

Advancing Professional Responsibility for Residents: Preceptor Perspectives



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PRESENTER DISCLOSURE

Presenter: Dr. Joanne Baergen

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 **Any direct financial relationships, including receipt of honoraria:**

None

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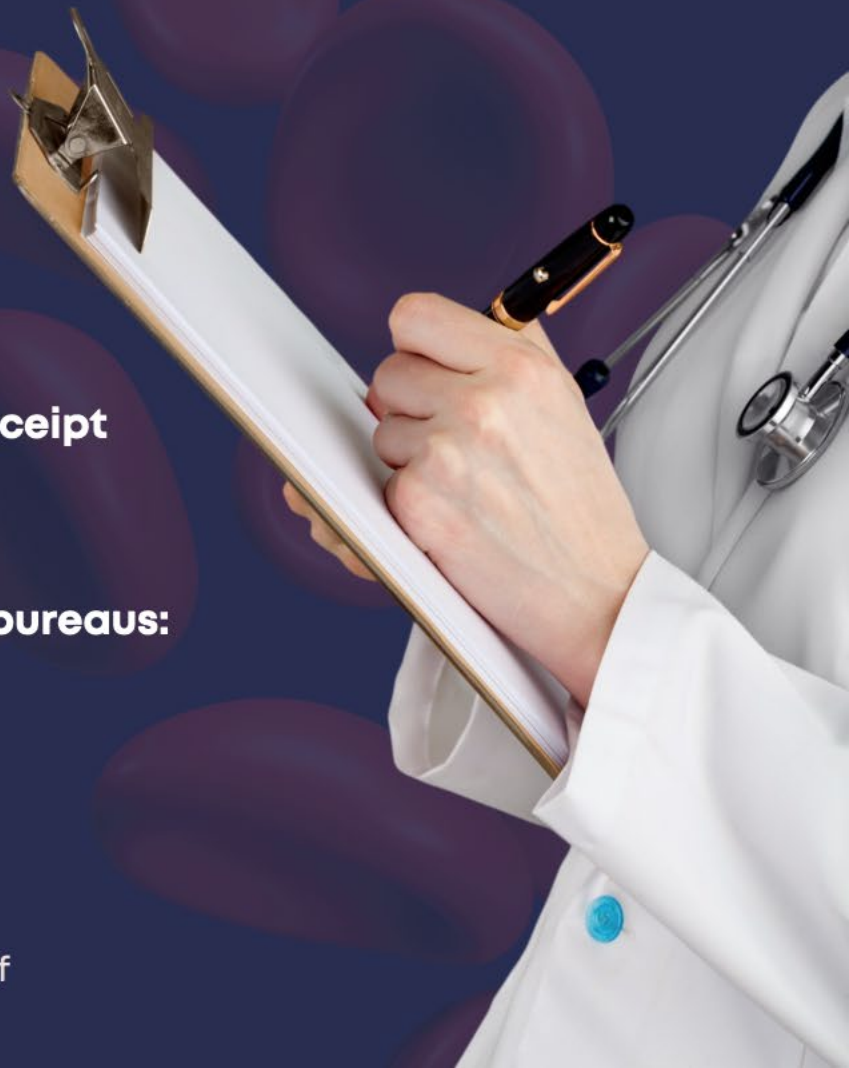
None

 **Patents for drugs or devices:**

None

 **Other:**

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DISCLOSURE OF FINANCIAL SUPPORT



This program has not received any external financial support or in-kind support.

Objectives

At the conclusion of this activity, participants will be able to:

