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Challenges for Hospital Leadership in Obtaining Urology and Otolaryngology Community Preceptors

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Donna Orsatti

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2022

Abstract

Challenges for Hospital Leadership in Obtaining Urology and Otolaryngology Community Preceptors

By

Donna Orsatti

MS, Walden University, 2017

B.A., Alvernia University, 2011

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

May 2022

Abstract

Healthcare organizations are becoming more complex and medical education is constantly evolving in response to healthcare needs. These changes have an impact on community preceptors that supervise and train medical residents. Physicians willing to engage in community-based precepting are decreasing, thereby making it difficult for students to complete medical specializations. The purpose of this qualitative study was to understand the challenges healthcare leaders face when attempting to secure practicums or residencies in urology and otolaryngology. This case study used the Baldrige Excellence Framework as a lens to understand the organization's functioning within the educational healthcare sector. In-depth, semi-structured interviews were conducted with three senior leaders responsible for securing residencies in urology and otolaryngology. The participants were in leadership roles at the organization and coordinated the educational training of the medical residents. The interviews along with archival organizational data were analyzed and thematically coded using qualitative data analysis software. The findings from the study indicated that preceptor recruitment can be more effective when presented to address health disparities and provide equal access to quality healthcare. Recommendations for healthcare leaders on how to improve procurement strategies and address the gap between the demand and supply for urology and otolaryngology residencies were discussed. The study also highlights how healthcare leaders can maintain established relationships with community preceptors in order to drive needed positive social change. Providing medical residents with specialized training in their local communities will benefit not only the medical resident, but individuals accessing community healthcare.

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Dedication

I dedicate my work to the people I choose to call family. Four people loved me throughout the good and the bad times. First, my dad (Fred Orsatti) endured more than a parent should and provided me with more opportunities than any child deserves. My sister from another mister, Beth Esposito my nearest and dearest friend for over 40 years. We've laughed, cried, and supported each other during the best and worst moments of our lives.

On Friday, August 13th, 1999, my life was never the same. Most didn't understand our connection, and there were times I didn't deserve it, but you never gave up on me. Joseph Nolan Kehner (Jo-Jo) (4/13/1971-6/22/2019) was a constant presence in my life. Twenty years of tears, laughs, and a genuine love few are lucky enough to find. Finally, and most importantly is my son, Julian Orsatti. Julian is the love of my life and the reason I reach for the stars. Giving up is never an option because his eyes are always watching me. Without all of you, none of this would have been possible.

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There are numerous other people I would like to acknowledge, but there are way too many to mention. I cannot forget my friend of 30 years (Gina Marie Moore). Our friendship left me with so many funny and crazy memories. Others would have run far and fast from me, but you didn't. In short, my significant supports are the people who paved the way before and showed me a better way of life. And to my significant other (Tom Humphreys), who has done so much to help me achieve this milestone. His commitment to my son and I were vital to my academic successes. Each person played a significant part in my accomplishments.

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Section 1a: The Behavioral Health Organization

Introduction

Organization J is in the Midwestern United States and helps underprivileged people by treating over 25,000 patients every year and conducting children's wellness official visits during the year (Organization J website, 2019). Since its inauguration in 1976, Organization J has been one of the significant family treatment programs in the region. Organization J is both community-focused and a single-sponsored placement plan, which has played a considerable role in its growth. The establishment gives the residents a 3-year personalized training program comprising eight main elective pathways: rural experience, hospitalist medication, emergency treatment, improved obstetrician (OB), counting operative OB, educational sports, geriatric treatment, and outpatient medicine. Organization J's mission is to train and arrange general practitioners to offer the entire continuum of family treatment. In the long run, Organization J targets graduate experienced, considerate, and conscientious physicians in the community.

Practice Problem

Though it is important to put academia into real-world experience (Finnerty et al., 2010), Organization J has faced challenges securing practicums or internships in health and other related areas. Community preceptors in the health sector serve as coaches or guides and give citizens chances to experience endurance and steadiness in a recurring setting (Christner et al., 2016). But problems with placement often originate from site mentors who are not fully committed to their responsibilities as mentors and assessors, fragile associations with staff, and insufficient agency assistance (Tam et al., 2018).

Additionally, to sustain official approval, health care institutions (e.g., Organization J) should meet program and institutional criteria delineated in the Accreditation Council for Graduate Medical Education (ACGME; Witteles & Verghese, 2016). Organization J utilizes innovative tactics to help people satisfy the program's necessities, such as using the Rural Health Innovation Collaborative (RHIC), Urology Collaborative Online Video Didactics, and virtual reality emulators (personal communication, 2019).

The problem highlighted in this qualitative case study is the issues that leaders of Organization J face in obtaining site location in the urology and otolaryngology programs. The growing number of people and rising tensions in community-based settings to complete essential payment standards further complicate the situation (Christner et al., 2016). The practice problem informed the formulation of the overarching question that guided this study: What are the challenges for Organization J's leadership in securing internship or practicums with community preceptors for urology and otolaryngology programs?

Purpose

This qualitative research was conducted to examine leadership's problems in obtaining internships or placements for learners at Organization J. The objective was to assist Organization J leaders in identifying strategies for increasing obtaining and securing settlement sites. This study's recommendations may increase the procurement of placement for internships or practicums in the community, as expanding and improving the organization's resident training program is needed. The study further focused on

providing recommendations for securing community preceptors despite difficulties experienced across diverse sectors. This was achieved by having key participants from the organization describe the current process and needs of community preceptors' procurement during individual interviews. Data collected provided suggestions for improving procurement strategies and maintaining established relations with community preceptors to sustain the internships or practicums programs.

Significance

Attaining community preceptors in graduate health education is important to the health population's future (Irby, 2011). Not only does it provide appropriate knowledge to the growing specialists, but it enables them to comprehend the problems of working with patients and understand how other experts manage real-life circumstances (Hudson et al., 2011). Obtaining internships or workshops in any health field is essential to the educational experience, helping learners apply their acquired knowledge to practice (Kelly et al., 2014). Organization J requires community preceptors for urology and otolaryngology to provide opportunities to work with professionals in those sectors. Assessing the necessities and strategies for internships or workshops in the organization may increase placement for internships or traineeships in the community.

Leadership in GME programs is also responsible for creating, supervising, and enhancing residency curricula (http://www.acgme.org). To sustain accreditation, an organization (e.g., Organization J) must meet program and institutional requirements outlined by the ACGME. Evaluating the challenges organizational leaders experience regarding internships or practicums can help determine more effective strategies to serve

them better. Some of the challenges leadership faces are concentrating on the organization they are running and fostering individual development within all organizational aspects (Jones et al., 2012). This study's outcomes may provide leadership strategies in obtaining and securing residencies for urology and otolaryngology programs. Leaders of graduate education who arrange practicums or site placements could use this study's outcomes to alter the education program structure, which would help achieve the organization's mission and vision.

Implications for positive social change include possible policy changes that could decrease barriers to procuring internships or practicums. Further, identifying and securing internships or apprenticeships in placements in urology and otolaryngology is currently a significant issue at Organization J. Leadership needs to find alternative ways to assist students in finding site placements to satisfy their curriculum requirements. Students' positive learning experiences can increase the likelihood of entering their respective fields with confidence and recommend their institution based on the support and assistance. Students may ultimately want to give back as they saw community preceptors do for them by taking students for internships or practicums, thus addressing the current problem.

Summary

Organization J provides a 3-year residency program for GME, but their leadership finds it challenging to secure community preceptors for urology and otolaryngology. Organization J places residents in various settings, although they concentrate on caring for populations underserved in rural areas. These settings include the sponsoring

institution's (SI's) main campus and off-site at several sites in the surrounding area. Leadership must explore difficulties community-preceptors experience in accepting residents to develop and implement strategies that engage community preceptors, particularly in urology and otolaryngology. Finding site placements is challenging enough, yet program leadership must also adhere to other regulations to keep the institution operating. The GME programs must be accredited by the ACGME. GME programs and SIs must also abide by specific occupational health and safety measures.

Section 1b presents a detailed description of Organization J. It covers the organizational and workforce profiles and Organization J's vision and mission. A description of Organization J's core competencies, background, and fiscal resource planning completes Organization J's organizational profile.

Section 1b: Organizational Profile

Organizational Profile and Key Factors

Organization Description

The organization's foundational functions, daily processes, and procedures are provided on its profile. Organization J is an educational-based program providing education, training, and mentoring to medical students (Organization J, website, 2019). The program's goal is to produce the next generation of competent and efficient physicians. Organization J utilizes various facilities and community physicians to help residents implement skills taught throughout the program.

In 2019, Organization J's website listed it as a not-for-profit teaching hospital established in 1976 (Organization J, website, 2019). Organization J is part of a more

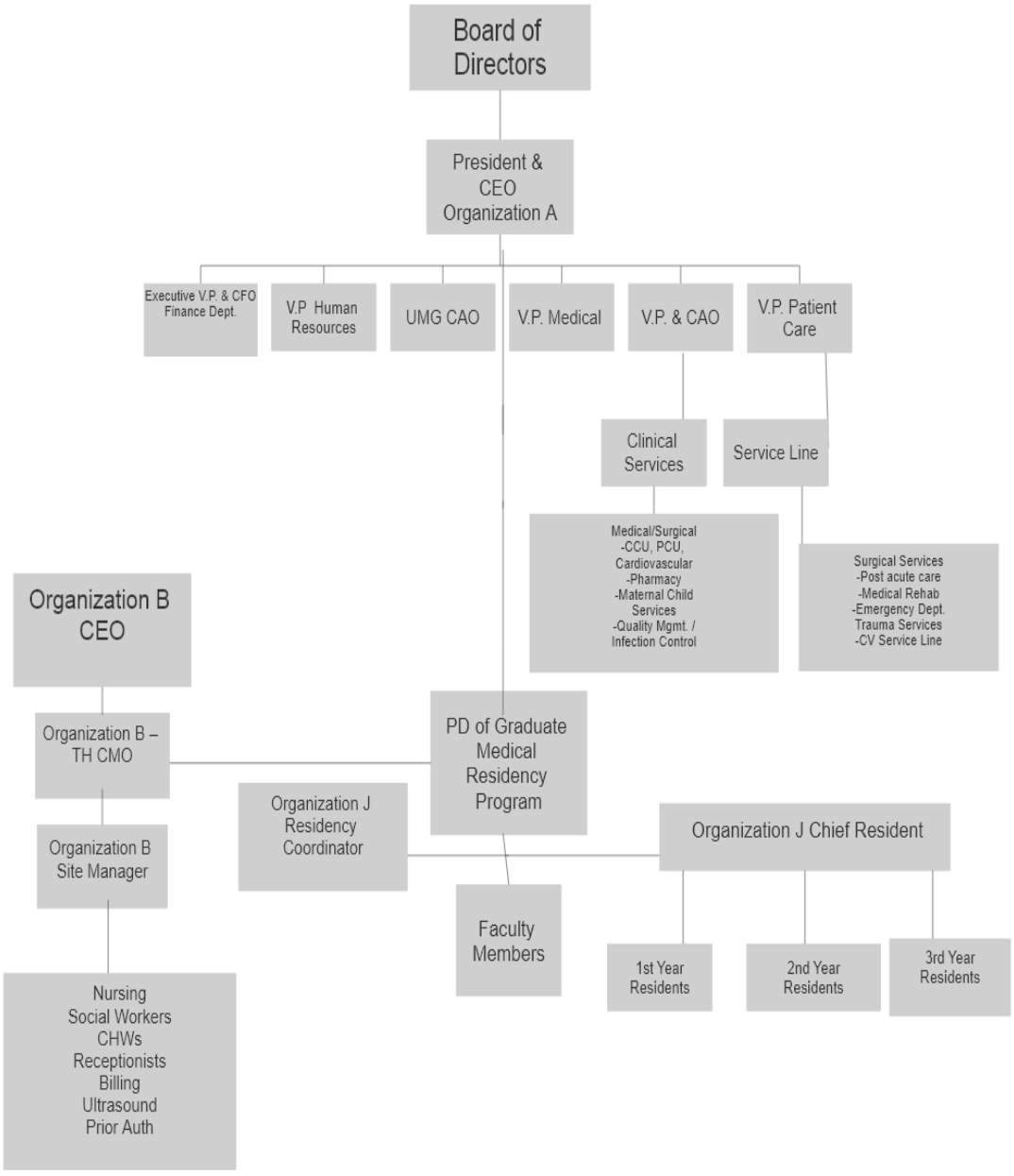
extensive health care system, which assists the organization in training opportunities for students. Organization J runs a family medicine program throughout its region. Both the community-based and single sponsored residency programs contribute to the growth of Organization J. Meetings between Organization J's residents and family medicine residents around the globe offer residents an opportunity to compare their experiences and foster collegiality and fellowship at the highest level.

