

Precepting Pearls for Busy Practitioners

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Statement of disclosure

I have no conflicts of interest.

The event programming has been approved by the Accreditation Council for Pharmacy Education through the University of New England School of Pharmacy.

University of New England School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Education.



Haiku for pharmacy technicians

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**You might not know it
(Future) pharmacists need you
This talk's for you, too**



Technician

True or False: Pharmacy technicians play an integral role in PharmD experiential education.

- a. True
- b. False

Which of the following are reasons that pharmacy learners should train with pharmacy technicians?

- a. To gain operational knowledge in various technician roles
- b. To understand technician-pharmacist workflow relationships
- c. To appreciate the vital functions that pharmacy technicians perform
- d. All of the above

Objectives

Pharmacy Technician

1. Discuss pharmacy technician roles in PharmD experiential education.
2. Describe foundational and operational knowledge and skills that pharmacy technicians can own in a layered learning practice model.
3. Give examples of precepting tools presented that can be applied to pharmacy technician preceptor roles.

Pharmacist

1. Describe the rationale and benefits of creating a preceptor persona.
2. Relate precepting tools and strategies presented to the barriers that exist in practice that may limit effective precepting.
3. Discuss expert-derived precepting tools, such as Habits of Preceptors Rubric (HOP-R).

What barriers challenge effective precepting?

Barriers Brainstorm

Time

Unclear
knowledge
base/experience
of learner

Burnout

Lack of preceptor
training/develop-
ment/mentorship

Incongruent
career goals vs
rotation
experience

Unmotivated
learners

Competing
priorities

Difficulty delegating
to learner



Barriers Brainstorm

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**Incongruent
career goals vs
rotation
experience**

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Voice of the Learner

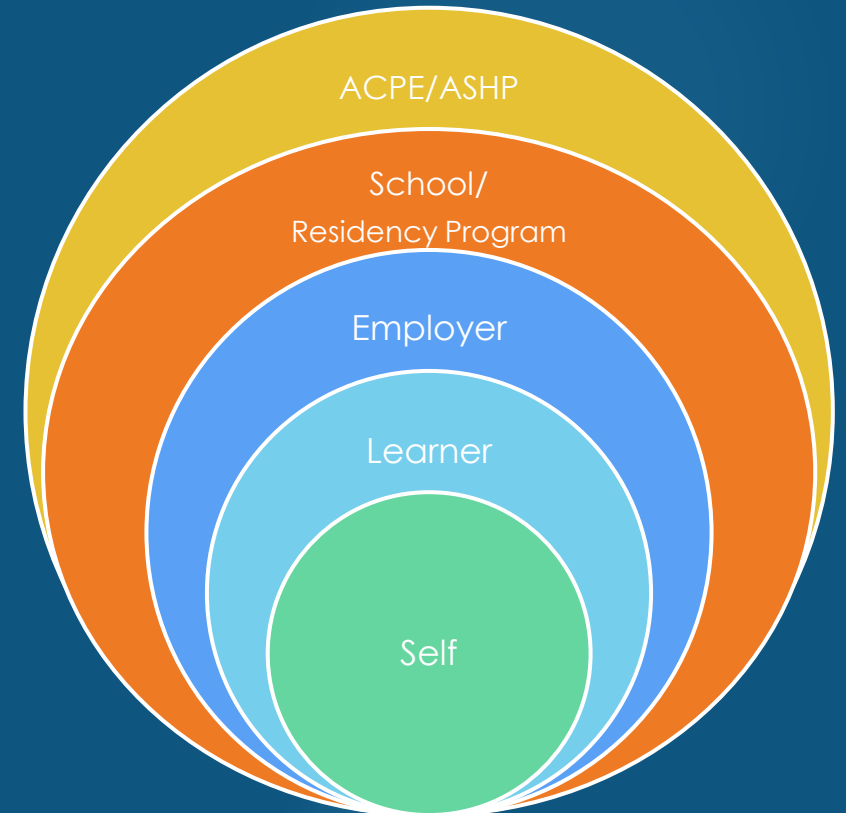
- ▶ Integrate interest of the learner into current rotation whenever possible

Expectations of a pharmacist

Practice



Preceptorship



Expectations of a pharmacy technician

Practice



Preceptorship!