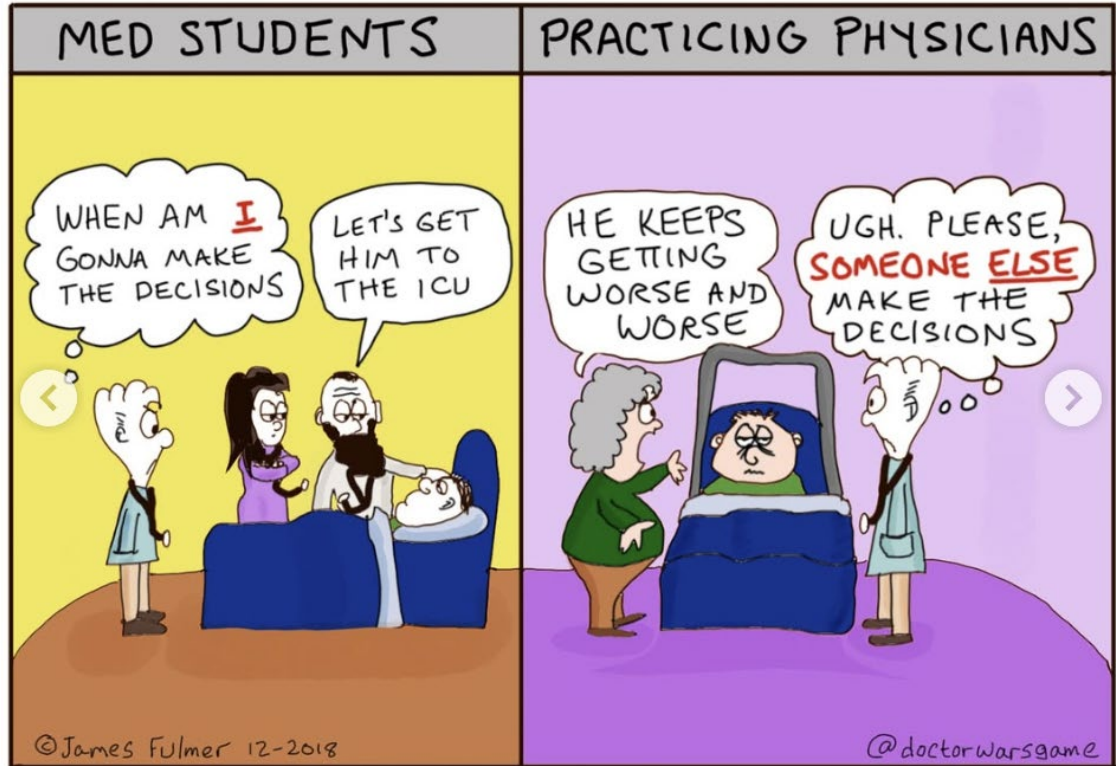
1. Compare the differences between preceptor perspectives for the timing of competency versus allowed independence.
2. Assess factors identified by preceptors that contribute to the difference in timing of increased independence.
3. Examine possibilities for standardization of the timeline for increasing professional responsibilities in residency.

Introduction

The transition of Family Medicine residents to independent practice requires an intentional progression of increased professional responsibilities.

However, preceptor perspectives and typical practices in granting autonomy in clinical settings remain underexplored.

This study aims to examine the variability in preceptors' expectations of competency and their practices in allowing resident independence across various clinical tasks.



Methods

A survey was distributed to Family Medicine preceptors at the University of Alberta focusing on seven specific clinical tasks:

1. Reviewing and managing taskbox and labs
2. Write a referral request letter
3. See an uncomplicated patient
4. Perform a sensitive exam (eg. pap test)
5. See a half-day of patients
6. Perform a simple procedure
7. Handle clinic after hours on-call concerns

Preceptors were asked at what point in a resident's training would they be:

Competent to perform the task independently

Allowed to perform the task independently

When would you **expect** your resident to be **competent enough to independently** perform a clinical task?

And then

When do you **typically allow** a resident to **independently** perform a clinical task?