The 2019 Fact Sheet indicated that Organization J has many positive offerings to prospective applicants. According to its website, Organization J provides a comprehensive curriculum consisting of high-volume inpatient medicine experiences in various specialties, planned educational sessions, interpersonal education with behavioral health and PharmD providers, procedural instructions for multiple departments, and a substance abuse curriculum. There is a high faculty resident ratio, which allows residents to have more individualized interactions with instructors. Organization J thus offers residency students a chance to learn and apply their skills throughout the more extensive health system. Residents are provided with yearly resident retreats, signing bonuses, healthcare, laptop, monthly phone subsidy, free meals while on duty, educational specialists onsite, and opportunities for community engagement.

Organization J operates under Organization A's umbrella (see Figure 1). Organization A is an integrated health system, providing seamless care for the community. They use a single medical record, linking all sites underneath their umbrella. This linkage decreases unnecessary testing and saves valuable time by accessing the organizations' medical chart.

Figure 1

Organization Chart for Organization J



Workforce Profile

Organization J's website describes the education curriculum; they provide residents with a tailored 3-year training experience upon admission into the program. During their first year, residents meet their faculty advisor in developing a personalized training program suited to their specific needs. Organization J created eight major elective tracks: (a) hospitalist medicine, (b) emergency medicine, (c) advanced OB, including operative OB, (d) academic medicine, (e) sports medicine, (f) geriatric medicine, (g) outpatient medicine, and involvement in an (h) rural setting.

Organization A's website shows how Organization J directly connects to its more extensive health system as a 24,000 square foot modernized facility equipped with 28 exam rooms and two procedure rooms. Organization A, the SI for Organization J, is a not-for-profit health care system dedicated to delivering innovative, superior health care to the surrounding communities. Organization A has over 130 providers, more than 20 specialties, and sites situated throughout the region. Organization J utilizes these sites for residents to complete requirements to fulfill their program of study requirements satisfactorily.

Further, Organization B, a subsidiary of Organization A (see Figure 1), offers increased health care services for residents. Organization B provides primary care, behavioral health, dental, and consumer resource services (personal communication, 2019). Primary care treats acute and chronic illnesses and health maintenance, disease prevention, wellness education, and promotion.

Eligibility for Organization J's residency program must include a medical school transcript dean's letter, three letters of recommendation from family physicians, an individual statement, and scores from either United States Medical Licensing Examination (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX; personal communication, 2019). After Organization J receives the required paperwork, residents are scheduled for their interviews. Organization J gives preference to applicants who meet specific criteria. The preferred criteria consist of reading printed and cursive English, writing and publishing in English text, comprehending spoken English related to medical issues, speaking conversational English, and discussing medical topics (personal communication, 2019).

Organization J considers applicants who graduated from medical school within the last 2 years. Applicants scoring at least 208 or higher on USMLE Step 1 and higher than 222 on USMLE Step 2 and applicants scoring 450 or more on COMLEX Step 1and more than 480 on COMLEX Step 2 are admitted to the program (Organization J website, 2019). Additionally, Organization J gives preferential consideration for applicants who have no failures on the USMLE, COMLEX Steps 1 and 2, and no Certified Surgical Assistant exam failures (personal communication, EdCo, May 3, 2019).

Residency Training

Organization J offers a broad spectrum of education and training opportunities to residents on their journey to become health care professionals (personal communication, 2019). The program director (PD) developed a program, providing the tools and experiences needed for success. The curriculum development follows developing family

medicine trends, yet faculty are adaptable in permitting residents to personalize their training experience.

The residency training schedule is outlined on the 2019 residency program website. Organization J works on a monthly rotation timetable, with the first day of the rotation starting on the first of the month. During residents' first year, the core rotations consist of 4 months of inpatient medicine and 4 inpatient pediatrics months. Residents must complete 2 months in OB and 2 weeks in inpatient cardiology. Additionally, residents must complete 250 hours in emergency medicine and 45 hours on the night shift. Finally, residents must be in an outpatient continuity clinic at least one to two times weekly.

During their second year, residents must complete the following: 2 months of inpatient medicine, a 1-month rotation in inpatient pediatrics, general surgery, sports medicine, mental health, and OB residents must spend 2 weeks in the neonatal intensive care unit and complete 35 nights of the night shift. Residents will be in an outpatient continuity clinic 2–3 times every week.

Third-year residents must complete 1-month rotations in each of the following sectors: inpatient medicine, outpatient geriatrics, outpatient family medicine, outpatient gynecology, and orthopedics. Residents must complete 17-night shifts, 2 weeks in OB operating room upper level for a postgraduate year, and 2 months as an outpatient pediatric chief. Residents will serve as chief office residents for approximately 1-and-a-half months. Residents will be in an outpatient continuity clinic four times per week. Additionally, residents must complete 4-and-a-half months of electives. Organization J

has over 20 electives that students can utilize to fulfill their residency requirements. The required electives consist of 1 week in eye health and 2 weeks in urology, and ears, nose, and throat completion of other electives occur over an extended period. One hundred hours of community medicine, practice management, dermatology, and endocrinology must be completed within 3 years.

In terms of benefits for residents, the residency Life section of the organization's website indicated that parking is free while residents are active in the program. Additional benefits include a 403b retirement plan, uniform provision, and free meals when on duty. Residents receive complimentary membership for the fitness center, laptop computer, and extensive online tools selection. Residents can access medical libraries at both Organization J and Organization A. In the hospital library is a staff assistant available to help residents locate the information they need.

Further, the leadership of Organization J understands the importance of self-care and wellness, so throughout the year, residents can engage in any or all activities offered. Residents can attend picnics and assemblies provided at various times throughout the year. Annually, a retreat and "Your day of health" residents' wellness plan gives residents a half-day off to scheduled wellness visits every fall and spring. Residents have a lounge equipped with a kitchen, reclining sofas, and lockers. Also provided is a smart television and X-Box for entertainment purposes. Residents attend a monthly professional development group, resiliency training, and yearly education centered on resident wellness. Annually, Organization J residents complete screening for depression

and examine Imposter Phenomenon Scale scores. Organization J also promotes involvement in charitable and fitness events.

Mission, Vision, and Program Objectives

Organization A's (2019) website outlines its mission and vision under its umbrella, including Organization J. It describes how Organization J exists to educate and prepare physicians in family medicine. They accomplish this through individualized and interdisciplinary educational opportunities, the privilege of caring for patients in rural and under-served communities, and residents' engagement in quality improvement and patient safety initiatives, mainly related to disadvantaged populations. Organization J integrates evolving technology to enhance clinical skills, quality of care, and life-long learning, all while creating a high resident and faculty wellness level, as manifested by a high level of satisfaction from residents and faculty.

Organization J aims to be one of the premier family medicine residencies in the Midwest. Their 10 full-time faculty members are dedicated to teaching. They are passionate about developing and training family medicine physicians who not only practice high-quality medicine but are compassionate, highly respected leaders who are engaged in their medical communities. Residents become well-equipped to manage multiple patient populations while recognizing their communities' social determinants of health. The residency program's goal at Organization J is that residents will continue to maintain a steady 100% board pass rate. Organization J also aims to graduate compassionate, competent, and ethical clinicians' stewards of their community (see Figure 2).

Figure 2

Organization J's Vision, Mission, and Aims

Vision	Organization J aims to be one of the premier family medicine residencies in the Midwest.
Mission	Organization J exists to educate and prepare physicians to provide full-spectrum family medicine.
Program Aim 1	Educate residents in rural medicine principles, health care disparities, and population health, ensuring residents can care for underserved populations with complex medical issues.
Program Aim 2	Maintain a culture of wellness where resident and faculty support, camaraderie, and mentorship are a top priority
Program Aim 3	Engage residents in quality improvement and patient safety initiatives involving disadvantaged populations
Program Aim 4	Recruit quality residents to increase the number of primary care providers in the Wabash Valley
Program Aim 5	Maintain the American Board of Family Medicine certification exam pass rate for the program

Organizational Core Competencies

An organization's core competencies are distinctive contributions, characteristics, or delivery of services that distinguish them from other organizations (Burns et al., 2012). Core competencies help the organization get an edge over its competitors (National Institute of Standards and Technology, 2017). GME programs adhere to the core competencies outlined by ACGME (Baldrige Excellence Framework, 2017). GME

programs will be ineligible for federal funds unless they have ACGME accreditation (http://www.acgme.org).

ACGME outlined six core competencies that GME uses to assess training residents (http://www.acgme.org). Each competency encompasses various milestones residents must master at critical periods throughout the training process. The six core competencies include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Partnerships

According to Organization A's website, it is the SI for Organization J. This relationship is an integral component to help residents satisfy the requirements of their program. Organization J is dedicated to offering the essential resources, strong staff, and strong support from Organization A and community doctors. Because of a community and expansive collaboration, Organization B and Organization A united. Merging both organizations generated improvement and more accessibility to care and delivery of services for the community. Presently, Organization B partners with Organization J to provide coordinated care to Organization B's patients and to teach residents about the advantages of combined primary and behavioral health treatment in addition to experience working in a federal and qualified health center.

Organizational Background and Context

Organization J's mission is to educate and prepare physicians to provide full-spectrum family medicine (Organization J website, 2019). This organization aims for a

100% pass rate of the program's American Board of Family Medicine certification exam. To achieve this goal, Organization J reported having challenges obtaining placements for two specialties medicines within the community: urology and otolaryngology (personal communication, 2019).

Organization J employs 10 full-time faculty members, consisting of a PD, assistant PD, five other physicians, a behavioral health coordinator, a clinical pharmacist, and an education coordinator (Organization J website, 2019). According to ACGME, qualifications for a PD must include specialty expertise and a minimum of 3 years of documented educational or administrative experience or qualifications suitable to the review committee (http://www.acgme.org). PDs must also possess certification in their specialty, with a preference of certification by the American Board of Family Medicine and the American Osteopathic Board of Family Physicians are ideal. Additionally, the PD must maintain a current medical license, continued clinical activities, and suitable medical staff appointments.

