

Appendix C

Interview Guide – Health Care Administrators

Introduction: Thank you for taking the time to speak with us today. As you know, we have received a grant to increase the number of primary care physicians working in tribal, rural, and underserved areas. One aim is to increase the number of student placements, or medical clerkships, in these areas. We want this program to be a win/win-win for students, clinics, and the University. Today, we would like to talk about how to make medical clerkships a win for your clinic. Anything you share with us is confidential. We may use the information in reports or publications, but it will be de-identified. We would like to record the discussion so we can focus on our conversation. Is that ok?

Opening Q: When people from your organization talk about medical clerkships, what do they do generally say? How does this fit within your organizational vision?

1. Is your facility accepting students now?

- i. What type of health professional students [degree, grade, e.g. 3 or 4th) level? Institutions?
- ii. Have you accepted any students from the University in the last couple of years?
- iii. How has that experience been for you? What works? What doesn't?

2. Theme: Interest of the system/Benefits to the system

- a. From your perspective, what are the benefits to accepting medical clerkships or student rotations?
 - i. [Probes]
 1. Recruitment strategy
 - a. How do you recruit now?
 - b. Reduce the cost of other means of recruitment?

2. Social capital [recognition in the community, within the local or state health care system, within the University]
3. Legitimize
 - a. [affiliation with the University confers status or credibility]
 - b. Clinic part of an active learning environment
- b. What are your concerns about serving as a site for medical clerkships? [Family medicine]
 - i. [Probes]
 1. Medical malpractice
 2. HIPPA
 3. Clinic productivity, patient satisfaction, physical space, physician/mid-level ratio (mid-level model)
 4. JACHO Accreditation

3. Theme: Legal Risk

- a. You mentioned that you are concerned about malpractice risk? Or what is your level of trust or confidence of medical students working in your clinical setting? How much risk do you perceive? Has there been a student-involved incident? [The students are covered with their own malpractice insurance]. Does hosting students impact your malpractice cost? [Health centers and tribal clinics are covered by FTCA).
- b. Repeat with HIPAA.
 - i. Sharing electronic access to health records.
 1. How to manage this now with students who are [either how should it be handle or how you are managing this now for student clerkships]
- c. Are there other legal risks that we should be aware of?
- d. What needs to happen for you to feel more comfortable with these risks?
 - i. Malpractice coverage
 - ii. What is the advice of your legal counsel? [level of risk; mitigation strategies; intending to find out if they have a legal assessment of the risks]

4. Theme: Paperwork (brief)

- a. Have you been part of the onboarding process for your clinic to serve as a precepting site for the University?
 - i. Other universities?
- b. What were the main steps? What part works well or seems important? What is missing? How should this process work?
- c. Who is the best person in your system to handle onboarding of preceptors? How would we identify this person?

5. Paperwork: Extended [Personal data form, Confidentiality Agreement Volunteer, Policy Acknowledgement, Letter of Agreement, Practice Profile, Affiliation Agreement]

- a. We sent you a few documents when we scheduled this zoom conference. Have you had a chance to review them?
- b. May we begin with the affiliation agreement?
 - i. Do any of the terms of this agreement present any special concerns for you?
 - ii. What should be in the agreement that is missing?
 - iii. What seems unnecessary?
 1. [add here in additional form] Discuss policy agreement form with above questions.
- c. Discuss LOA form with similar questions.
 - i. [Present flowchart of how information is processed] This is an example of how these documents being processed. How could it happen?
 - a. Do you believe this level of involvement is appropriate for your physicians and administrative staff? [Probe] How is this a barrier for your health system?
 - b. How can we troubleshoot this?

6. Theme: Student Logistics

- a. There are few areas where we would need to collaborate as institutions to coordinate student placements, such as student housing, EHR access, student arrival, learning objectives, etc.
 - i. How would this process work best for a clinic site?

- b. Immersion Experience: Are you familiar with programs that place medical students in health systems for experiential learning experiences?
 - i. What do you think are the benefits of those types of programs? What would be the concerns of sponsoring health system students?
 - ii. As you think about these types of programs, on a scale of 1 to 7, with 1 being the worst and 7 the best, how would you assess your health systems' interest in hosting medical students?
- c. What factors influenced that rating?
 - i. [Probes]: recruitment, EHR, productivity or financial drag, medical malpractice, or HIPAA risk; value as a recruitment tool.
 - ii. How could these concerns be addressed?

7. Theme: Provider and Site Recruitment

- a. How can we best recruit providers to serve as preceptors?
 - i. Probe: Recruit within their institution [ambassador or champion]
- b. What are your thoughts about recruiting institutions to serve as a site to increase the interest in accepting medical students (3rd year and 4th year)?
 - i. What do key decision makers need to see and hear to be on board? What gives them pause? Whose approval needs to be obtained to make this decision?
- c. Whose approval needs to be obtained to make this decision? What do you think they need to see or hear to feel that it is worthwhile? What do you think they have seen or heard that gives them pause?
- d. Educator Hub:
 - i. [Select sites will be chosen to accept 5 to 7 students over the period of a year. Each student will have an “emersion” experience, meaning that they spend time in the clinic but also in the community. The intent is for them to fully experience the life of a physician working in an underserved area.]
 - ii. What are your thoughts about serving as a hub? Would this be something that would interest XXX?

8. Theme: Final question

- a. It is common knowledge that Oklahoma has an extreme health professional shortage, particularly for primary care physicians. As a professional community, how can we prepare our emerging professionals to work in rural and underserved communities? What is the role of health systems?
- b. What else would you like to share with me today? What did I not ask you that I should have asked you?
- c. Is there anyone else in your organization that we should speak with? Are there other clinics?