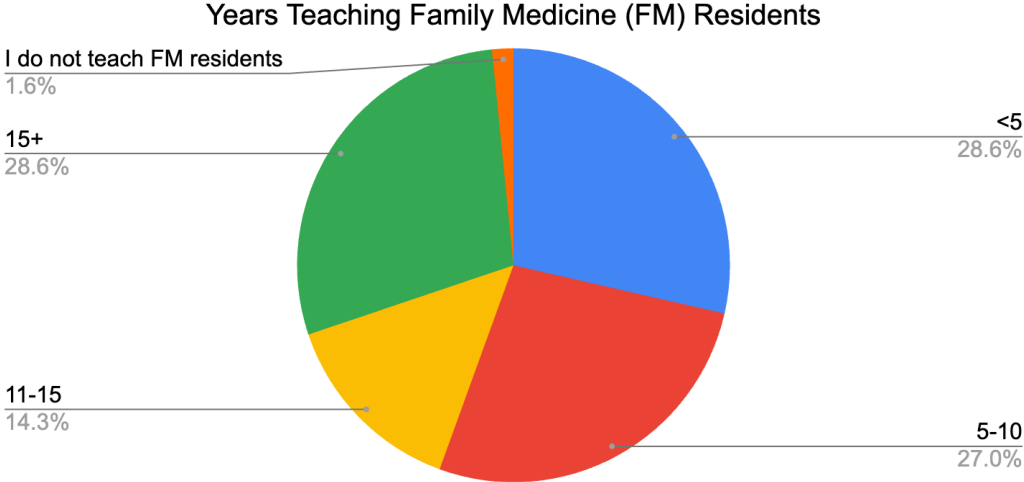
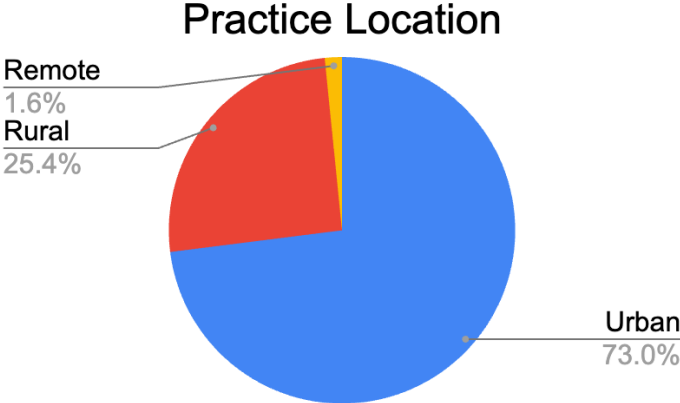


Why?