Physician faculty specializing in specific areas must possess current certification in their specialty by a member of the American Board of Medical Specialties or qualifications permitted by the review committee (http://www.acgme.org.). All family medicine faculty members must sustain clinical skills by providing direct clinical care. Some physicians must admit privileges to the hospital where family medicine patients stay. The PD must approve non-physician faculty participating in GME programs. Job descriptions of all Organization J employees are outlined further in their respective job descriptions and policy and procedures.

Definition of Terms

American Board of Family Medicine: American Board of Family Medicine is a non-profit, independent medical association of American physicians who practice family medicine and its sub-specialties.

American Board of Medical Specialties: A non-profit organization representing 24 broad areas of specialty medicine. It is the largest physician-led specialty certification organization in the United States.

American Osteopathic Board of Family Physicians: An organization that provides board certification to qualified osteopathic physicians who specialize in delivering comprehensive primary care for patients of all ages, genders and addressing all parts of the body.

The Canadian Psychological Association: The primary organization representing psychologists in Canada.

COMLEX-USA: These examinations are administered only in the English language in a standardized, time-measured environment to assess the candidate's ability to fluently interpret, process, and apply clinical knowledge and skills.

Exposure control plan: The framework for compliance where the employer creates a written plan to protect their workers from bloodborne pathogens.

Family medicine: The most versatile of all physician specialties, providing comprehensive medical care to patients irrespective of gender and age. Family physicians

are just as diverse as their patients. Family physicians deliver care in a variety of settings, including office practice.

Neonatal intensive care unit: An intensive care unit specializing in ill or premature newborn infants' care.

Occupational Safety and Health Administration (OSHA): An agency of the U.S. Department of Labor. OSHA began to ensure safe and healthful working conditions for men and women by setting and enforcing standards. OSHA also offers training, education, outreach, and assistance.

Rural Health Innovation Collaborative (RHIC): Prepares the next generation of confident and competent health professionals.

United States Medical Licensing Examination (USMLE): A three-step examination for medical licensure in the United States.

Regulatory Requirements

Residency programs accredited by the ACGME must operate under the SI's ultimate authority and management (http://www.acgme.org). Supervision of resident assignments and the quality of the SI's educational and working milieus extends to every participating location. Ultimately, the PD is accountable for the residency program. PDs develop and manage the program in a manner consistent with community needs, the SI's mission, and the program's mission. The PD can approve faculty for participation in teaching at all sites (http://www.acgme.org). The PD must have the responsibility, authorization, and accountability for the program's following areas: administration and

operations, education and academic activities, resident recruitment and acceptance, assessment, and promotion. Additionally, the PD is responsible for residents' supervision, corrective actions, and resident training related to patient care. The PD ensures the residency program complies with the SI's policies and procedures on grievances and due process, hiring, and non-discrimination.

Fiscal Resource Planning

Organization A is a not-for-profit health care provider offering compassionate healthcare of the highest quality to consumers within their region, regardless of their capacity to pay. Organization A has policies to reinvest surplus proceeds to:

1. Offer state-of-the-art services consisting of advanced diagnostic imaging, telemedicine, high-level cancer recognition and diagnosis, cardiovascular analysis, and more.
2. Meet the medical needs of rural populations via two rural health centers and hospitals in one of the state's larger cities.
3. Provide treatment and training programs in community health to the following patient and caregiver support groups- diabetes and pre-diabetes, birthing, and breastfeeding.
4. Organize free community exhibitions, bringing the public face-to-face contact with clinicians.
5. Coach health care specialists, expand community affiliations, advocate financial advancement, and canvas for community health developments.

Summary

Organization J has been a not-for-profit teaching hospital since 1976 and is one of the leading family medicine programs throughout the Midwest. Organization J comprises community-based and single-sponsored residency programs that contribute to its growth. The organization is part of a more extensive health care system through Organization A.

Organization J provides residents with a tailored 3- year training experience upon admission into the program. The program is structured to satisfy Board requirements and offer residents extensive exposure to different aspects of medicine. Organization J has over 20 electives, which students can use to fulfill their residency requirements. Organization J integrates evolving technology to enhance clinical skills, quality of care, and life-long learning, creating a high resident and faculty wellness level, as manifested by a high level of satisfaction from residents and faculty. Residents become well-equipped to manage multiple patient populations while recognizing their communities' social determinants of health. The residency program's goal at Organization J is that residents will continue to maintain a constant 100% Board pass rate. Organization J aims to graduate compassionate, competent, and ethical clinicians' stewards of their community.

The following sections present a theoretical overview of leadership. Organization J leadership about its education program concerning obtaining preceptors for practice are highlighted. The section concludes with a description of the research methods used to collect, analyze data, and discusses the data's validity and reliability.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

I studied Organization J's processes and residency training program to explore challenges leadership of Organization J experience with acquiring site placement in the urology and otolaryngology programs. The recommendations found through this study's outcomes could improve leadership strategies in obtaining and securing residencies for urology and otolaryngology programs. Leaders of graduate education who arrange practicums or site placements could use this study's results to alter the education program structure that aligns with its mission and vision.

Section 2 reviews the current literature regarding residency training, focusing on the need for practicums or internships. An overview of Organization J's leadership, client population, and strategic challenges is followed by data collection and analysis procedures.

Supporting Literature

Quantitative or qualitative studies require a review of existing literature to inform new research studies. This study's various scholarly literature sources included reviewing research related to difficulties obtaining internships or practicums. The research was accessed by using Walden University database searches in EBSCOhost, Thoreau database, CINAHL Plus, and Academic Search Complete. These databases provide and collect peer-reviewed research from broad topics including, but not limited to, education, medical, leadership, and business. Keywords utilized to explore this case study's subject matter included *graduate medical education, graduate medical leadership, leadership*

perspectives, *community preceptors*, *urology preceptors*, *otolaryngology preceptors*, *internships*, *practicums*, *organizational change*, *virtual reality training*, and *simulation training*. Frequently, these keyword searches incorporated two to four words using the Boolean search method. Selecting full text, peer-reviewed scholarly journals, and publication dates yielded articles fitting these descriptors. I compiled scholarly sources from 2012 to the present. I also used textbooks focusing on organizational development and change, strategic planning, consulting, and leadership strategies utilized to substantiate organizational development and theories' essential groundwork.

Based on the literature review, placement can be challenging for various reasons. Leadership in residency organizations is responsible for finding solutions and addressing challenges and barriers hindering internships or practicums. In June of 2014, the Education and Task Force Committee of the Canadian Psychological Association was created to focus on the amount of and need for accredited doctoral internship/residency positions in clinical, counseling, and school psychology (Saklofske et al., 2019).

Many fields struggle with placement for internships or practicums, and the issue stems from how leadership at these institutions can meet the challenges. For example, globalization is a factor that the leadership of institutions needs to address when it comes to internships or practicums in social work (Matthew & Lough, 2017). Even though international internships have grown in the past 20 years, social work institutions have lacked systematic oversight and management, frequently resulting in poorly organized and ill-planned placement attempts, which students, host agencies, and schools find challenging to manage (Nuttman-Shwartz & Berger, 2012).

Prior research has also shown significant challenges facing health care leaders, such as health coverage for millions of uninsured Americans (Berger et al., 2019). Studies indicate that there has been an inadequate supply of rural physicians, which has been hindering the obtaining of urology and otolaryngology (Berger et al., 2019). There has been a need for staff and trained employees, efficient operations and services, cost-effective programs, and support for other health care initiatives. There is a need for skilled leaders who can plan for a potential organizational sustainment problem (Ghiasipour et al., 2017). Research has shown that health care leaders should expect various challenges in future funding, medical and technological advancement, regulatory and policy changes, education, and ethical issues. There will be a consumption of time and money for medical research, equipment overhaul, facility upkeep, and operational training due to these challenges (Grossman & Valiga, 2020). There will also be additional challenges such as support, control, and programming issues brought by technological advancement.

Health care hiring costs are also one of the significant challenges affecting PDs. The expenses rise from increased health care concerns since people desire to live longer, be healthier, and lead more active lifestyles. It becomes a challenge for the PDs to obtain urology and otolaryngology since the aggregate health care spending is expected to rise with an annual percentage rate of 5.8% within the next 10 years across the United States (Grossman & Valiga, 2020). Another challenge that hospital leadership has faced is health care regulatory challenges. Due to the Trump administration, there have been regulatory challenges, making health care take center stage in the political arena (Berger

et al., 2019). Trump's threats have caused uncertainties and tension in repealing and replacing the 2010 Affordable Care Act and insurances. This action has caused the health care executive to wonder how the medical industry will look in the forthcoming years.

There have also been challenges of medicinal and technological advancement in hospital leadership. The improvement of technology and medicine practice has created a challenge and opportunity for medical providers today and in the future (Figueroa et al., 2019). Moreover, hospital leadership has training and education challenges, with professional development being a critical issue. Research has shown that most training pieces are centered around traditional clinical internships, focusing on minor illnesses, and leaders are challenged to change this dynamic (Grossman & Valiga, 2020). Hospital leadership also has ethical challenges that have hindered obtaining urology and otolaryngology. These ethical violation claims sometimes hurt the character and trust of the medical leaders.

Challenges Obtaining Internships or Practicums

Internships or practicums are an essential component of the learning experience. They demonstrate that students are proficient in applying knowledge and theory (Taylor et al., 2016). Challenges in obtaining preceptors occur internationally, not just in the United States (Mason & Davies, 2013). The harmful effects include restrictions in student enrollment and impeding students to satisfy their programs' requirements (Mason & Davies, 2013).

Community Preceptor Crisis

Anticipated shortages in health care employment globally provoked numerous institutions to expand their health professions, academic programs, and registrations (Peyser et al., 2014). Some expansion is motivated by the expected need for more primary care providers to address the increasing population and aging population (Peyser et al., 2014). Most of the clinical training for health care students is through community preceptors (Latessa et al., 2013). Because of this, it is critical to explore reasons for decreases in professionals' desire to provide.

Community-based preceptors offer students chances to obtain one-on-one supervision, guidance, and patient interactions (Christner et al., 2016). Accredited programs require students to participate and complete clinical internships before completing their program. Shortages in this kind of training impede students' readiness to efficiently work with patients who obtain most of their care in community-based milieus (Christner et al., 2016). Educators struggle to procure site placements to ensure students receive proper and adequate training (Peyser et al., 2014). Universities must address these barriers and develop strategies to increase community precepting. The first step is exploring reasons for decreases in physicians engaging in community precepting.

Community-based preceptors are decreasing for various reasons. Exploring the reasons may lend way to re-engaging preceptors. Some of the reasons for the lack of preceptors include students' growing numbers, financial burdens on practice, and productivity requirements on community preceptors (Latessa et al., 2013). Nationwide, the number of medical institutions and class size increases, creating additional requests

for site placements (Latessa et al., 2013). As the number of students increases, plus mounting community practice requirements to implement electronic records, showing quality measures, and satisfying insurance providers' needs for billing places a strain on physicians (Christner et al., 2016). Consequently, finding, and engaging preceptors to operate as educational sites to prepare graduate medical students is progressively difficult (Latessa et al., 2013). Some preceptors may thus see more of a cost than benefit to precepting.

Community preceptors also recognize that precepting decreases the number of patients and increases their work hours (Anthony et al., 2014). Additional circumstances are influencing declines in recruitment and sustaining preceptors consist of changes in practice settings and growing expectations for community preceptors (Christner et al., 2016). The Liaison Committee for Medical Education requirements has imposed additional expectations on community preceptors (Christner et al., 2016). These accreditation criteria require records of educational tasks, students' allocation to patients with specific diagnoses, meaningful feedback, and direct supervision and observation of contact with patients (Liaison Committee on Medical Education, 2018).

