Precepting in Pharmacy: Stocking Your Toolbox

Doug Meyer, RPh, MBA, BCNSP
Pacific University
School of Pharmacy

Annual Convention
April 5th, 2014

Disclosures

None

Learning Objectives

Upon conclusion of this program, the participant should be able to:

1. Discuss the 4 preceptor roles in teaching clinical problem solving.
2. Describe one tool for giving students timely and valuable feedback.
3. Outline four simple reminders (aka “low hanging fruit”) for effective rotations.
4. List three resources available for preceptor development.
What is a preceptor?
Teacher, instructor and coach who moves students from knowledge to application to integration in a practical training environment.

The Elements of Precepting

Investment  Evaluation  Education  Partnership  Professionalism  Coaching  Negotiation  Role modeling  Guidance  Teamwork

Adding to an already chaotic day at work!

Why Should I Be A Preceptor?
• Professionally rewarding
• Provides the opportunity to influence the future of the profession and our future professional peers
• “Giving back” to the profession
• Opportunity to be “that preceptor” that had a positive influence on a young pharmacist.
• Helps keep your knowledge up to date
Teaching Problem-Solving Skills: Four Roles of the Preceptor

Four Roles of the Preceptor

- Facilitating
- Coaching
- Modeling
- Direct Instruction

ASHP Accreditation Standards for Pharmacy Residency Programs

"Preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, and facilitating).

Further, preceptors must demonstrate abilities to provide criteria-based feedback and evaluation of resident performance. Preceptors must continue to pursue refinement of their teaching skills."
Direct Instruction

Teaching techniques:
- Direct provider of content specific to their practice problems (foundational)
- Teach how a new piece of content relates to other pieces
- Introduce new content in the context of solving a direct patient care practice problem

Appropriate instructional methods:
- readings
- lectures/topic discussions
- guided discussions with student/resident

Modeling

By definition, preceptors are role models... students will observe what you do and how you do it.

Teaching techniques
- “Thinking out loud” with the student as you solve a problem
- Allow the student/resident to see (observable actions) and hear your process so he/she can emulate.

Appropriate instructional methods
- Guided discussion
- Case-based teaching
- Stimulation/role play

Coaching

Teaching techniques
- Students practice skills (e.g. med history) or solving patient care problems while being observed by the preceptor. Ongoing feedback is given during the process.
- Provide sufficient practice to build speed and efficiency
- Ask learners to explain out loud what they are thinking as they solve a problem

Appropriate teaching methods
- Observation of student/patient interactions
- Case-based teaching
- Simulation/role playing
Facilitating

Teaching technique
• Give students the opportunity to work independently (builds confidence), while the preceptor remains available to de-brief.
• Teach and encourage learners to evaluate their own work
• Focus on problem solving skills
• Teaches students how to facilitate their own learning

Appropriate teaching method
• Practice-based teaching

Let’s take off our preceptor hats and put ourselves in the learner’s shoes...

Student/Resident: Scenario 1
• First day of your oncology rotation
• No prior to knowledge of oncology
• You feel that you’re not able to provide much evidence-based, patient-centered medication therapy input on rounds
• Your preceptor assigns chapters in an oncology text or current articles on therapies for different cancers
• What role is your preceptor taking in this stage of your learning?
Student/Resident: Scenario 2

- You and your preceptor decide to talk through a multiple myeloma case
- Your preceptor provides steady feedback on your knowledge and clinical decision making thought process.
- As the rotation continues, your case presentations improve, and your preceptor’s constructive comments fade...
- What role is your preceptor taking in this stage of your learning?

Student/Resident: Scenario 3

- It’s the final week of your oncology rotation.
- As you get ready for your final evaluation, your preceptor asks you to pull out the rotation objectives that were created during the first week.
- She asks you to assess how you did on meeting the rotation goals.
- If all of the goals weren’t met, you should also reflect on why they were not met.
- What role is your preceptor taking in this stage of your learning?