Preceptor factors / Resident factors / Patient factors / Logistics

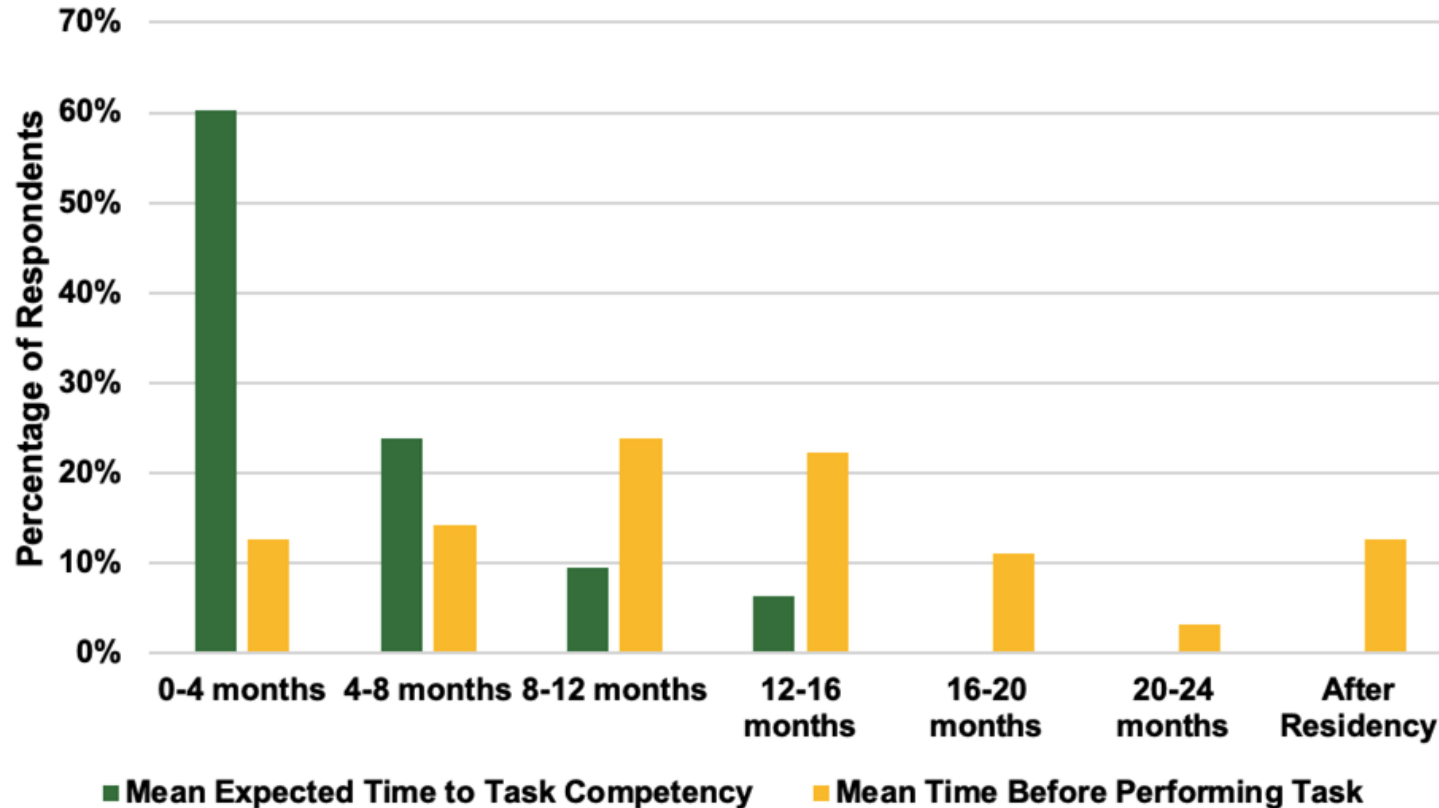
Results: Demographics

- 948 preceptors were contacted, 63 responded (6.6%)