Urology Residencies

There is a decreasing interest in surgical procedures among graduate medical students (Miernik et al., 2013). Medical students can be anxious about ethical and legal matters related to performing surgical procedures, adverse outcomes, and concerns related to malpractice in surgery (Miernik et al., 2013). Community preceptors have also discussed increasing discontentment with extended working times and 48-hour weekend

shifts occupied in the operating theatre (Plerhoples et al., 2012). These concerns may increase due to urology complexities involving growing state-of-the-art surgical and medical technologies (Miernik et al., 2013). Medical students need to get a comprehensive picture of urology and outline clear-cut directions on developing skills required to become a thoroughly trained urologist (Miernik et al., 2013). Research indicates declines in proper training in the United States, with only 17% of medical institutions providing courses in urology (Miernik et al., 2013).

Otolaryngology Residencies

Otolaryngology, the study of ears, nose, and throat, is not a specialty offered in the beginning stages of GME, resulting in minimal exposure to surgical specialties (Sethia et al., 2020). Frequently, students do not select their thing until clinical rotations throughout their third year of GME (Sethia et al., 2020). A recent study indicated that 59% of medical programs in the United States require a mandatory preclinical module in otolaryngology (Boscoe & Cabrera-Muffly, 2016). A 250% increase in applicants for otolaryngology residencies has impacted the availability of residences (Sethia et al., 2020). Additionally, residency matches in 2019 are 71%, which is a decrease from 2018, in which there were 95% matches, emphasizing the growing competitive nature in selecting matches (Sethia et al., 2020).

Sources of Evidence

Qualitative research requires numerous evidence sources for reliable and trustworthy research (Ravitch & Carl, 2016). Two primary data sources were collected to explore how Organization J operates its residency program and manages and maintains

community preceptors for the different specializations. The primary source of data collection was semi-structured interviews and was audiotaped to ensure accurate data collection (Runfola et al., 2016). Interviews with leaders and education sector members provided insight into the processes and identified needs or obstacles experienced in securing contracts with community preceptors. Interviews were held with the identified organizational leaders only if they voluntarily participated in the study. A letter of invitation to participate was emailed to the different possible participants based on their post levels. The email addresses of identified stakeholders were retrieved from Organization J's website. All stakeholders who replied to the letter of introduction received an informed consent form. Only those participants who consented to participate were included in the interviews. Interviews, lasting about 60 minutes, were held at a time and date that suited the participants. Interviews were held virtually via Skype or Zoom and were audio-recorded to ensure accurate interview transcription. Semi-structured interview questions were used to conduct the interviews (Appendix). Participants received a summary of the transcription to check for correctness.

Secondary data were obtained from the corporate website on the organization's overall management, including training and upskilling to meet current and future demands (National Institute of Standards and Technology, 2017). Internal secondary data sources consisted of the institutional website, graduate curriculum, organizational chart, accreditation policy and procedures, corporate compliance records, and other relevant sources provided by Organization J. The institution was requested to make these data

sources available for data collection. External secondary data sources also include the accreditation body and regulatory websites.

The data collection helped the researcher identify the systems and processes' effectiveness and areas of need. By exploring the organization's policies and processes specific to obtaining community preceptors, I gained information on the effectiveness of securing community preceptors. I gained information on the effectiveness and consistency of the organization's activities, its evaluation and feedback cycles, and how feedback is utilized towards organizational improvement and change (National Institute of Standards and Technology, 2017). In-depth data collection and evaluation are essential to understanding Organization J's performance of Baldrige's key factors and leadership experiences. The following subsection covers Organization J's leadership strategy and assessment review.

Leadership Strategy and Assessment

Leadership styles vary based on the program's needs, relationships with faculty, and interactions with students. PDs in GME have many roles and responsibilities and provide institutional support for employees and residents (Haan et al., 2011). PDs have a massive burden for developing, managing, and bettering residency programs (http://www.acgme.org). PDs are responsible for applying modifications to their program based on existing accreditation requirements and planning for site visits and reassessment by the ACGME review committee.

The director of Organization J must lead a diverse team of highly trained professionals, resident doctors, nursing staff, administrators, and physicians providing the

internship. Each group collaborates differently within and with the other groups, as teams do not always work in the same way (El-Sofany et al., 2014). Teams are formed by individuals whose work is mutually supporting; multiple teams can exist within a larger organization and work across its boundaries (White, 2014). At Organization J, teams do not only consist of the same professionals (e.g., pediatricians) but are often multidisciplinary focused on specific customer needs (e.g., neonatal care or diabetes). Managing teamwork has changed considerably based on the changes and challenges within organizations (El-Sofany et al., 2014). Organization J has a significantly different and complex constellation of the director's teams.

In healthcare, strong leadership is needed to keep up with the diverse professionals' demands, together with patients' changing demands and the complexities of their health conditions that must be addressed (Reed, 2017). Stakeholders on all fronts look at the leader for improvements in their diverse departments and leadership, leading to improved organizational performance. Reed identified five characteristics of highly effective healthcare leaders: "Accountability, engagement, communication, vision, and embodiment of the critical intangibles of being a leader" (p. 48). At Organization J, one of the critical intangibles the Director is faced with is procuring and maintaining physicians willing to provide internships to resident students enrolled at the organization.

Organization J's current PD was in the first graduating class from this program. In 2011, the PD was appointed; he is enthusiastic and committed to teaching. The PD admits he has noticed teaching is becoming a long-lost art for some, but he continues to be passionate about providing education and training (Personal communication with PD,

2019). The spirit of leadership includes working cooperatively by inspiring and influencing oneself and others towards beneficial objectives (Good, 2010).

The leadership within Organization J primarily believes they are in service to the organization's residents and principles. Influential leaders rarely need to utilize power instead of lead in a manner that establishes a vision that inspires others (Good, 2010). Efficient leadership concentrates on both responsibilities and individuals. Participative leadership appears to produce the most efficacious and preferred outcomes in higher education (Good, 2010). Within an atmosphere of participative leadership, individuals are supported and positively treated, resulting in developing teamwork (Good, 2010).

PD's need to ensure they set aside time for managing the entire program while also communicating with residents, faculty, Designated Institutional Official, GME Committee, and ACGME (http://www.acgme.org.). The committee evaluates and accepts a PD's nomination (http://www.acgme.org). The final decision on hiring the PD lies with the review committee.

Leadership strategy is essential in comprehending how Organization J will continue being highly regarded and competitive in GME. The leadership of Organization J is PD. However, the president and CEO of Organization A and the Board of Directors (BOD) oversee Organization J's PD.

Executive leadership in Organization A includes the president and CEO, vice president (VP) and chief marketing officer, VP and chief operating officer, medical director, VP, chief information officer, VP and CFO, VP and CNO, and VP human resources (HR). This group of individuals is responsible for Organization A and all

locations within the more extensive health system. At the center of Organization J and its affiliates is the overarching desire to provide empathetic health care of the utmost quality.

The BOD structure is designed to effectively satisfy an organization's needs (HardyWaller, 2015). BOD has a vital role, challenging the leadership of Organization J to continually improve and develop strategies to remain significant with the residents and the community they serve. The basis of a quality BOD consists of the competency and viewpoint of each director and the purposeful formation of a group dynamic and chemistry, allowing for efficient organizational authority and strategic management (Hardy-Waller, 2015). A vital component of BOD is concentrating on financial sustainability for all entities, and efficient and top-notch care for patients served within the entire health system.

A vital component of BOD is concentrating on financial sustainability for all entities. Additionally, the BODs strive to provide efficient and top-notch care for patients served within the entire health system. In November 2018, the strategic plan was endorsed by the BOD. As part of a 5-year strategic planning initiative, Organization A formed a Population Health Strategic Committee as a preliminary phase to the 2018 Community Health Needs Assessment, followed by a plan for implementation (About Us-Serving our Community, Health-Needs-Assessment, 2019).

Clients/Population Served

Organization J serves the residents and consumers at any site where residents train and tend to patients. Organization J is located on the campus of Organization A. Annually; Organization J accepts residents worldwide. Organization J uses an interview

process to determine eligibility and acceptance into the residency program. The interview process allows faculty, staff, and residents a chance to share about the residency and become acquainted with candidates. Organization J's interview process is highly structured based on the number of applications the residence receives annually. The structured process allows applicants to obtain a comprehensive perspective of the program in the brief time they are there (Personal Communication, 2019).

Since its inception in 1892, Organization A has continued enhancing and increasing services, facilities, and employees' competencies to deliver treatment to all patients regardless of their capacity to pay. Organization A provides care for 275,000 persons in both metropolitan and rural settings. The bulk of persons within Organization A's service region falls substantially below national and state median income levels (Organization A website: About, 2019).

Client Engagement

Organization J obtains feedback from the residents by utilizing resident surveys and reviews on their Facebook page. Organization J prides itself on providing residents easy accessibility to faculty and advisors. Organization J's leadership individually meets with any resident needing to address concerns or has questions related to their programming. In conjunction with staff, the administration's goal is to ensure they are accessible to residents when needed (Personal communication, 2019).

Organization J endeavors to maintain a high faculty-to-student ratio, so faculty has ample time to meet with residents. Organization J prides itself on its strong mentoring, education, and interpersonal relations with residents. Residents are made

aware during the interview process and throughout their program. Organization J's primary concern is to help them be successful in their chosen field (Personal communication, 2019).

Analytical Strategy

The qualitative program evaluation process effectively captured participants' experiences and perceptions (Murphy et al., 2018). Program evaluation aims to develop suggestions towards improving the program, explicitly securing community preceptors in urology and otolaryngology. The qualitative data collected was analyzed thematically by identifying patterns through coding and categorization (Pearse, 2019).

The semi-structured interview questions were based on insights gained from the literature and Organization J's program goals. The researcher created an initial codebook based on the literature review and organizational goals (Komaie et al., 2017). Revision of the coded book occurred more than once as data analysis is an iterative process, creating dependable and transparent procedures (Anney, 2014). The software, NVivo 12, was used to assist with data analysis. Therefore, the preliminary codebook was uploaded onto NVivo 12.

Different aspects of the program-specific precept recruitment were evaluated to assess whether the program effectively obtained community preceptors in urology and otolaryngology. Data collected during interviews were thematically analyzed. Braun, Clarke, and Terry (2014) suggested six steps for thematic analysis that will be followed. These steps include: (a) becoming familiar with the data; (b) developing codes—in this study, the codebook was refined— and coding of data; (c) developing themes; (d)

revising themes; (e) finalizing themes and develop theme definitions; and (f) report writing. The current study's findings were analyzed to pinpoint overarching and other emerging themes that helped the researcher develop an increased understanding of the Organization and its efforts to acquire community preceptors' services (Pearse, 2019).

Archival and Operational Data

The research design for this study was a qualitative case study. Qualitative research tries to comprehend persons, groups, and phenomena in their everyday environment to contextualize and consider the meaning persons construct from their personal experiences (Ravitch & Carl, 2015). Qualitative research methods and processes are not linear because they continually interrelate and build off one another in a cyclical manner (Ravitch & Carl, 2015). Typically, a qualitative study originates with an interest, dilemma, or discovery of a literature gap or a mixture of these (Ravitch & Carl, 2015). The following section comprehensively analyzes the research design, methods, participants, gathered data, processes, and attempts to ensure this study is reliable and trustworthy.

