHIP PROGRAM as set out by the UBC Department of OBGYN (i.e. stipends, billings, preop patient assessments, etc.)

### Rewarding Preceptors

It is recognized that the preceptor will be spending additional operative time during preceptor cases, as well as preoperative and postoperative time providing teaching and feedback to the learner. The traditional responsibility to teach one's colleagues, dating back to Hippocrates, is a fundamental of medicine that justifies the time academic physicians dedicate to teaching medical students, residents, and fellows. From a philosophical standpoint, this inherent responsibility should apply to colleagues entering the preceptor program too. At the same time, pragmatism demands that the department make participation in the preceptor program sufficiently attractive to develop adequate preceptors. Towards this end, there should be some benefit to participating.

Rewarding department members for participation should focus on academic notoriety, but also provide some financial remuneration. Towards the first goal, participation in the Preceptor Program should be recognized as academic service to the department that counts toward expected academic 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. The preceptor surgeon will also benefit from additional surgical time, outside their usual RAM allocation.

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 Preceptor 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 **Proposed Model for Credentialing New Surgical Procedures** as well as the **Proposed Model for a Preceptor Program** have been submitted to the *Canadian Medical Protective Association* for guidance on medico-legal issues associated with this program. The initial review by a Senior Medical Officer was positive, with minor recommended changes that were addressed. The documents have been forwarded to the General Counsel for further evaluation, which is pending.

### **Process**

An individual surgeon who wishes to pursue further training in a surgical technique through the Preceptor Program initiates this process by notifying the Site Head of their intention. This should be done through submission of a written form that specifies the surgical technique, documents prior knowledge of related anatomy and pathophysiology of the surgical disorder for which the surgical technique is used, and provides evidence of adequate clinical volume of the surgical disorder to permit maintenance of surgical skills. (Appendix 1) Prior knowledge of the surgical disorder could be demonstrated through documented participation in CME courses, fellowship training, or independent study. This requirement specifically applies to procedures with new devices, anatomical approaches, or procedures. It is assumed that gynecologic procedures previously done by laparotomy will not require formal didactic training in anatomy and pathophysiology in order to perform the same technique from a laparoscopic approach. It may however require knowledge of specific surgical equipment not previously used. With respect to clinical volume, the learner should have enough patients with the surgical disorder to produce a minimum of 6 cases per year of patients with the surgical disorder to be treated by the new surgical technique.

After approving the learner's request to join the Preceptor Program, the Site head should provide the 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.

The learner should notify the Preceptor of their desire to acquire further training in a specific surgical technique and their intent to schedule patients with them through the Preceptor Program. 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 with a



preceptor about the reality of their expectations and any prerequisites 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 through the Preceptor Program to enhance their skills. They need to understand that their learner 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 provide the preceptor with a full history and physical documenting the patient's case, including indications, for surgery, prior interventions, and comorbidities in a timely fashion. They should also send a copy of the OR posting form, and the preceptor should insure 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 dedicated OR time for the Preceptor Program, or 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 feedback to the learner based on Objective Structured Assessment Technical Skills (OSATS) criteria and suggest a curriculum for improvement of skills when indicated. (Appendix 2)

Final determination of the learner's ability to do procedures independently and safely is the preceptor's responsibility. Different learners will develop independent skills for a given surgical technique at different paces. Therefore, the number of cases that need to be performed in the preceptor program will vary by learner and surgical technique.

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 with results that will meet the standard of care, they should notify the Site Head of this in writing. (Appendix 3) The Learner Surgeon should maintain a log of cases that includes perioperative complications for two years thereafter, and present this to the site head at annual reviews.

## **Documentation**

APPENDIX 1: Learner request

APPENDIX 2: OSATs

APPENDIX 3: Preceptor attestation of competence

APPENDIX 4: Learner log of cases/complications



**Request for Participation in the Preceptor Program**  
**for**  
**Continuing Surgical Education**

Date: \_\_\_\_\_

Name of Learner Surgeon: \_\_\_\_\_

Primary Surgical Site: \_\_\_\_\_

Procedure for which you are seeking mentorship:

\_\_\_\_\_

Prior Knowledge Base:

Have you taken prior CME courses taken related to this procedure? (provide list or summary):

\_\_\_\_\_

\_\_\_\_\_

Have you received other training pertinent to this procedure? (fellowship, externship):

\_\_\_\_\_

\_\_\_\_\_

Do you presently perform a similar procedure? (briefly describe the scope of your practice with this procedure):

\_\_\_\_\_

\_\_\_\_\_

How many patients do you see annually who will benefit from this procedure? \_\_\_\_\_

Submit the completed form to your Site Head



**GLOBAL RATING SCALE OF OPERATIVE PERFORMANCE**

Please circle the number corresponding to the candidate's performance in each category, **irrespective of training level.**

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**Respect for Tissue:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Frequently used unnecessary force on tissue or caused damage by inappropriate use of instruments		Careful handling of tissue but occasionally caused inadvertent damage		Consistently handled tissues appropriately with minimal damage

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**Time and Motion:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Many unnecessary moves		Efficient time/motion but some unnecessary moves		Clear economy of movement and maximum efficiency

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**Instrument Handling:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Repeatedly makes tentative or awkward moves with instruments by inappropriate use of instruments		Competent use of instruments but occasionally appeared stiff or awkward		Fluid moves with instruments and no awkwardness

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**Knowledge of Instrument:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Frequently asked for wrong instrument or used inappropriate instrument		Knew names of most instruments and used appropriate instrument		Obviously familiar with the instruments and their names

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**Flow of Operation:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Frequently stopped operating and seemed unsure of next move		Demonstrated some forward planning with reasonable progression of procedure		Obviously planned course of operation with effortless flow from one move to the next

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Date

Dr.  
Site Head

Re. Credentials for Dr. <Learner>

Dear Dr.

I have been a preceptor for Dr. <Learner>, who has been seeking new surgical skills in <procedure>. I most recently operated with Dr. <Learner> on <Date>, at which point he/she demonstrated adequate proficiency with this procedure, as based on the Objective Structured Assessment of Technical Skills, to perform this procedure independently.

Sincerely,

Dr. <Preceptor>