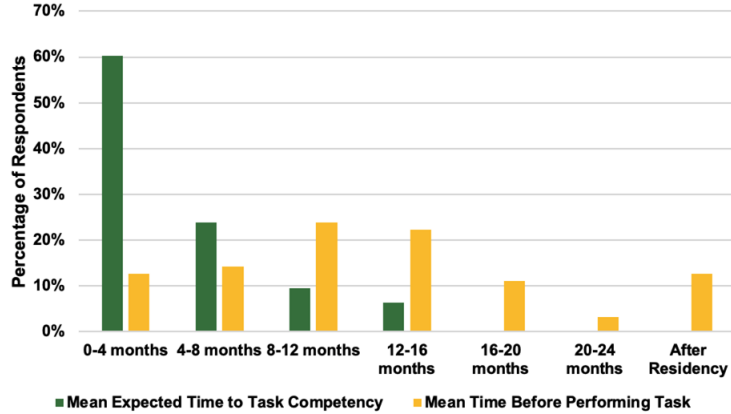
Specific Clinical Tasks

See an Uncomplicated Patient

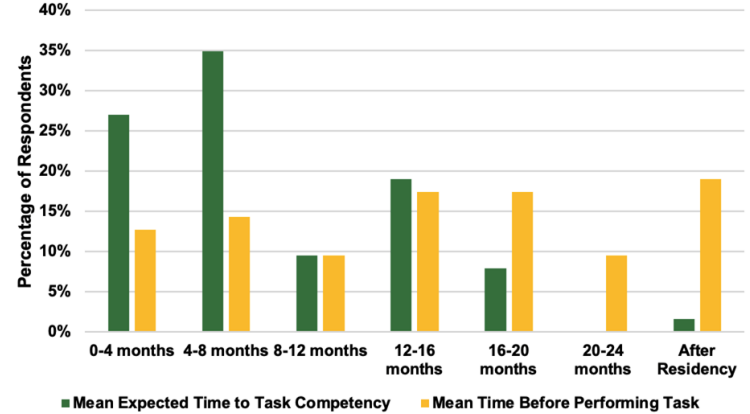


Specific Clinical Tasks

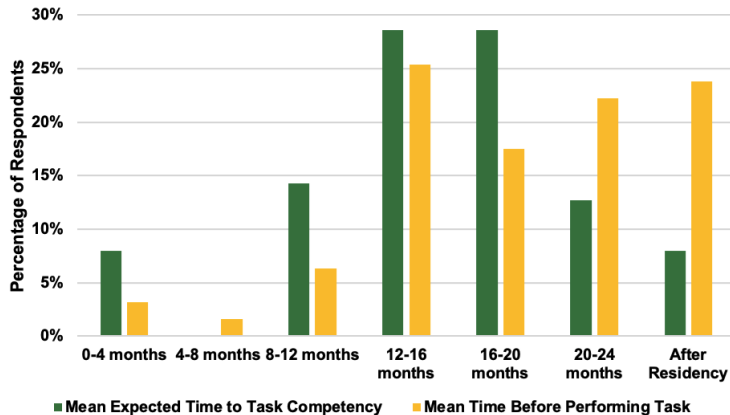
See an Uncomplicated Patient



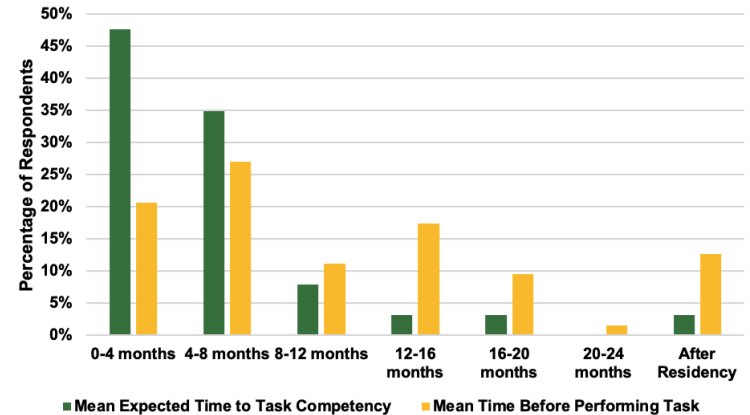
Perform a Simple Procedure



See a Full Half-Day of Patients

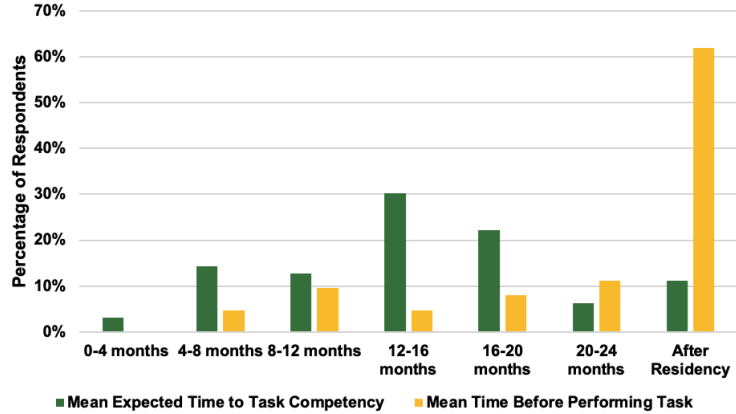


Perform a Sensitive Exam

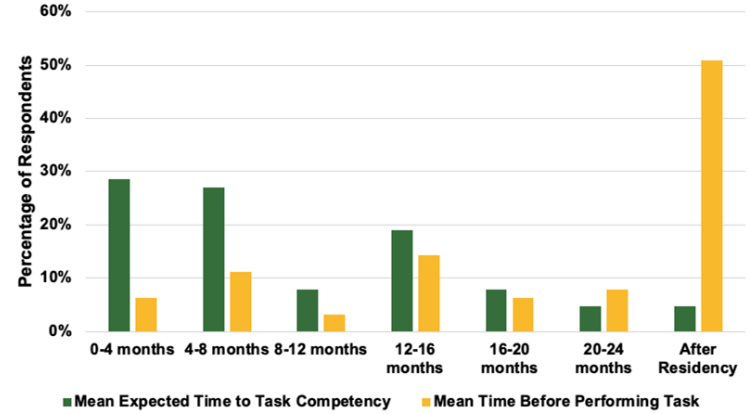


Specific Clinical Tasks

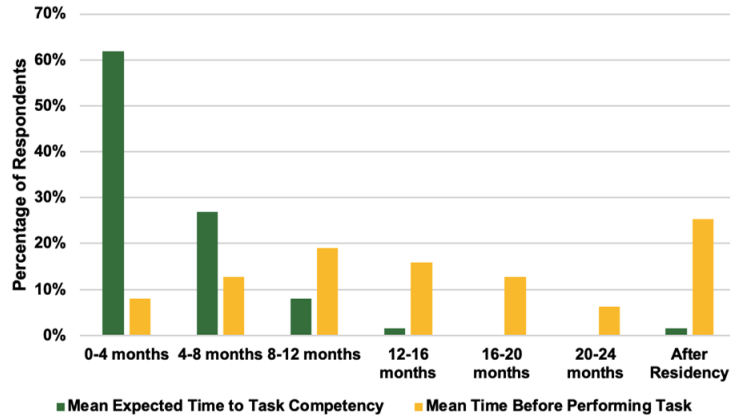
Independently Review & Manage Taskbox & Labs