Archival Data

As previously mentioned, archival data provided essential data for this study. Archival data collected and analyzed include:

- Institutional, organizational website
- SI's organizational website
- Organizational chart
- Accreditation policy and procedures

- Corporate compliance records.
- Email
- Program-specific regulations from the accrediting body of the program and SI.
- SI's financial statement
- Job descriptions

Evidence Generated for the Doctoral Study

Participants. The inclusion criterion for participation in the study was holding a leadership or supervisory role in the organization. Organization J's leadership and education coordinator voluntarily participated in semi-structured interviews to explore challenges leadership experience with procuring internships or residencies. Leadership participants were selected because of their closeness and connection to organizational transformation. The Education Coordinator was appointed because residents can have more accessibility to address concerns within the program.

Purposeful Sampling. Purposeful sampling is extensively utilized in qualitative research to recognize and select information-rich cases on the phenomenon of interest (Palinkas et al., 2015). Purposeful sampling identifies and chooses persons or groups of people who possess exceptional knowledge of or experiences with the phenomenon of interest (Palinkas et al., 2015). The sampling technique aimed at increasing efficacy and validity. The number of participants interviewed, identified as the sampling size in qualitative case studies, differs significantly depending on the study's environment and the specificity of the phenomenon explored (Rubin & Rubin, 2012). The purpose of this

case study was to examine the difficulties leadership experiences with obtaining and securing residency site in the Urology and Otolaryngology program.

Data Collection Instruments. A semi-structured interview protocol was developed as the primary data collection instrument for the proposed study. The participants included senior leaders and education coordinators. The interview questions are in Appendix A. Qualitative research takes on a natural repetitive process. Therefore, qualitative research methods and strategies must support recursive procedures. How and when different kinds of data are collected can affect the researcher. Consequently, it is imperative to assess collecting data to support the proposal's accuracy and inform other studies with similar case study designs. Initially, secondary data sources were utilized to respond to organizational profile and evaluation questions. Supplementary questions raised from examining secondary data sources helped explore additional documents or information to locate answers to gaps in knowledge or acquire a better understanding of Organization J's dilemma.

During this study's prospectus stage, interview questions were created, and approval was obtained from the University's Institutional Review Board (IRB). Roughly two months were utilized to collect secondary data sources to plan upcoming interviews with participants. As secondary sources were collected and reexamined, some initial questions were changed. The final interview questions are in Appendix A.

Data Storage. Confidential information was stored in a secure place to maintain the privacy of all participants. The interview questions and responses are stored in a password-protected file on my laptop. Unauthorized third parties or users cannot access

the computer. Secondary data that included participants was also held in my password-protected laptop.

Ethical Research. It is the researcher's sole responsibility to ensure the study was conducted ethically to safeguard qualitative research credibility, but most importantly, to protect all participants and the organization. The research design, method, procedures, and evaluation were designed with qualitative ethical practices as a primary framework. Organization J was provided with papers outlining the qualitative case study and model utilized throughout the study.

A partner organization agreement and service order agreement were examined and authorized by the site contact and researcher. The documents were submitted to the IRB and the proposal's request to gather data. The proposal and the planned design and method for collecting data obtained IRB approval before data collection. The IRB gave an informed consent letter that was delivered via email to all interview participants with directions to respond to the email with "I consent" (see Appendix B).

Role of the Researcher

Qualitative research involves contemplation and observation by the researcher, both before and throughout the study (Sutton & Austin, 2015). This provides context and comprehension for readers (Sutton & Austin, 2015). The objective is that the researcher is trying to access participants' beliefs and emotions in the case study. Accessing this information allows the researcher to understand the meaning individuals attribute to their experiences (Sutton & Austin, 2015).

Although this is not a simple undertaking, it is possible. A researcher must tread lightly at times, considering they request participants to disclose things, which may be difficult for them (Sutton & Austin, 2015). The primary responsibility is to protect the information collected by participants. Researchers ensure participants' confidentiality by utilizing various coding techniques (Sutton & Austin, 2015).

During this time of contemplating, researchers ought to consider and acknowledge any biases. Acknowledging biases allows readers to be more informed; they can then view how questions are asked, how data was collected and analyzed, and outcomes reported (Sutton & Austin, 2015). Biases themselves are not intrinsically harmful. The reality is they are unavoidable (Sutton & Austin, 2015). Thus, the researcher needs to be forthright in a clear and comprehensible way to readers (Sutton & Austin, 2015).

Researcher Bias

Any research biases related to this study were communicated directly to ensure transparency. The researcher had no previous history with the organization as an employee or previous or current resident. The researcher does not know any employees, faculty, or administrators in Organization J. The researcher also does not know anyone employed, previously employed, and any patients past or present.

Validity and Reliability

The researcher's utilization of several qualitative best practices and ethical processes is valid in qualitative studies. Some of the methods were previously stated but were analyzed in this section. In qualitative studies, trustworthiness has two main sectors,

each with two criteria. Validity is linked with credibility and transferability, and reliability encompasses dependability and confirmability (Korstjens & Moser, 2018). The trustworthiness of the interpretations and conclusions drawn from the data is considered under validity, and reliability includes the generalizability of the study findings to other contexts or settings.

Credibility

To increase this study's credibility, open-ended questions were used, allowing the participants to elaborate on their perspectives and experiences in their own words. Also, member checking was conducted to ensure the transcriptions' accuracy (Birt, Scott, Cavers, Campbell, & Walter, 2016).

Transferability

Transferability is linked to applying the study's findings in other situations (Korstjens & Moser, 2018). In qualitative studies with few participants, transferability is a weakness in qualitative studies (Morse, 2015). To increase transferability, thick descriptions will be collected.

Dependability

Explaining the processes used in this study and the reliability of the outcome will be increased as it enables other researchers to replicate the study. The analysis and coding of data were clearly explained for the same reason (Korstjens & Moser, 2018).

Confirmability

Confirmability refers to the objectivity of the results (Anney, 2014). Therefore, the data collected from the participants will focus on data analysis. The analysis process as set out will be followed closely to increase confirmability. Furthermore, quoting the direct words of participants to enlighten a theme will also increase confirmability.

Summary

The research literature reviewed for this study suggested that Organization J is not the only program experiencing challenges in procuring Urology and Otolaryngology residencies. The study aims to identify strategies to address leadership challenges with locating and securing placement sites in these specialties. Current research establishes challenges for Urology and Otolaryngology residencies are not uncommon.

This section gave a comprehensive overview of the organization's mission, vision, program aims, leadership, strategy, and residents. The next section of this study provides a thorough analysis of ways the organization supports its workforce, manages data, and results, and maintains operations. These main components benefit from working together, utilizing a systems approach to organizational management.

The methods section outlined the qualitative research process. Archival and secondary data were utilized to inform the findings. The challenges leadership experiences on the problem in this proposal were explored. Archival data were used to develop a thorough evaluation of the organization. Primary and secondary information examined in this section will inform Organization J's problem with data related to the

Baldrige critical factors for organizational excellence, particularly leadership, operations strategy, and workforce.

Section 3 provides an assessment of the organizational workforce environment and how the organization engages employees. An evaluation of administrative processes used to manage and upgrade the organization's operations and service provision. The section will conclude a synthesis of information about Organization J's corporate measurements and infrastructure, such as information technology.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

The problem addressed in this qualitative case study was the challenges leaders of Organization J experienced with acquiring site placement in the urology and otolaryngology programs. To help identify and develop strategies to increase placement sites for residents, I explored the difficulties leadership face in securing internships or residencies for students at Organization J. I used semi structured interviews with leadership, archival documents, and public sources. The interviews with the administration were the primary data source, lasting approximately 60–90 minutes per interview. The interviews were audio-recorded to facilitate accurate transcription of the interview. Archival data consisted of accreditation policy and procedures, SI's corporate compliance program manual consisting of compliance policy and procedures, personnel policies, training and education, regulatory issues, and HIPAA and Health Information Technology for Economic and Clinical Health Act regulations. Organizational job descriptions, organizational charts, corporate websites, and SI's websites were also consulted. The public sources mainly consisted of published requirements for residency training.

Sections 1 and 2 acquainted the reader with the problem, the organization, and the analytical strategy I used. Section 2 contained a thorough evaluation of the organization's leadership, process, and resident and faculty engagement. Section 3 continues to describe the organization using the Baldrige Excellence Framework, consisting of a thorough

evaluation of the organization's workforce, operations, knowledge management, and outcomes (Baldrige Excellence Framework, 2017).

Analysis of the Organization

Organization J is one of the leading family medicine programs in its area, serving underserved populations by treating patients and conducting children wellness visits throughout the year. Organization J hosts both a community-based and a single-sponsored residency program as well as provides residents with a 3-year individualized training program. The program includes eight major elective tracks: rural experience, hospitalist medicine, emergency medicine, advanced OB, operative OB, academic medicine, sports medicine, geriatric medicine, and outpatient medicine.

Resident and Faculty Recruitment and Training

Candidates for Residency

The medical residency website (2019) indicated that Organization J's workforce consists of faculty and residents. Residents must go through an interview process before being accepted into the program, which helps leadership learn about the resident and acquaint candidates with the program. Because there are numerous applications, the interview process is highly organized. The structure is intended to provide candidates a comprehensive picture of the program in the brief time they are there (Organization J website, 2019). The interview schedule consists of meeting with various faculty members. The night before the interview, candidates have dinner with current residents. The interview day commences at 8:15 a.m. and runs until 1:45 p.m. Initially, candidates are greeted by the program coordinator, followed by an hour interview with the PD

(personal communication, PD, 2019). Another hour is spent interviewing faculty, followed by a 30-minute interview with the Behaviorist. The next 75 minutes consist of touring Organization A's campus and facilities. Candidates can take lunch and then meet with the program coordinator to conduct a clinic tour. The day concludes with meeting with the PD again for approximately 15 minutes.

Education and Development System

Organization J has a structured outline for training and development in the program. Organization J provides the required education, continued medical, educational competencies, and on-site and off-site resident training (Organization J website, 2019). Training plays an essential role in helping residents become the next generation of physicians. In addition to residents obtaining continuing education credits, faculty and leadership must engage in ongoing training specific to their position. Teamwork is an essential component of educating and preparing students to succeed as practicing physicians.

Benefits for Residents

Residents are provided with an annual salary and receive pay increases annually (Organization J medical residency website, 2019). Candidates accepted into Organization J's program receive a $7,500 signing bonus in addition to other benefits of becoming a resident. Monthly, residents are allocated funds to pay for a smartphone. All residents obtain a yearly allowance for continuing medical education to pay for educational materials. Residents are also provided with medical, dental, and life insurance in addition to parking, uniforms, meals, and access to the SI's fitness center. Organization J

understands the need for residents to maintain personal wellness, so they provide numerous events, activities, places to relax, and yearly education specific to residents' health.

Recruitment and Training of Faculty Members

The SI uses the corporate website to post all open positions (Organization J medical residency website, 2019). In conjunction with HR, PD of Organization J lists education, experience, and specific prerequisites necessary for all positions. Organization J and the HR PD examine job descriptions per the Health Facilities Accreditation Program and any applicable accrediting bodies criteria to ensure every job description is updated. The PD of Organization J ultimately hires staff for the program. The PD of Organization J also develops procedures for hiring, retention, assessment, discipline, and employment termination. The SI has approved and implemented separate personnel policy manuals to regulate the daily operations and specify each position's roles and responsibilities. Personnel are expected to familiarize themselves with policies outlined in the personal handbook because policies are periodically revised and modified.

