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Recruiting and Retaining NP Preceptors

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Abstract: It is estimated that by 2020, the shortage of primary care providers will reach over 20,000. This has led to a surge of nurse practitioner (NP) programs across the nation. Recruiting and retaining preceptors is of paramount importance. Barriers and incentives to precepting must be identified in order to maximize teaching capacity. More effective ways of training NP students (NPs) need to be explored to capitalize on the time preceptors invest with students. The adoption of the OMP teaching model may facilitate training for the preceptor and improve the learning of NPs due to its simplicity and efficiency.

Key words: nurse practitioner, training, preceptor, recruitment, one-minute preceptor model, retention, barriers, incentives

Introduction

Traditionally, the clinical training of health care providers including Nurse Practitioners (NPs) has fallen on experienced clinical providers such as physicians, nurse practitioners, and physician assistants who have chosen to teach, mentor, and supervise students on a volunteer basis, during the hours of their normal employment (Webb et al., 2015). Preceptorships have recently become more difficult to obtain and sustain due to multiple barriers, including time constraints, provider productivity expectations, lack of compensation, and ineffective communication between preceptors and faculty from teaching institutions.

Training students entails a commitment that requires a great deal of time from the preceptor (Morgan, Brewer, Buchhalter, Collette, & Parrot, 2017). With providers still expected to meet their productivity standards, many find it difficult to incorporate uncompensated time for teaching into their practices and are less likely to take on the preceptor role (Davis & Fathman, 2018; Webb et al., 2015). It is indeed very difficult to recruit and retain qualified preceptors. The small pool of available preceptors is further compromised as NP programs must compete with other health profession programs such as physician assistants, allopathic physicians, and osteopathic physicians to secure both preceptors and clinical sites. As a result, some schools have had to pay a fee in order to place their students (Davis & Fathman, 2018).

Search Strategy

A review of evidence-based best practices for recruiting and retaining preceptors was completed in order to answer the following PICO(T) question: In preceptors, how does addressing incentives and barriers to precepting nurse practitioners compared to current practice affect their recruitment and retention over one year? The following databases were searched

for relevant evidence: Cumulative Index to Nursing and Allied Health Literature (CINAHL), OVID, PubMed, Joanna Briggs and Cochrane Database of Systematic Reviews. This generated 93 articles. Articles were peer reviewed, English-only articles published between the year 2000 and 2019. This resulted in 30 articles of which six were chosen for review based on their relevance to the topic and the strength of the evidence.

Key terms included in the search were: *preceptor, preceptor training, preceptor compensation, incentives, barriers nurse practitioner, One Minute Preceptor.*

Critical Appraisal of Evidence

Appraisal Tools

The *John Hopkins Non-Research and Research Evidence Appraisal Tools* (Dang & Dearholt, 2017) were used to critically appraise the strength of evidence included in this review. These tools were used to determine the level and quality of each piece of evidence. The results of this critical appraisal of evidence are summarized in an evaluation table (Appendix A).

Incentives and Barriers to Precepting

Davis and Fathman (2018) conducted an extensive literature review to identify the barriers NP programs face securing clinical educational opportunities for their students and also to identify incentives to help mitigate the problem. The literature search was conducted using CINAHL, PubMed, and Scopus. Inclusion criteria consisted of peer-reviewed full text articles published in the English language. A total of eighteen articles met inclusion criteria and were reviewed. The literature review identified several barriers that limit the availability of preceptors including lack of compensation, use of electronic medical records, time constraints, decreased productivity, and feeling unprepared or unqualified to teach. The report revealed some

preceptors report little confidence in their ability to recognize the clinical educational needs of the student or understand the mechanisms for evaluation of student performance (Davis & Fathman, 2018). The authors further identified ten incentives for NP programs to secure clinical educational opportunities for their students including: giving back to the profession, financial compensation, access to library resources, adjunct faculty status, ability to maintain current relationships with faculty, credit toward certification, tuition remission, preceptor training, and continuing education opportunities.