Student/Resident: Scenario 4

- You are ready for learning how to apply thinking strategies necessary to solve patient care problems.
- You have focused on reviewing oncology drugs, including side effect management and appropriate use.
- During Oncology rounds with the team, your preceptor describes to you her process of prioritizing drug therapy recommendations for multiple myeloma.
- What role is your preceptor taking in this stage of your learning?
"The Learning Pyramid"

Stages of Learning

- Culminating Integration
- Practical Application
- Foundation Skills & Knowledge

Preceptor's Role

- Facilitating
- Coaching
- Modeling
- Direct Instruction

What frequently happens when precepting:

- Student Progress
- Direct Instruction
- Modeling
- Coaching
- Facilitating
What should happen when precepting:

The 4 Preceptor Roles will Ebb and Flow

As a preceptor, the teaching role you take with students will not only vary between students (student vs. PGY1 vs. PGY2), but even with the same student, depending on the situation (a student with a strong clinical background on a management rotation)

Modeling throughout the rotation will help keep the student progressing with confidence

Precepting Students: IPPEs

Introductory Pharmacy Practice Experiences - IPPEs
- Focus on direct instruction & new experiences. Help students apply knowledge to simple patient care scenarios.
- Modeling and coaching are appropriate:
  - Describe what you do, what you are thinking, while you are doing it. Continue modeling throughout the rotation.
- Make sure your expectations match the students knowledge and skill level. For example: Has your student had a therapeutics course yet?
  - Basic management principles
  - Rx processing
  - Drug Info skills
  - Patient interview & education skills
  - Interprofessional communications
Precepting Students: APPEs

Advanced Pharmacy Practice Experiences - APPEs:
• Progressive application and integration: pulling it all together throughout 12 months
• Help students integrate and apply their knowledge to complex patient situations (modeling and coaching). Direct instruction still needed.
• May (or may not) reach facilitation role.
  • Formal presentations
  • Journal club presentations
  • Topic discussions
  • Patient specific monitoring and evaluation
  • Health promotion/disease prevention activities

6 TIPS TO IMPROVE YOUR PRECEPTING EFFECTIVENESS

Methods to Improve Effectiveness and Efficiency as a Preceptor

1. Establish a teaching environment
2. Communicate with everyone involved
3. Tailor your teaching to the students needs
4. Share teaching responsibilities
5. Keep observation and teaching encounters brief
6. Broaden student responsibilities
1. Establish a teaching environment

- Does your practice site have a culture of teaching?
  - Can you enhance it?
- Orient the student to your site on Day One
  - Introduce to all
- Discuss mutual expectations and revisit them throughout the rotation
- What do you expect the student to do, not do, learn
- What does the student expect to learn? What are the student’s career goals?

2. Communicate with all involved

- In addition to goals and expectations, have an open discussion about learning styles and how you like to teach
- Check in frequently with the learner about their progress & give feedback
- Make feedback part of the culture of your site
  - How is our communication?
  - Are there topics you hoped to cover that we haven’t yet?
  - Am I giving you enough feedback?
  - Do you have feedback for me?

Feedback, feedback, feedback

Mnemonic for giving feedback:

**S.I.T**

S = Specific

I = Individualized
  - public vs. private?

T = Timely
  - Immediate: don’t wait
## The One Minute Praising and Reprimand

<table>
<thead>
<tr>
<th>One Minute Praise</th>
<th>One Minute Reprimand</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Praise the behavior</td>
<td>• Reprimand the behavior or action. (It's not personal)</td>
</tr>
<tr>
<td>• Do it soon</td>
<td>• Do it soon, but wait until you are calm and in private</td>
</tr>
<tr>
<td>• Be specific about what was right</td>
<td>• Be specific about what was wrong</td>
</tr>
<tr>
<td>• Tell the person how you feel</td>
<td>• Tell the person how you feel</td>
</tr>
<tr>
<td>• Pause to let the person “feel” how good you feel!</td>
<td>• Pause to let the person “feel” how you feel!</td>
</tr>
<tr>
<td>• Encourage more of the same</td>
<td>• Encourage improvement</td>
</tr>
</tbody>
</table>

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### Effective or Ineffective Feedback?

1. Great job!
2. Resident specified therapeutic goals based on consideration of disease state. He uses practice guidelines appropriately (ex. JNC-8). Goals are measurable and realistic for the patient.
3. Resident saw all patients in the AC clinic today.
4. The counseling that you gave to your last warfarin patient, last Wednesday, was too much information.