Handle Clinic On-Call Concerns

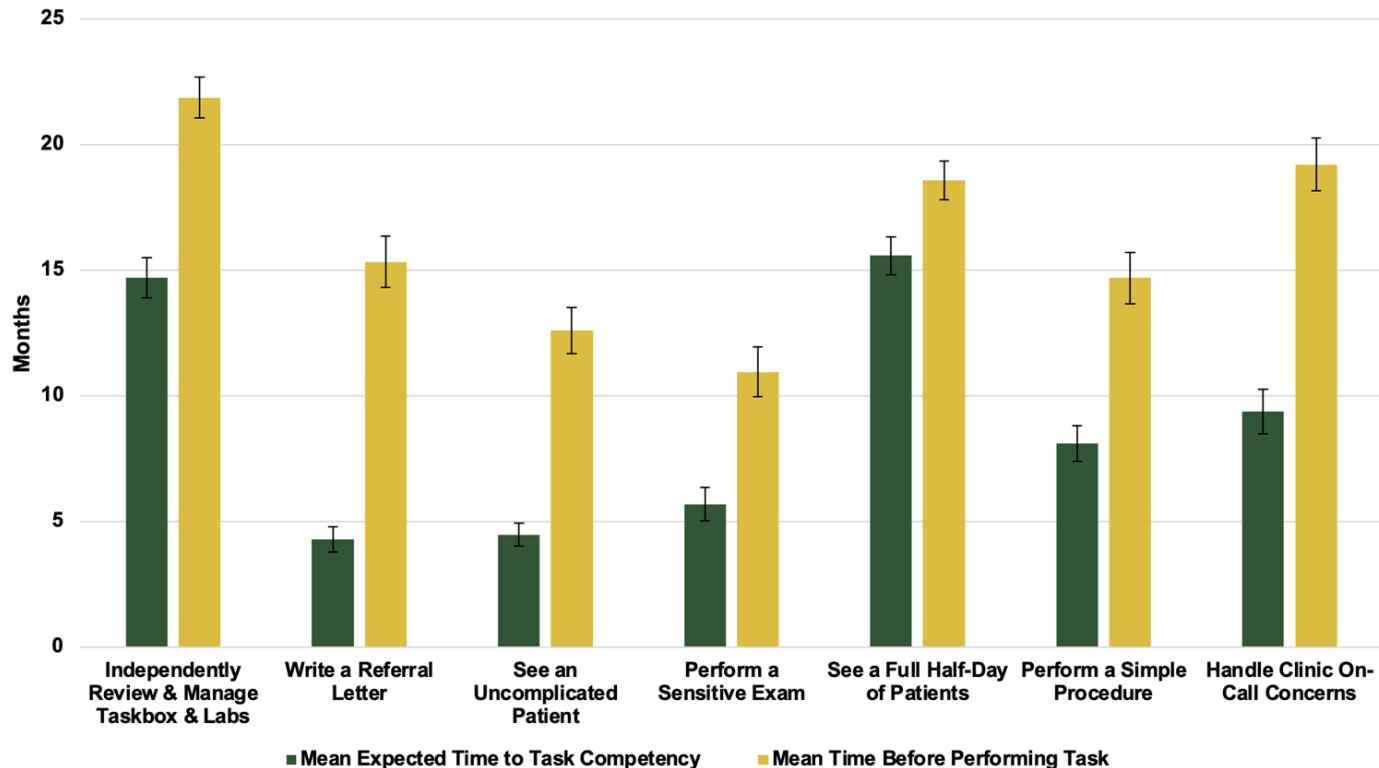


Write a Referral Letter



Resident Task Performance: Expectations vs Reality

Average Expected Time to Task Competency (months)	8.9
Average Time Before Performing Task (months)	16.2
Difference (months)	7.3