Roberts et al. (2017) in conjunction with the American Association of Nurse Practitioners (AANP) conducted one of the largest research studies regarding NP preceptors. In 2016, they sent out surveys to 40,000 AANP members across the United States. They received 3970 usable surveys from all states except Delaware and Wyoming. This was a follow-up study to an earlier survey attempt to 5000 NPs of which they received 548 responses back. The majority (90.6%) of the respondents were female (65%), masters prepared (71.6%), certified (65.7%) and practiced in ambulatory care settings (61.4%). The average years of experience ranged from 11.13 to 55 years. The majority held master's degrees and 22 percent held doctoral degrees. Over 70% percent of respondents had experience precepting NP students. Participants were asked to rate the importance of commonly identified incentives to precepting. The most common responses were identified as receiving financial compensation, learnings about current clinical guidelines and new medications, access to continuing education material and gaining adjunct faculty status. Barriers to precepting identified by participants included times constraints, lack of space, issues related to EMR, and lack of employer support. The strength of this study was due to the large sample size and wide representation across the US. It was limited, however, due to the samples

only from being obtained from AANP and no other NP organization. Nevertheless, this study provides important information about what preceptors are thinking regarding the training of NPs.

Webb et al. (2015) conducted a cross-sectional study to determine preceptors' self-identified incentives and barriers to precepting students. The purpose was to learn the value of actual or potential interventions that might incentivize them to precept. A web-based survey was emailed to 3,000 current and past preceptors of the Massachusetts General Hospital Institute of Health Professions School of Nursing. The total yield was 521 completed surveys but only 431 met the inclusion criteria which was US health care providers self-identified as qualified to serve as a clinical preceptor to NPs. No identifying information connected the survey to participants to assure anonymity and confidentiality. No compensation was offered for completion of the survey. Two domains were used for testing. The first domain evaluated incentives for precepting. It contained 40 items within 7 categories including; credit toward certification, professional affiliation, program information, financial compensation, recognition, and gifts. Participants were asked "How would these items if available, influence your decision to serve as a preceptor?" The second domain evaluated influential factors. Participants were asked to "Please evaluate the following items and determine whether they are incentives, barriers or neither." Values were scored as -2=strong barrier, -1= weak barrier, 0=neither incentive or barrier, 1=weak incentive and 2= strong incentive. Alpha was set at $p < .01$. Pearson correlations, Cronbach alpha, and a repeated measures analysis of variance were calculated. IBM SPSS version 22 was used to analyze data. Seventeen items were introduced and were scored on a bidirectional scale using the following values: -2, strong barrier, -1, weak barrier; 0, neither incentive nor barrier. 2, strong incentive, 1-weak incentive.

The results of the first domain addressing incentives to precept were significant, with providers identifying “receiving credit toward professional development” and “attaining adjunct faculty status” as the most important incentives. Other desirable incentives were having positive relationships and clear communication lines with faculty. Although the majority of respondents want to give back, 79% indicated that remuneration was a desirable incentive to precept. The most important barriers were identified as time constraints and productivity demands by employers. This study was limited, as most of the respondents (76%) surveyed came from the Northeastern States, so the results may not be generalizable to other parts of the US. Also, over 95% of respondents were NPs and only 5% were physicians, therefore results are only generalizable to NP preceptors, not physicians or other types of preceptors.

One Minute Preceptor Model

In order to be able to mitigate one of the main barriers such as time, the One Minute Preceptor Model (OMP) model may be an efficient way to teach students. Teaching moments must be highly efficient due to time demands (Neher, Gordon, Meyer, & Stevens, 1992). Although a relatively new concept in clinical evaluation, there are several articles describing the use of the OMP method to teach students and improve the training of faculty (Bowen et al., 2006; Davis & Fathman, 2018; Eckstrom et al., 2006; Furney et al., 2001). The OMP model is learner centered rather than patient centered. The questions asked of the student learner revolve around the student's understanding of what is going on with the patient. It consists of five steps known as the 5 micro-steps: (1) get a commitment from the student as to what is thought to be wrong, (2) probe for answer (preceptor questions student on rationale for answer), (3) teach general rules (preceptor provides a teaching moment), (4) positive reinforcement (preceptor

praises and reinforces things done well), and (5) correct mistakes (preceptor uses constructive criticism to complete learning cycle (Neher et al., 1992).

The aim of using the OMP model in teaching addresses several challenges faced by preceptors and facilitates the evaluation of learners' performance, delivers effective clinical teaching, provides necessary feedback, and allows learners' meaningful participation (Bowen et al., 2006; Neher et al., 1992). This method of teaching has been supported in the literature as it facilitates learning in a simplistic manner which allows for assessment of knowledge, plans of action, reinforcement of skills learned, and an opportunity for improvement in a very systematic and concise way. Preceptors reported improvement in teaching skills and increased success in the role of preceptor with the implementation of the OMP model (Davis & Fathman, 2018).