HR will confirm positions requiring authenticated credentials before their employment of delivering services throughout the health system (Organization J website, 2019). HR will retain a copy of the initial certificate and a current certificate. Organization J's leadership executes appropriate procedures to ensure existing certifications are sustained and renewed. HR keeps the most recent job descriptions for all positions. HR keeps interview requirements and job descriptions for all workforce levels (personal communication, HR staff member, 2019). The organizational record

retention policy states that HR saves copies of the application resumes and testing results pertinent for every applicant hired. This policy is aimed at tracking applicants throughout the process of hiring. HR uses a standardized document for conducting criminal background checks for all applicants, which includes prior convictions and pending charges (personal communication, HR, 2019). A criminal background check will be reviewed for anyone applying for an internal director position or higher. The status of applicants, existing employees, or any employees recommended for promotion who have been arrested, charged, or convicted of a misdemeanor or felony is directed to the officer, the HR supervisor, and external legal counselor discussion with the external legal counselor the CEO or their designee.

Employee Retention

The key to an organization's development, constancy, and income is retaining employees (Cloutier et al., 2015). A high turnover rate increases cost associated with resources, employing, and time consumed while filling open positions (Cloutier et al., 2015). The increased expenses related to employee turnover consist of increases in advertising, overlapping wages, creating challenges to sustain a positive workforce environment. Additionally, elevated turnover rates make decreased chances to meet organizational efficiency and departmental budgets, therefore increasing organizational and departmental costs.

Employee retention plans are essential components of an organization's mission, vision, core concepts, and program objectives. Organizational leaders need to create an environment and culture where employees are content with their position and the

organization (Cloutier et al., 2015). Orientation is the first place where employees get acquainted with the organizational mission, vision, and core concepts. Efficacious communication by leadership is imperative in getting employees to accept the organizational perspective on realizing the organization's mission, vision, and objectives (Cloutier et al., 2015).

Workforce Supervision and Support

Performance Management System

Performance management at Organization J involves evaluating residents and employees centered on increasing performance (personal communication, 2019). Workforce performance is assessed and discussed in individual supervision, resident meetings, internal and external feedback. Organization J's PD is ultimately responsible for the workforce performance of the program. However, the annual workforce performance evaluation includes the same performance measures across all facilities operating under the SI. Annual assessments concentrate on the resident's professionalism, residency performance, and connection to Organization J's mission, vision, and values. The PD can utilize the yearly assessment tool to discuss a resident's complete work.

Staff Morale

Organization J employs different activities and services to support staff and build workers' confidence (Organization J website, 2019). Apart from the ongoing social activities that involve the residents, and their families, health and fitness programs are also offered. Programs offered range from weight loss, smoking cessation, and fitness initiatives linked with healthy competition among members. The Health Advocates

program even provides staff access to an organic community garden. Organization J supports local certified organic farmers by allowing them to produce for staff and visitors. The onsite child development center provides peace of mind to parents of children aged 6 months to kindergarten. The center offers quality care and child development services and is conveniently located next to Organization J.

Safety in the Workplace

Quality is identified in numerous ways. There are various and essential components in health care and residency programs. Critical factors to consider are a physician's proficiencies, connection to a teaching facility, continued research, national recognition and awards received, utilization of innovative technologies, and commitment to increasing consumer safety and quality of life.

The practice of medicine has transformed and improved throughout time, and the field has seen rapid changes within the past 15 years, particularly regarding patient safety (Bagian, 2015). Organization J adheres to safety procedures as defined by the organization's CEO and PD of Organization J. Organization A places consumer safety above all else. Motivated to enhance consumer safety continually, Organization J works to increase residents' awareness of patient safety through regular discussions on the importance of patient safety (personal communication, PD, 2019). The organization suggest that increasing patient care begins with recognizing that quality care is central to consumer safety, transparency, and dialogue with patient caregivers. Incorporating research, outcome-driven care, and structure to support its development is vital to improving consumer safety. Consumers are encouraged to play an active role in their care

and potential concerns related to staff and residents. The organization's priorities consist of consumer satisfaction, safety, and delivering an optimal level of care.

Organization J provides ongoing education for residents, faculty, and employees about safety precautions and procedures. The focus is on bloodborne pathogens, proper lifting, and strategies to increase employee safety. OSHA provides detailed descriptions of the necessary safety precautions for all people working in a healthcare system (OSHA, 2018). OSHA provides guidelines; they also educate faculty, residents, employees, and leadership about the costs associated with workplace safety.

Workforce Engagement and Progression

Key to staff engagement is staff retention, the quality of performance, and active participation in workgroups and organizational activities (Lepold et al., 2018). Organization A provides all facilities, including Organization J, with excellent working conditions, state-of-the-art technology, and superb patient-centered care. Employees receive benefits, competitive wages, ongoing educational opportunities, and support services. As a result, employees report a high level of satisfaction with their job and employer. Employees' satisfaction with their job and the employer is essential to organizations' leadership for several reasons. Job satisfaction signifies employees' emotional status, indicating workplace health (Lepold et al., 2018). Contentment at the workplace can predict performance and factors such as workplace engagement of employees. Employee engagement is linked to employee productivity, so organizations use job satisfaction measures when exploring employees' productivity. Job satisfaction is also essential to the staff since a large portion of each day is spent at work, and job

satisfaction increases life quality (Lepold et al., 2018). From this discussion, it can be said that employee engagement is linked with both job satisfaction and productivity. Organization J uses job satisfaction measures to indicate, amongst others, the employees' engagement, and productivity.

Future Leaders of the Organization

According to the website, the PD of Organization J is solely responsible for hiring and promoting from within. Students are provided with information about increases in salary in the benefits package and welcome packet. Prior students of Organization J have found employment within the SI or affiliated sites. New employee positions are posted on the website, and current employees can apply for other healthcare system jobs. Internal candidates who take on leadership positions are already aware of policies and procedures, culture, and ongoing support.

Key Services and Work Processes

According to the Organization J website (2019), it has two primary service areas community healthcare and resident training. This project focuses on the resident training aspect of Organization J. Therefore, discussions will mainly focus on the resident training element of Organization J. The focus is not exclusive as there is overlap in some areas.

Program Design

The program design is the next phase in developing innovative programs to serve the residents' ongoing needs. The PD, with input from other staff, can brainstorm related to the continuing challenge to locate and procure community preceptors in urology and otolaryngology. Ultimately, the final decision for approval and implementation of new

programs must be approved by the SI's CEO. If the CEO supports programmatic changes, the PD's responsibility is to implement and execute any program changes.

Work Processes

Organization J ensures essential functions of program requirements are accomplished through leadership. Faculty members amongst all disciplines are responsible for residents under their tutelage (Personal communication, 2019). The faculty observes the quality of residents' work and provides regular feedback to help them reach program benchmarks. Frequent supervision with individual faculty members and staff meetings is essential in safeguarding work processes comprehended and followed. Regular supervision allows staff to process challenges, review resident progress, share concerns, and ask questions (Personal communication PD, 2019).

Faculty meetings supply information related to work processes and alterations in programming (Personal communication PD, 2019). Many programs have established dates and times for meetings. Organization J has regularly scheduled meetings as well as impromptu meetings when needed. Recently, Organization J met frequently to address the community's current health challenges.

Due to COVID-19, faculty was propelled to implement changes swiftly because many faculties work at home instead of on-site (Personal communication PD, 2020). The PD and education coordinator tirelessly provide residents with learning modules. Organization J's specific challenges related to securing residencies in the urology and otolaryngology program have only been increased due to the current health crisis worldwide. The education coordinator has worked closely with the PD to provide urology

residents with purchased learning modules (Personal communication PD, 2020). Unfortunately, finding additional learning experiences for residents in the otolaryngology program has not yielded any results yet.

The education coordinator has worked closely with the PD to provide urology residents with learning modules the program purchased (Personal communication EdCo, 2019). Faculty meetings supply information related to work processes and alterations in programming. Many programs have established dates and times for meetings. Organization J has regularly scheduled meetings as well as impromptu meetings when needed. Recently, Organization J met frequently to address the community's current challenges (Personal communication EdCo, 2019).

Authentic Leadership

Luthans & Avolio (2003) defined authentic leadership "as a process that draws from positive psychological capacities and a highly developed organizational context. The results in both greater self-awareness and self-regulated positive behaviors on the part of leaders and associates, fostering positive self-development" (p. 243). Wong & Laschinger (2013) asserted authentic leadership is essential to effective leadership. Authenticity stands on two pillars (a) expressing personal encounters, including values, ideas, emotions, and beliefs, and (b) acting accordingly (Liu et al., 2018). Authentic leaders base their actions on their personal experiences and characteristics in leading others. Liu et al. (2018) studied how positive organizational behavior linked with emotionality, trust, and self-identity of authentic leaders' influence employees' organizational behavior and attitudes. Liu et al. (2018) found that employees of authentic

managers who “emphasize transparency balanced processing, self-awareness, and high ethical standards” (p. 947) are more satisfied and remain longer in their jobs.

Authentic leadership centers on four foundational components: self-awareness, objectivity, transparency, and internalized moral standpoint (Miao, Humphrey, & Qian, 2018; Wong & Laschinger, 2013). By using their characteristics of hope, optimism, and resilience linked with high ethical behavior levels and inviting employees’ input before making decisions, authentic leaders establish a positive workplace environment. Transparency in decision-making and work processes enhances employee trust and sense of self. Balanced processing includes soliciting input and feedback from followers—positive and negative—before decisions are made. Authentic leaders practice transparency by being open and truthful about essential decisions and related factors. Their behavior and modeling of openness and ethical decision-making instill similar behavior in their followers. Demonstrating self-awareness through being aware and open about their strengths and challenges, authentic leaders meta-communicate to followers’ acceptance of others’ limitations and find ways to strengthen everyone (Liu et al., 2018; Miao et al., 2018; Wong & Laschinger, 2013).

In the current study, the CEO and education coordinator’s leadership behavior in recruiting, training, and maintaining community preceptors is vital (Personal communication EdCo, 2019). The task of a preceptor can be perceived as intruding on one’s practice. Assessments and reporting on students’ progress can be time-consuming and tiring. Authentic leaders were found to increase followers’ job satisfaction and job retention. It can be stated that authentic leadership behaviors may increase the possibility

of recruiting and maintaining community preceptors in a training hospital such as Organization J.

Improving Work Processes

Efficient GME programs have procedures to collect feedback and implement improvements to program processes over time. Residents' complete satisfaction surveys after each class or residency they complete (Personal communication EdCo, 2019). Surveys request feedback concerning faculty, program processes, relationships with faculty, and overall satisfaction. The surveys also include a space for residents to make additional comments if they like. Most improvements to resident processes stem from resident feedback.

Faculty feedback is obtained during scheduled staff meetings, individual supervisions, and password-protected emails. Improvements to work processes are delivered to residents through the program's organizational email at the program's onset. Various adjustments are uncomplicated for Organization J to execute based on faculty meeting minutes and internal correspondence. Implementing work processes involves substantial effort and inventive methods to address issues or new strategies.

Innovation

Organization J modifies and adjusts programmatic requirements when needed. Organization J works hand in hand with the SI to support innovative strategies by providing residents and community services. Staying abreast of residents' needs and the community or gaps in provisions is essential and substantiated by transcribing Leadership's meetings. Organization J makes use of RHIC as a training tool for residents.