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### 3. Tailor teaching to the learner’s needs

- Assess the learner’s strengths and weaknesses early in the rotation. Share them and ask the learner what their goals are for the rotation.
- Discuss the learner’s goals for the rotation early in the rotation, and refer back to them throughout.
How does your student learn?

<table>
<thead>
<tr>
<th>Type of learner</th>
<th>Ways to convey information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual:</td>
<td></td>
</tr>
<tr>
<td>Write It</td>
<td>• Written materials and exercises</td>
</tr>
<tr>
<td></td>
<td>• Ask student to write a response</td>
</tr>
<tr>
<td></td>
<td>• Ask student to be recorder in a group/meeting</td>
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<tr>
<td></td>
<td>• Write key words on board/flip chart</td>
</tr>
<tr>
<td></td>
<td>• Discuss assigned readings</td>
</tr>
<tr>
<td>Auditory:</td>
<td></td>
</tr>
<tr>
<td>Say It</td>
<td>• State the information</td>
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<tr>
<td></td>
<td>• Provide discussion periods</td>
</tr>
<tr>
<td></td>
<td>• Encourage questions &amp; repeating back</td>
</tr>
<tr>
<td></td>
<td>• Utilized audiovisuals and other audio methods</td>
</tr>
<tr>
<td></td>
<td>• Journal club/presentations effective</td>
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<tr>
<td>Kinesthetic:</td>
<td></td>
</tr>
<tr>
<td>Demonstrate It</td>
<td>• Demonstrate a principle or task</td>
</tr>
<tr>
<td></td>
<td>• Ask student to practice technique</td>
</tr>
<tr>
<td></td>
<td>• Offer hands on activities</td>
</tr>
<tr>
<td></td>
<td>• Encourage underlining and highlighting key words</td>
</tr>
<tr>
<td></td>
<td>• Shadowing other disciplines</td>
</tr>
</tbody>
</table>

From ASHP Preceptor’s Handbook, 2nd ed.

4. Share teaching responsibilities

• Students don’t need to spend every minute of the day with you!
• Who else on your team can help enrich the experience?
  – Almost everyone!
  – Pharmacists, technicians, buyers, managers, people from other departments, nurses, other students
• Have the student teach themselves (and you)
  – Do you have a topic that you are unfamiliar with, or could use an update? Give it to your student as a topic for your next discussion. Disclose that this will help you out as well

5. Keep observation and teaching encounters brief

• Students are more likely to benefit from small pieces of feedback linked directly to patient problems, than large amounts on general topics.
  – e.g., focus on one aspect of an encounter
• Use repetitive feedback on important concepts
  – e.g. student’s use of open ended questions with patients
6. Broaden responsibility

When the student or resident is ready to do more, let them!

Health System sites:
1. Drug shortage investigations
2. Medication reconciliation process: how can they assist?
3. Use clinical literature to support decision making

Biagioli FE, et al

6. Broaden responsibility

Community Sites:
1. More independent self-care consultations
2. In-services for other health care providers (new meds)
3. Update/prepare patient education sheets (non-English versions, appropriate reading levels)

Biagioli FE, et al

How are we doing as preceptors?
Table: Median Scores and % of Rated Teaching Behaviors as Perceived by Students and Preceptors

<table>
<thead>
<tr>
<th>Teaching Behaviors</th>
<th>Students</th>
<th>Preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting Criteria for student performance</td>
<td>34.2%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Grading students based on criteria and effort</td>
<td>42.1%</td>
<td>93.1%</td>
</tr>
<tr>
<td>Giving Students positive feedback for good work</td>
<td>35.5%</td>
<td>82.8%</td>
</tr>
<tr>
<td>Responding positively to students’ comments and suggestions about preceptor teaching</td>
<td>43.4%</td>
<td>72.4%</td>
</tr>
<tr>
<td>Inviting comments and/or criticism of preceptor own ideas</td>
<td>46.0%</td>
<td>82.8%</td>
</tr>
</tbody>
</table>

Statistically Significant Differences (p<0.05)
Communication Pearls

- Be clear, consistent and get confirmation of understanding.
- When asking a question, wait..........wait......wait......for students to respond.
- Stop and look at students when talking to them when possible.
- Talk through your thinking process out loud (modeling).
- Ask “why?” repeatedly until you exhaust knowledge: then send them to look up more.
- Be patient...you were once a student too!