In order to better develop learner centered teaching expertise in clinical precepting, clinical instructors should be provided the opportunity to first learn and habituate their teaching skills (Bowen et al., 2006). To demonstrate this, Bowen et al., (2006) conducted a study where preceptors not only received training in how to use the OMP model but also had an opportunity to role play. Their investigational study included 75 clinical teachers who participated in one of five workshops where they learned the OMP model by doing role play either as a preceptor or learner. After the interactive training, 94% of preceptors rated the experience as good or excellent. There were a few limitations to this study including participants were self-selected and there was no control group. Nevertheless, the authors concluded that the OMP model of teaching remains an important part of faculty development programs designed to facilitate learner centered techniques.

Eckstrom et al. (2006) designed and implemented a non-randomized but controlled pre-post study to measure the effectiveness of an enhanced OMP faculty development workshop.

The faculty completed a self-assessment of their perceived teaching effectiveness post training with the OMP model. The residents were also asked to assess the teaching effectiveness of the faculty. The residents, however, were not aware of which faculty had received the OMP training. A convenience sample of sixty-eight outpatient resident preceptors were obtained from a university hospital, a VA hospital, and two clinic sites. A questionnaire was administered to the residents 6 to 18 months before and after an experiential skills improvement workshop taught by either an OMP trained faculty or a non OMP trained faculty. Residents completed anonymous evaluations of their faculty preceptors; however, they were unaware of which faculty had received the training or not. In addition, pre and post faculty self-evaluation of perceived skills using the OMP model were collected. Faculty were asked to rate their frequency and comfort in using each of the 5 microskills using a Likert scale. Pre and post intervention questionnaires were compared using paired t-tests. The authors predicted that faculty who had never received the intervention with the OMP would receive lower scores from the resident evaluators as compared to the faculty who received the OMP intervention training. Their results showed that faculty who participated in the workshops to learn OMP teaching skill improved in their perceptive abilities to teach. There were several limitations to this study including a non-randomized design and self-selected faculty groups. Although not statistically significant, the results of data analysis showed that the scores for faculty who received the OMP intervention increased in 4 of 5 microskills. Intervention with OMP was also related to improvement in faculty's self-perceived teaching abilities.

Furney et al. (2001) conducted a randomized controlled trial to determine if resident faculty who were trained in the OMP model rated higher as clinical teachers than those who did not receive training. Fifty-seven internal medicine residents assigned to inpatient medical

services at the University of Michigan and the Ann Arbor Veterans Administration Center between March 1999 and May 1999 who had teaching responsibilities were invited to participate. They were randomly assigned to either an intervention group (n=28) or control group (n=29). The intervention consisted of receiving a 15-minute lecture on the use of the OMP model of teaching which incorporated the five micro-steps followed by a 20-minute role play, and then a debriefing session. Total training time was one-hour monthly sessions over a period of nine months. Both residents and their learners (medical students) were asked to complete a 14-item questionnaire used to evaluate the teaching effectiveness of the residents. This questionnaire used a 5-point rating scale where 1= “strongly disagree” and 5= “strongly agree” for use of behavior, and 1= “very poor” and 5= “excellent” for measures of overall effectiveness. Significance level was set at $p=.05$. All data was analyzed using STRATA. Residents assigned to the intervention (OMP training) showed statistically significant improvements ($p<0.5$) in at least one micro skill (Furney et al., 2001). The one-hour intervention was found to be effective in improving the teaching skills of the resident faculty. It helped teaching residents provide good feedback to students, an area that had been highly deficient. There were some limitations to this study including that it was performed at a single institution which limits its generalization to other settings. Also, it was a non-blinded study which introduces the possibility of bias. The authors recommended further study to test the generalizability of their results (Furney et al., 2001).