The RHIC provides urology and otolaryngology residents opportunities to perform various procedures with faculty and other residents' support. Currently, Organization J purchased learning modules to assist residents in the urology program, but they have been unable to locate any valuable modules for otolaryngology residents.

Communication

Electronic internal communication is done through emails and individual or group communication meetings for staff, faculty, and residents. Leadership has a collaborative approach that encourages interaction during sessions. Medical records are available in the electronic healthcare system. This system enables all staff members to share communication on patient care and collaborate online. Leadership calls for healthcare meetings when unanticipated issues deserve immediate attention and direct communication.

Knowledge Management

Organization J develops organizational knowledge when curriculum changes are designed to increase effectiveness as changes are being implemented (Organization A: Corporate Compliance-HR, 2019, p. 5; Organization J Website Curriculum and Training, 2019). As Organization J progresses and revises programming, ongoing knowledge management is communicated to faculty and residents. All programmatic changes are required to adhere to any local, state, and federal regulations. External procedures need to be comprehensive enough to apply to other organizations within the health system. Organization J's leadership must develop policies and procedures specific to the program (Personal communication EdCo, 2019). Organization J keeps faculty abreast of

organizational knowledge through periodic staff meetings, interoffice communication, continued education training, and new hire orientations (Organization A: Corporate Compliance-HR, 2019, p. 5; Organization J Website Curriculum and Training, 2019).

Upon hiring new faculty and employees, leadership ensures new hires complete the required training opportunities provided by HR (Organization A: Corporate Compliance-HR, 2019). It is equally important to educate, aid, and demonstrate how the training is utilized and implemented related to their position. New hires will need assistance from leadership and colleagues experienced and knowledgeable of programmatic policies and procedures.

Measuring and Improving Organizational Performance

The resident training program focuses on this project; the discussion will, therefore, only discuss the educational program delivery. The GME programs have procedures to collect feedback and implement improvements to program processes over time—residents' complete satisfaction surveys after each class or residency they complete. Surveys request feedback concerning faculty, program processes, relationships with faculty, and overall satisfaction. The surveys also include a space for residents to make additional comments if they like. Most improvements to resident processes stem from resident feedback.

Knowledge Development and Sharing by Faculty

As a training facility, Organization J has a core responsibility of sharing knowledge with residents. Knowledge sharing with students is not the only sharing that faculty are involved with as faculty members also collaborate on training and healthcare

issues, which constitutes internal knowledge sharing (Aithal, 2018). Although Organization J is not primarily focused on developing new knowledge through research, new knowledge is developed when faculty and residents face unique healthcare situations. Sharing new knowledge with other institutions during conferences or publishing in journals is an essential part of the knowledge creation process as this activity brings new dialogue and insights (WichmannHansen et al., 2019). Each department within the Organization J training element is the custodian of institutional knowledge related to training programs and training best practices. Departments are custodians of new knowledge developed in training residents and attending to patients as healthcare responsibilities. This knowledge must be documented for future use and possible further development or research.

Organization J's state-of-the-art technology and systems ensure that knowledge is available 24 hours a day at staff and residents' fingertips (Personal Communication, 2019). A password system controls access to confidential documentation to which only specific persons or post levels have access. The full-time librarian is responsible for structuring and organizing available knowledge and collaborates with faculty and residents regarding specific information searches.

Access to Information and Knowledge

All faculty and residents can easily access policy and procedure manuals, job descriptions, and organizational training by utilizing a shared drive on the computers (Personal Communication, 2019). The shared purpose is provided to faculty and residents upon employment or admission into the program. Some folders on the shared drive are

only accessible to senior leadership because of the content. The shared drive includes Organization A's policy and procedure manual and training for all positions. Residents can access Organization A's policy and procedure manual because they direct and indirectly contact consumers (Personal Communication, 2019).

Protection of Electronic Medical Charts

According to the CEO of Organization J, Organization A employs individuals to work in the informational technology department to ensure protection and safety measures for all sensitive materials (Personal communication, 2019). The organization utilizes a firewall that monitors incoming and outgoing network traffic as predetermined by the organization. Usually, a firewall creates a barrier between a trusted internal network and an untrusted external network. Organization J maintains a backup server system continuously updated to protect against cyber risks. Users of the system must utilize password protection so others cannot readily access information. The organization needs everyone to update their password quarterly as a secondary protective measure.

Summary

Section 3 systematically evaluated and examined organization J's workforce, consumers, operations, performance, and knowledge management. Organization J upholds policies and work processes to sustain organizational efficacy. Organization J depends on internal training, supervision, and policies and procedures executed by faculty, residents, and other employees to maintain effective operations. Safety throughout the health system is realized via safety training and processes for consumers, faculty, employees, and residents. Organization J retains an internal electronic medical

record and interfaces with various electronic medical records within the organization's health system, so retrieving data is easily accessible for providers.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

This qualitative case study sought to address Organization J's leadership challenges with securing residencies in the urology and otolaryngology programs. The study's objective was to provide the organization's leadership with important information on identifying and developing strategies for acquiring and securing placement sites for its residents. Evidence to answer the research question was acquired from semi structured interviews with the organization's education coordinator, leadership, public sources, and archival documents. The interviews were conducted by telephone and email. The interview questions (see Appendix) were developed before the interviews, focused mainly on the urology and otolaryngology fields. The objective was to uncover the factors that affect the ability to acquire internships in the urology and otolaryngology fields. A comprehensive review of archival data consisted of reviewing accreditation policy and procedures, personnel policies, SI's corporate compliance program, regulatory issues, training and education, HIPAA, and the Health Information Technology for Economic and Clinical Health Act regulations. Organizational job descriptions, organizational charts, corporate websites, and SI's website were also consulted. The public sources mainly consisted of published requirements for residency training.

Analysis, Results, and Implications

Organization J mainly provides treatment services to the underprivileged population and conducts children's wellness evaluations throughout the year in addition to providing residency programs. The provision of individualized programs focuses on

producing skilled, competent, and knowledgeable professions (Kay-Rivest et al., 2017). The 3-year training individualized programs incorporate eight aspects of rural experience, hospitalist care, medical emergency, operative OB, advanced OB, academic medicine, geriatric medicine, sports medicine, and outpatient care.

NVivo Analysis and Coding

The researcher adopted the NVivo 12 software to analyze the data thematically. The themes identified through NVivo analysis and coding include preparation, communication, marketing, and regulation changes.

Preparation

In clinical backgrounds, real clinical preparedness has steadily been recognized as a vital element to guarantee better care and a healthy place of work. The significance of good preparation is becoming gradually evident in health care. The importance of ensuring clinical preparedness in the health care system is to make sure that clinical leadership steadily provides safe and effective care. One of my interviewees stated, “lack of proper preparations is among the specific challenges facing clinical leadership.”

Communication

Electronic internal communication is done through emails and individual or group communication meetings for staff, faculty, and residents. Leadership calls for health care meetings when unanticipated issues deserve immediate attention and direct contact. One of the interviewees said, “active communication spreads beyond practical implementation and demands the capacity to sway a wide variety of individuals.” Medical leaders need to center on nurturing soft skills such as communication to carry out their duties effectively.

Participants recognized that medical governance in health necessitates operational communication abilities, which allows effective working connections that permit them to donate to better results.

Marketing

Marketing has not continuously been reflected as pertinent or suitable in the public part of health care. Nevertheless, program improvement in the clinical leadership sector has presented competition and client choice to refine amenities, which has transformed importance in marketing. One of my interviewees stated, “marketing strategies in clinical settings enable the clinical leadership to evaluate the present condition and make reports to update the premeditated course of the clinical division or unit.” This means that clinical leadership decides on the way forward based on the outcomes of marketing campaigns.

Regulating Change

Efficiently handling change suggests that medical leaders need an implementation kit of services and performances and the daring to bring change. Clinical leaders are similarly in the ultimate place to initiate new change concentrated on service development and worth and on patients/clients/services that can be continued, practice motivated, and clinically applicable. Change in clinical performance necessitates resources, time, as well as planning.

Recommendations or care lanes will change clinical performance; nevertheless, straightforward, precise approaches are needed when considering progress, distribution, application, and evaluation. During the interview, one of my interviewees stated, “change

is the only constant in a clinical setting." Change may come abruptly when a new managerial group takes the controls, during a restructuring, or when some outside event turns the present circumstances on its head.

Services

The services offered by organization J are a) hospitalist medicine, (b) emergency medicine, (c) advanced OB, including operative OB, (d) academic medicine, (e) sports medicine, (f) geriatric medicine, (g) outpatient medicine as well as involvement in a (h) rural setting. The service offering's main areas are providing primary preventive and wellness healthcare, treating a broad range of diseases and conditions, and conducting comprehensive physical exams and health screenings. The results show that organization J is popular within the community because of the perceived service quality and positive experiences. The quality of service mainly pertains to admission processes, service costs, and physician consultation quality. However, the residents' information was inadequate, and an approach that supports increased disclosure to the residents to improve the service quality is needed.

Client Focused Results

Organization J has established processes and procedures to respect the residents' preferences, values, and expressed needs by treating them with dignity, sensitivity and involving them in decision-making processes. Although there is a need to provide information to the residents, organization J continues to address the ongoing challenges with acquiring and sustaining urology and otolaryngology preceptors. Organization J prides itself in its continual efforts to provide a high-quality GME residency program.

Workforce Recruitment and Training

The demand for acceptance in the various positions within the medical training facility is high. This is due to the multiple advantages of working in such an institution: job diversity, cross-training opportunities, skilled instructors, and various options for skills development and growth. Raymond et al. (2015) stated that an organization's leadership, training, and development programs are highly prioritized as the source of skills and professional growth. However, integrating theoretical education and off-site resident training plays a crucial role in ensuring that residents acquire all the necessary skills needed in the physician role. One skill that is essential for staff to develop is teamwork. Teamwork is critical to providing services in health care because it enhances interdependency in the residents' interaction and enables them to work towards a specific goal. This is vital to teams' success because it encourages honest discussions and problem solving, ensuring the overall purpose of maintaining their stability. In practical sessions, all medical personnel must be on rotational teams in the urology and otolaryngology programs. Teamwork is an approach that helps prepare residents for actual practice while allowing them to actively engage in specific leadership, faculty, and academic credits training.

Leadership and Governance

The challenges faced by the leadership were grouped into four distinct categories; 1) Quantity of Preceptors; 2) Number of Residents; 3) Willingness to Supervise Urology Residents, and 4) Lack of adequate supervision. Participant 1 remarked, "I have found placing residents in these areas challenging because the number of community preceptors

is minimal." While the number of residents requiring placement has increased steadily, preceptors have not experienced a proportional increase. The limited number of preceptors requires more time to train many residents while less time is spent attending to patients. This means fewer patients are served while preceptors have had to work for longer hours, making placements unpopular. The existing community teaching paradigms are poised for severe challenges based on the excessively high number of residents being supplied into the system each year. Thus, the current number of preceptors cannot cope with this growing number of residents. An increased unwillingness to supervise urology students resulted from the ever-increasing expectation for community preceptors due to the requirements imposed additional expectations. They include essential feedback, patient contact observations, educational task records, and the necessity for allocating students with patients with specific diagnoses (Liaison Committee on Medical Education, 2018). There is a general lack of proper supervision of the social work institutions characterized by poor management and organization. This creates challenges for the schools, students, and host agencies and makes it difficult to effectively monitor and assess the placements' effectiveness (Nuttman-Shwartz & Berger, 2012).