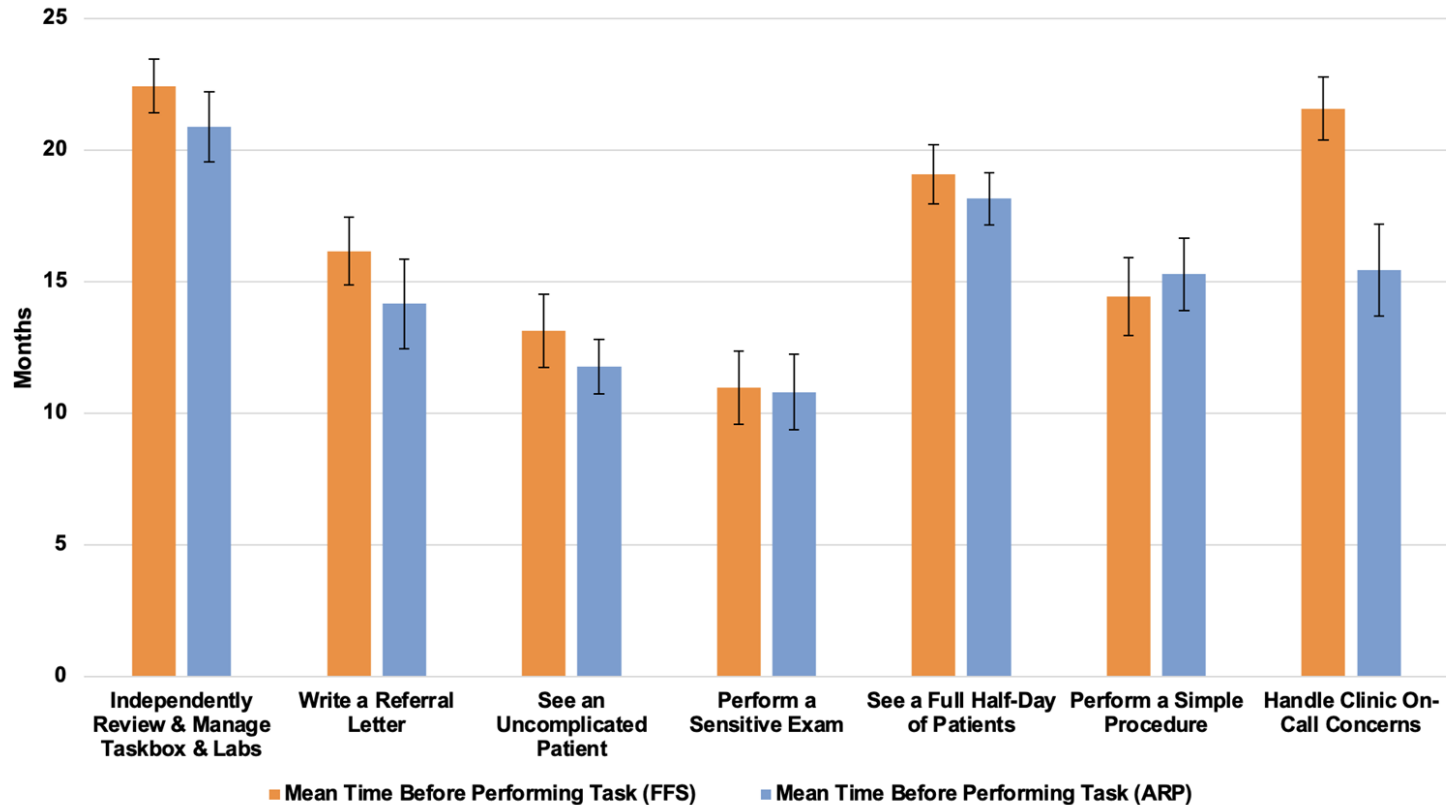


Factors Cited for Answering “Never Allow”

	Manage Taskbox	Write referral letter	See an uncomplicated patient	Perform a sensitive exam	See a half day of patients	Perform a simple procedure	Handle on-call concerns
Logistical factors	67	29	31	46	53	53	67
Preceptor factors	32	57	15	0	35	35	16
Resident factors	18	33	23	46	18	24	5
Patient factors	7	5	15	9	24	18	9
Other	37	24	54	27	47	47	29