Summary of Evidence

In summary, addressing incentives and barriers for recruiting and retaining preceptors is critical in order for NP programs and their graduates to be successful. As evidenced by the literature, the most common incentive desired by preceptors is adjunct faculty status, credit

toward professional development, and compensation (Davis & Fathman, 2018; Roberts et al., 2017; Webb et al., 2015). Educational institutions may be able to facilitate adjunct faculty status and provide more recognition to preceptors. They should also be able to extend a letter to preceptors regarding the number of clinical hours they have precepted students. The American Academy of Nurse Practitioners currently allows an NP preceptor to earn up to 25 non-pharmacology continuing education hours in exchange for precepting a NP student for 125 hours within each 5-year certification period (AANP, 2019). The Society of Teachers of Family Medicine allows physicians to earn a maximum of 60 AAFP prescribed credits for teaching health professions learners. Physician Assistants may be awarded up to 0.5 AAPA Category 1 CME credit for each two (2) weeks of clinical teaching and a maximum of 10 Category 1 CME credits may be awarded to any single preceptor in a given year (STFM, 2019). Besides monetary compensation, there is much that can be done to recruit and retain preceptors.

The most common barriers identified include time constraints, office space and productivity standard demands (Davis & Fathman, 2018; Roberts et al., 2017; Webb et al., 2015). The literature well supported the need to address these barriers. Although some are more difficult to address such as productivity standards, space, & EMR issues, much can be done to help minimize the perceived burden students may impose on preceptors. With limited time and high expectations of productivity, training preceptors and equipping them with usable training tools that may save time and improve teaching should be considered. Employing the use of training tools such as the OMP teaching model could save valuable time while at the same time maximize learning (Bowen et al., 2015 & Eckstrom et al., 2006; Furney et al., 2001). This in turn may improve a preceptor's willingness to precept NPs.

Implications for Nursing Practice

In conclusion, the literature is clear that preceptors are essential to the role development and provide a strong clinical foundation for NP students (Roberts et al., 2017). Training institutions must realize the importance preceptors hold in the preparation of NP students. Having a clear understanding of incentives and barriers to precepting may help NP programs make changes to improve the clinical teaching experience for preceptors and thus incentivize them to agree and continue to precept NP students. Although not all incentives and barriers identified by the literature can be addressed at once, initiating a plan of action to improve communication with preceptors and address their concerns will be a determining factor in their recruitment and retention.

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Running head: RECRUITING AND RETAINING NP PRECEPTORS

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
<p>Bowen et al., 2016 <i>Teaching and Learning in Medicine</i>, Enhancing the effectiveness of One-Minute Preceptor faculty development workshops</p>	<p>NONE</p>	<p>Interative method Role play based on common clinical scenarios</p>	<p>75 clinical teachers at teacher workshops</p>	<p>Perception of faculty on OMP One-minute preceptor model of teaching</p>	<p>Qualitative data</p>	<p>Analysis by % of respondents</p>	<p>Although supportive of OMP model further studies that address actual use of OMP micro-skills in clinical taching by trained and untrained teaching faculty are needed</p>	<p>Strengths: allowed faculty to role play and really get to experience OMP model first hand as students would</p> <p>Limitations: non-randomized Modest sample</p> <p>Critical Appraisal Tool & Rating: Johns Hopkins Research Evaluation Tool Level II Quality B</p>

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
<p>Davis et al., 2018</p> <p><i>Journal of Nursing Education and Practice</i></p> <p>Clinical evaluation of nurse practitioner students: identifying incentives, barriers and working models to develop sustainable preceptorships</p>	<p>NONE</p>	<p>NONE</p>	<p>18 articles met inclusion criteria</p>	<p>Barriers Incentives Working models of NP preceptorships</p>	<p>N/A</p>	<p>N/A</p>	<p>Common barriers include lack of compensation and decreased productivity</p> <p>Motivating factors giving back to community and credit toward recertification</p>	<p>Strengths:</p> <p>40 articles reviewed</p> <p>Limitations:</p> <p>Few studies met criteria</p> <p>Critical Appraisal Tool & Rating:</p> <p>Johns Hopkins Non-Research Evaluation Tool: Level V Quality A</p>