Financial and Market Performance

Organization J prides itself on providing various services, which are vital in enhancing its financial stability. The approach is critical in ensuring that the company has a diverse funding source to support its operations for families or individuals that pay tuition, insurance companies that pay for patient care, and philanthropy (Kerfoot et al., 2008). This is the significance of including this part in the current study. The

individualized training programs serve as its primary source of funds because it is an area that generates income from the large number of students participating. Coupled with community-based and organizational sponsorship, the organization can provide high-quality services to clients and create a favorable working environment for its workforce. The average cost of training a resident for an academic year is $22,595.66. These costs cover a wide range of e types, including tuition, laboratory, malpractice insurance, health insurance, among others. Furthermore, all other benefits provided to the residents approximately amount to $15,000 per individual. These relate to a $7,500 signing bonus, funds to pay for a smartphone, at least $1,000 to buy educational materials, among other benefits.

Social Change

Organization J pursues competitive collaboration, which addresses social needs (About Us, 2019). This collaboration is between Organization J, organization A, organization B, and her similar organization. Though they play different roles in society, the organizations work together to identify health needs and develop programs to solve them. Organization J partners with other organizations to address health disparities and enhance equality of access to health care by screening patients for social and economic conditions and matching them with the relevant services. Also, the improved clinical workflow process will help reduce any potential medical errors while reducing nursing burnout.

Strengths and Limitations of the Study

One of the strengths of this case study is its design. The research design allowed the researcher to do an in-depth investigation of the study is a significant amount of detail instead of research that would have used many participants and where limited data would have been obtained from each participant. The multi-sided approach to case study analysis and the in-depth investigation enabled the researcher to analyze human behavior aspects which would have been difficult to achieve when other research methods were employed. Further, the research's exploratory nature facilitates the generation of new ideas essential in illustrating theories related to leadership challenges concerning different aspects of human behavior.

One limitation of the study was using one organization, which decreased the research's generalizability. The findings' application is limited to similar healthcare organizations with residency training programs and may not be suitable for addressing broader medical internship challenges and thus is difficult to replicate. Further, the primary data was subject to the researcher's interpretation, which introduces bias from the researcher's subjective judgment. Additionally, the time restrictions in place, coupled with the volume of data, also impact the depth of the analysis undertaken within the limitation posed by these resources.

Section 5: Recommendations and Conclusions

Recommendations

Community-based preceptors offer a significant portion of primary care education, especially to the urology and otolaryngology medical students in the United States. The need for reduced remuneration by third-party payers and the public demand for higher productivity has increased responsibilities placed on community preceptors. The Association of Medical Colleges recently demanded an increase in medical students' enrollment to fulfill the country's developing shortage of urology and otolaryngology specialists (Grumbach et al., 2014). Factors such as the aging of the physician workforce, the expansion in size, and the increase in age of the country's population have resulted in high demand, particularly for the urology and otolaryngology community preceptors. Based on this study's findings, the recommendations are categorized as financial, training and supervision, partnerships and community, and strategic and future planning. These recommendations are outlined and discussed in the following sections.

Financial

Streamlining financial and market performance and individualized training programs such as inline training should be reinforced to generate income from many participating students. Appealing community-based and organizational sponsorship will mandate the constant statement of feasibility, beneficiaries, and necessary expenditures that offer high-quality services to residents and positive outcomes for the environment and the workforce.

Training and Supervision

There is an increased need for authentic leadership, innovation, communication, essential services, work processes, and knowledge management to achieve employee satisfaction. The Advisory Committee on Interdisciplinary, Community-Based Linkages recommends the Health Resources and Services Administration work with several other federal agencies and private entities to offer monetary and non-monetary incentives to community preceptors. Such incentives include payments for training, easy access to training and career development, personnel appointments, and even preceptor income tax exemption. The committee also recommends a legislative change that allows the Health Resources and Services Administration to enable the grantees to offer support for their students through stipends and traineeship and scholarships for the less advantaged medical students (Grumbach et al., 2014). To participate in the clinical experiences in remote settings or areas with limited access, the Health Resources and Services Administration must ensure that the trainees receive funds to cover their housing and travel expenses. It is recommended that patients be offered emotional support to alleviate their fear and anxiety, especially in chronic conditions.

The willingness to supervise urology residents can be redefined by redeveloping Organization J`s culture, infrastructure, demographics, and reputation. Shaping organizational culture will mean sharing philosophies, norms, beliefs, attitudes, and practices. The number of community preceptors should be increased to the proportion of the number of residents requiring placement. It is recommended that training time must be increased proportionally to the time spent attending to patients. Rewards such as

performance bonuses must be considered to boost the extrinsic motivation necessary to influence leaders' willingness to supervise urology residents. Performance measures addressing the lack of proper supervision should be based on the quantity of feedback, allowing for freedom to choose and establish concrete, consistent rules that measure performance. Considering that Organization J is famous in the community due to the perceived quality and positive experiences, there is a need to improve patients' experiences. It is recommended that patients be offered primary preventative and wellness care through comprehensive physical and health screening.

Partnerships and Community

Realization of current and future demands of community preceptors requires the positive factors of training the medical students to surpass the negative aspects. Among all the studies addressing the retention, satisfaction, rewards, and incentives associated with the community preceptors, a few were found to be multidisciplinary cases with slightly varied objectives concerning the physician specialty. Many medical students get some of their training in community settings. Most American medical schools, especially those specializing in Urology and Otolaryngology, depend on the community preceptors to offer their students the necessary primary care training. However, though trained and highly experienced, some of these receptors do not have formal training in education, yet faculty growth is one of their most significant demands.

Pursuing competitive collaboration with Organization A and B to address social needs proved a challenge for Organization J. It is recommended that research be conducted to identify community preceptors' needs before addressing them. Formal

training must be offered to students to help them integrate into a busy clinical practice. Assessment must be conducted on the clinical site`s instructional quality.

There is still no general agreement on the primary criteria to identify, train, and evaluate community preceptors; there is a need to provide a training foundation. This can be achieved through specific outlining of competencies. Even though there are competencies developed for medical students, residents, and medical faculties, there is no universal agreement on skills, attitudes, and behaviors needed. Providing a training foundation for community preceptor development and evaluation requires competencies to be specifically outlined. If there are specific and universal guidelines for training and evaluating community preceptors, it would increase consistency across the disciplines.

With the high current demand for Urology and Otolaryngology community preceptors, healthcare organizations must maintain their available preceptors and, if possible, employ more. The healthcare leadership must be proactive even to consider using other means before the emergence of an actual crisis due to a shortage of Urology and Otolaryngology community preceptors. Therefore, there is a need to plan for imminent regional or nationwide research to enhance the leader's understanding of physician preceptor satisfaction, drop-out rates, and differences among physician groups. The burden of urology and otolaryngology is consequential and growing. It has brought about a dependence on generalist physicians to care and screen urology and otolaryngology. While most graduating medical students enter the generalists' specialists, the organizational leaders must thoroughly undergo the community preceptors' training sessions. However, if this is not enough persuasion, leaders must be aware that the

students are their specialties' lifeblood (Foley et al., 2012). And without students interested in pursuing the specialty, both urology and otolaryngology could wither like abandoned gardens. Therefore, organizational leaders must involve themselves in activities such as mentoring students.

Strategic and Future Planning

Leaders must continue innovating more ways of teaching Urology and Otolaryngology. Both online and downloadable sources like podcasts are a way of equalizing training worldwide. Organizational leaders must develop an exciting and unified national curriculum (National Institute of Standards and Technology, 2017). The national curriculum should consist of online resources to cover widespread adoption efficiently. To give the best attention to Urology and Otolaryngology, create informed generalists, and offer the best care to current and future patients, training the undergraduates must be shared. Now more than ever, healthcare leaders must rely on the community preceptors' assistance to develop a generation of the best Urology and Otolaryngology caregivers. Medical students deserve good training, for they are the future face of urology and otolaryngology.

Findings and Analysis

The findings from this study suggest that leaders must find an alternative to combat the rising costs of recruiting and retaining preceptors. The PDs found that they must set up programs and implement processes that would help them to sources for funds, grants, and contributors to help them conduct the research. Arguably, these directors need to improve residencies urology and otolaryngology by increasing

physicians' numbers in the rural areas. Regarding the regulatory challenges, the leaders have found that they must inform themselves and the staff how they will handle the challenges. The findings from this study suggest that the newly implemented programs and the revised standards are overwhelming the healthcare leaders. Organization J has found that they need to share information and combat such challenges regularly.

The research findings from this study indicate that healthcare leaders need to prepare for challenges associated with medicinal and technological advancement. Leaders need to prepare for a shift in the next few years from the traditional ways of operation whereby there were office visits and pre-screening to the digital, virtual, and cyber interactions. (Figueroa et al., 2019), Finding prove that the future of medicinal and technological advancement requires that the leaders' put more effort and implement continuous initiatives to keep up with the change. The research findings state that healthcare leaders need to handle patients with more personal care using the hands-off approach moving into the future. I propose that health care leaders and their staff make available communication forms to the patient without struggling to make a trip to the office and argue that the health care leaders and their employees' behaviors should be kept above reproach to combat the ethical challenges.

Conclusion

Medicinal and technological advancement is a matter of existential importance moving into the future, and it should be looked at keenly (Association of American Medical Colleges, 2006). I would also recommend that the healthcare leaders continuously adapt the training initiative to keep up with the continual change in

medicine and technology. The study has delved into the hospital leadership's challenges in obtaining urology and otolaryngology residencies. The challenges include training and education challenges, medicine and technological advancement, ethical challenges, regulatory challenges, healthcare costs, etc. The findings from this study highlighted the challenges for healthcare leaders in Urology and Otolaryngology and offered the recommendations necessary to combat these challenges.

Appealing models are being developed; for example, in the 20th century, clinical clerkships started to shift from the conventional school setting. In 1927, Northwestern Medical School in Chicago selected a specific individual subject to numerous students in an institution, the first actual clerkship. In 1927, the University of Oklahoma introduced a clinical clerkship for their third-year undergraduates that included 90 minutes of daily supervised learning, adopting Northwestern's lead. Today, there is still a lot of variation in clerkships. There is a lot of debate about the order of clerkships and their consequences on students. Clerkship rotations in the third and fourth years are significantly different programs. 3rd-year clerkships are frequently viewed as fundamental essential components of medical knowledge by schools. Structure and monitoring are even more extensive than in many fourth-year clerkships. The career counselors look at students' issues throughout their clerkship and create a comprehensive curriculum that fills any information gap.

This research has shown that the weight of urology and otolaryngology is substantial and increasing. This research has found that health care management needs to be acted even to consider utilizing other means before developing an actual crisis because

of the scarcity of Urology and Otolaryngology community preceptors. One strength of organization J is that it provides residents with a three-year individualized training program consisting of eight major elective tracks offering rural experience, hospitalist medicine, emergency medicine, and advanced OB.

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Appendix: Interview Questions

1. What are the challenges in locating community preceptors?
2. What are the challenges in locating Urology and Otolaryngology clinical experiences?
3. What are specific solutions leadership has implemented to improve obtaining clinical experiences?
4. What are the specific challenges for Hospital Leadership?
5. Describe alternative strategies for urology and otolaryngology residents when they are unable to find community preceptors.
6. Describe the relationship to the parent organization.