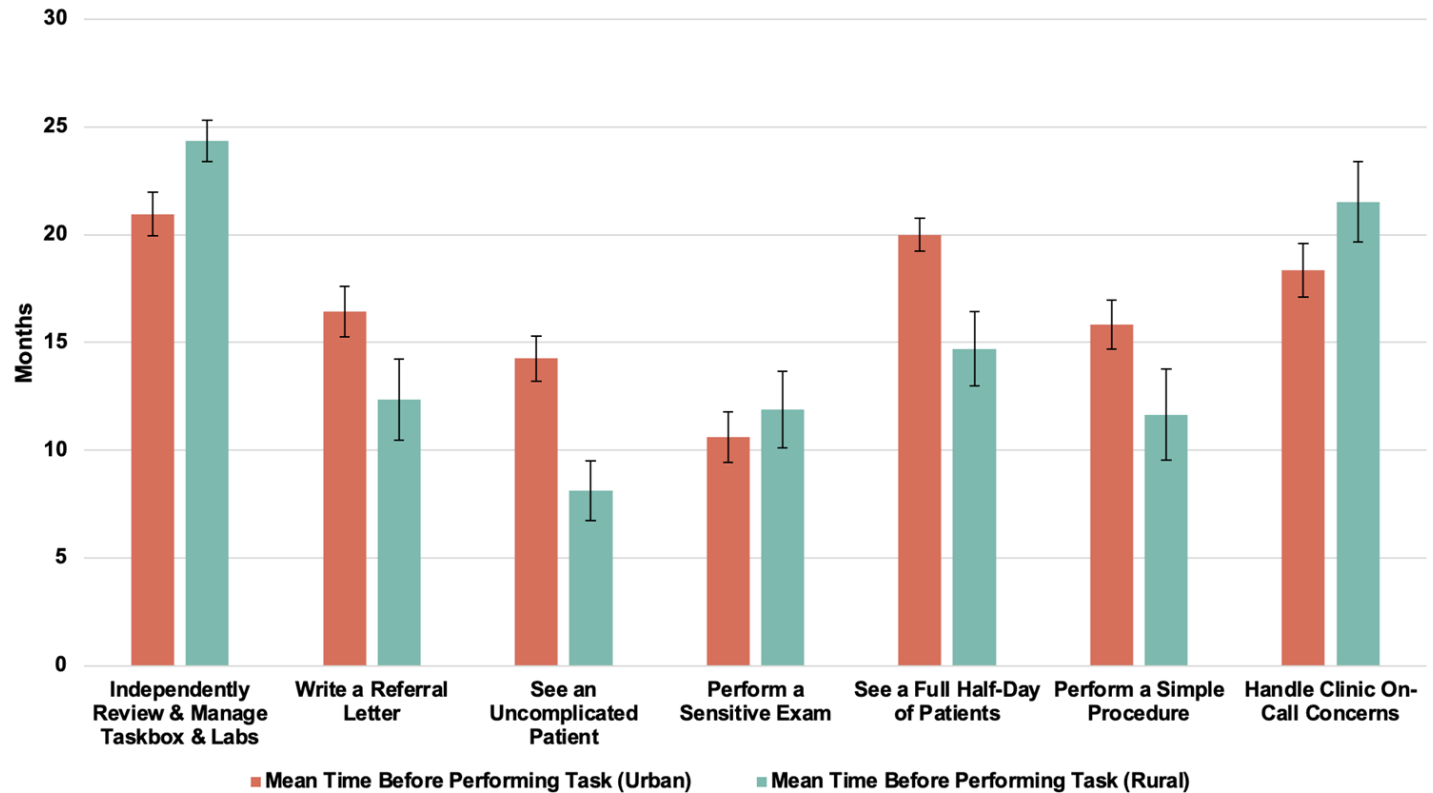
Comparisons: Compensation Model

Average Time Before Performing Task (FFS) (months)	16.8
Average Time Before Performing Task (ARP) (months)	15.2
Difference (months)	1.6



Comparisons: Urban vs. Rural

Average Time Before Performing Task (urban) (months)	16.6
Average Time Before Performing Task (rural) (months)	14.9
Difference (months)	1.7



Conclusions

- This study reveals variability in preceptors' practices regarding granting autonomy to Family Medicine residents, but nearly universally the allowance of independence in clinical tasks occurs later than the time of expected competence.
- Several factors contribute to this delay, some of which may be ameliorated with faculty development and clearer guidelines.
- These findings underscore the need for guidance on appropriate timeframes for increasing professional responsibilities, which could enhance training consistency, and better prepare residents for independent practice.

Next Steps

- Gather resident resident (R2) perspectives
 - When did you feel you were competent to independently _____ ?
 - When were you actually allowed to independently _____ ?
- Compare resident perspectives to preceptor perspectives

THANK YOU!

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