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
<p>Ecksrom et al. (2006) <i>Journal of General Internal Medicine</i></p> <p>Measuring outcomes of a one-minute preceptor faculty development workshop.</p>	<p>NONE</p>	<p>non-randomized but controlled pre-post study design with a convenience sample</p>	<p>68 internal medicine preceptors (44 control and 24 intervention) At a university, a veteran’s hospital and two community internal medicine trainings sites</p>	<p>Faculty self-assessment and resident assessment</p>	<p>Survey to collect pre-post self-evaluations of skills with OMP among residents and faculty</p>	<p>Paired t-tests with a .05 significance level using 2-tailed tests</p>	<p>Faculty who participated in workshop felt that they increased their use of the OMP teaching skills</p> <p>Intervention appears to have improved the faculty’s self-perceived abilities to diagnose their learners</p>	<p>Strengths: tested in a mixed university-community sample</p> <p>Limitations: Not randomized, Residents were untrained observers of faculty teaching skills</p> <p>Critical Appraisal Tool & Rating:</p> <p>John Hopkins Research Evaluation tool Level II Quality B</p>

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
<p>Furney et al., <i>Journal of Internal General Medicine</i></p> <p>Teaching the one-minute preceptor: A randomized controlled trial</p>	<p>NONE</p>	<p>Randomized Control Trial</p>	<p>57 second- and third-year internal medicine residents At inpatient tertiary care hospital and a Veterans medical center affiliated with a university center</p>	<p>Use of OMP model of teaching in improving teaching skills of residents</p>	<p>1-hour session incorporating lecture, group discussion, and role play</p> <p>Pre and post Questionnaires</p>	<p>paired t-test to compare pre and post intervention ratings significance level was set at P=.05</p> <p>Data analyzed using STATA</p>	<p>Residents assigned to intervention group reported statistically significant changes to all behaviors (P< .05) 87% of all residents rated tool as “useful or very useful”</p> <p>The OMP is a brief and easy to administer intervention that provides modest improvements in residents teaching skills</p>	<p>Strengths: Can be taught in a single 1-2-hour seminar Majority of teaching is cased based rather than lecture based</p> <p>Limitations: Performed in a single institution Small sample size</p> <p>Critical Appraisal Tool & Rating: John Hopkins Research Evidence Appraisal Tool Level 1 Quality B</p>

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
<p>Roberts et al., 2017. <i>Journal of the American Association of Nurse Practitioners</i></p> <p>Precepting nurse practitioner students: A new view- results of two national surveys of nurse practitioner preceptors</p>	<p>NONE</p>	<p>Randomized Control Trial</p>	<p>Sample were randomly obtained from two surveys sent out to American Academy of Nurse Practitioners to NPs practicing in US Midwest, Southeast and Northeast regions. In 2015 and 2016. NPs represented all states except Delaware and Wyoming.</p> <p>2015 sample = 548 2016 sample = 3970</p>	<p>Incentives and barriers to precepting NPs</p> <p>NPs= nurse practitioner students</p> <p>Incentives= a positive outcome, a gain</p> <p>Barrier= something that gets in the way, impedes, is seen as negative</p>	<p>Descriptive, exploratory study</p> <p>Electronic Questionnaires</p>	<p>Descriptive statistics used to describe sample and analyze data</p>	<p>Incentives: keeping UpToDate with medicine and medications, access to continuing education credits (CEs), access to library, adjunct faculty status</p> <p>Barriers: time constraints, electronic medical records issues, lack of space</p>	<p>Strengths: Large study</p> <p>Geographically diverse</p> <p>Limitations: Sample obtained from only one NP organization</p> <p>Critical Appraisal Tool & Rating: John Hopkins Research Evidence Appraisal Tool Level II Quality B</p>

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
<p>Webb et al., 2015 <i>The Journal for Nurse Practitioners</i></p> <p>Incentives and Barriers to precepting Nurse Practitioner Students</p>	<p>NONE</p>	<p>Quasi-experimental</p>	<p>453 US health providers self-identified as qualified to serve as a clinical preceptor</p>	<p>Preceptors self-identified incentives and barriers</p> <p>The value of potential interventions that would incentivize them to precept</p>	<p>Pearson’s correlations, Cronbach alpha and a repeated measures analysis of variance.</p>	<p>Cross-sectional survey design study</p> <p>Descriptive statistics calculated with IBM SPSS version 22.</p>	<p>Preceptors barriers to precepting students include space, lack financial incentives</p> <p>Incentives to precept: giving back to profession, credit to recertification, remuneration, adjunct faculty status, CME</p>	<p>Strengths: large sample size</p> <p>Limitations: Self-identified participants</p> <p>Critical Appraisal Tool & Rating: Johns Hopkins Research Evidence Appraisal Tool Level II, Quality A</p>