What do students say about effective preceptors?

This rotation was very well organized. A checklist of items to accomplish was provided up front along with an expected timeline to complete them. Lori also made sure that she was available to me by providing not only her email address, but her cell phone number as well in case I needed to speak with her. She took time each week to have a discussion in which she taught me about, or had me research and discuss, topics related to diabetes. Lori was always incredibly friendly and helpful.

What do students say about effective preceptors?

I really enjoyed his daily question. It challenged me and kept me on my toes. It also showed what more I had to work on and study more.

My preceptor is great. I like how he always challenge me with questions because that really help me develop critical thinking and use my clinical judgment to solving problems.

My preceptors were very involved in incorporating students into their work. It was a great learning experience for me.
What do students say about effective preceptors?

John has a very good pulse on how to maximize a rotation in a community setting. He is very clear with his expectations and the onus is on the student to capitalize on this experience. He has staff pharmacists that are very capable and willing to teach and interact with interns. John is a great preceptor for students that are self-directed learners and need just a push in a direction and an occasion course-correction if needed. Thank you for this invaluable experience.

What do students say about effective preceptors?

Keith is a tremendous preceptor. He is by far my favorite preceptor thus far. He is very knowledgeable and lets students act on their own so they can really see what it is like to be a pharmacist. I appreciate the fact that he knows how to give constructive criticism, as this is something that will help me in the future. He also taught me how to write an acceptable progress/SOAP note without a lot of additional information. He really helped me become more confident in my overall decision making and clinical skills.

What do students say about effective preceptors?

• “She encouraged questions and provided periodic feedback”
• “…we set goals during the first week”
• “Everything was REALLY WELL planned out!”
• “I honestly feel like Kathryn really enjoys precepting”
• “…you take the evaluations very seriously so that one may grow from them”
• “promoted a learning environment for all different types of learners. Pam gave lots of great feedback throughout the rotation”
What about ineffective preceptors?

- "most of the times my preceptor treated me like I was just shadowing him or do not have any knowledge about medications."
- "I could have learned a lot by doing more projects"
- "It would be helpful to have not only the tasks delineated, but also an expectation on the final product and timeline as well."
- "I think in the future more instruction could be given to students on the first few days"
- "It would have been great to have more structure in this rotation."
- "I would have liked more feedback on how to improve."

$43 ASHP members
$47 non-members

$27 APhA Members, $33 non-members
Other Preceptor Resources

- Preceptor Development programs from the School(s) that you are affiliated.
- ASHP Preceptor Skills Resource Center: http://www.ashp.org/preceptorskills
- APHA: Pharmacist Preceptor Education Program: Free online CE (3.0 contact hours) to members and nonmembers: http://elearning.pharmacist.com/products/1319/the-pharmacist-preceptor-education-program
- Pharmacist’s Letter (Check with your college for free preceptor access): http://pharmacistsletter.therapeuticresearch.com/ptrn/default.aspx?cs=8&c=p
Post Assessment

1. Which of the following is the correct order of the 4 preceptor roles?
   A. Facilitating, direct instruction, coaching, modeling
   B. Modeling, coaching, direct instruction, facilitating
   C. Direct instruction, coaching, modeling, facilitating
   D. Direct instruction, modeling, coaching, facilitating

Post Assessment

2. Which of the following is demonstrating a skill while “thinking out loud”?
   A. Direct Instruction
   B. Modeling
   C. Coaching
   D. Facilitating

Post Assessment

3. “S.I.T.” is a mnemonic for giving effective feedback. Complete the following:
   S = specific
   I = individualized
   T = __________
   a. Transparent
   b. Truthful
   c. Timely
   d. Topic-focused
**Post Assessment**

4. Which of the following is something a preceptor can do to help ensure a positive student clinical experience?

A. Assume expectations & objectives.
B. Skip providing an orientation to save time.
C. Give regular feedback.
D. If the student requests it, give a thorough & accurate evaluation
E. All of the above

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**Selected References**


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**Thank you!**

dmeyer@pacificu.edu