Voice of the Learner

- ▶ Pharmacy (and hospital) operations is a significant experiential learning curve
- ▶ Understanding workflow from a technician perspective is critical to understanding pharmacy operations

Never enough time in the day... being effective and efficient

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Discussion Outline

1. Style & approach pearls
2. Expert panel tools
3. Learner ownership
4. Reflection & debriefing
5. Transitions of precepting
6. Time and task management tips from preceptors like you

Style & Approach Pearls

A preceptor persona, like a teaching philosophy, does all the following EXCEPT:

- a. Provides framework for the preceptor to guide rotation design and execution
- b. Vaguely describes how a preceptor will interact with learners
- c. Evolves over time with the preceptor
- d. Can be utilized by preceptors at all stages of experience because it reflects the individual preceptor

Create a Preceptor Persona

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Technician

Identify positive preceptor traits based on past personal experience

- What worked well when I was a learner?
- What common traits did my good preceptors share?

Examples: clinical expert, sets clear expectations, reputation with former learners

Acknowledge potential pitfalls of each trait

- What traits are appropriate to display with this learner?
- How is this learner motivated to think critically and learn more?
- How does this learner perceive their experience?

Examples: be aware of when/how to share expansive knowledge, clear but unrealistic or unfair expectations, prior perception impacting student experience

Create your personal preceptor persona

- What is my teaching philosophy?
- What core traits can I demonstrate with the experience I have at this point in my career?
- What do I want learners to say about my rotation?

Example: being expectation and skills focused while being firm but approachable

Persona - Thought Processes

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- ▶ Begin with the end¹
 - ▶ Picture a learner walking out on the last day of your rotation
 - ▶ In what way is that learner different from the one who started with you?
 - ▶ **Why?**
 - ▶ What knowledge and skills have they gained?
 - ▶ In what ways does this benefit the learner or the world? Advance patient care? Secure a job? Live a more meaningful life?
- ▶ Focus on concrete questions as opposed to the abstract “What’s my philosophy (persona)?”²
 - ▶ What do you believe about teaching?
 - ▶ What do you believe about learning?
 - ▶ **Why?**
 - ▶ What have you liked or not liked about your learner experiences?

1. Lang J. [4 steps to a memorable teaching philosophy](#). The Chronicle of Higher Education. August 2010. Accessed online at [teaching_philosophy_articles.pdf \(tamu.edu\)](#).

2. Montell G. How to write a statement of teaching philosophy. March 2003. [How to Write a Statement of Teaching Philosophy \(chronicle.com\)](#)

Persona - Thought Processes

14

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Rotation design

“Pharmacy education should start with the end in mind.”²

Begin with
the end

Make
distinctions

Be specific

Cite your
sources

1. Lang J. [4 steps to a memorable teaching philosophy](#). The Chronical of Higher Education. August 2010. Accessed online at [teaching_philosophy_articles.pdf \(tamu.edu\)](#).

2. Lockman K, Thomas D, Hill L. Chapter 27 - Adult Learning Theories in Pharmacy Education, Clinical Pharmacy Education, Practice and Research, Elsevier, 2019, Pages 389-397, ISBN 9780128142769, <https://doi.org/10.1016/B978-0-12-814276-9.00027-1>.

How-To: Evidence-Based Teaching Philosophy

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Nine Steps to Use to Write Your *Experiential Teaching Philosophy*

Start with an introduction

- Explain what you like about precepting
- Include an overview of precepting activities or an influential precepting encounter you have had

Describe your precepting belief(s)

- You may have several (describe each separately)
- What are important aspects of precepting?

Activity:

State 1 belief that you would want to include in your precepting philosophy.

Nine Steps, continued

Explain why that belief is important to help students (residents) learn

- Emphasize why the belief is important for developing learners' knowledge, skills, or attitudes and/or how it contributes to students' success in your discipline

Cite any literature that offers evidence of the benefit of your belief (theory, article, etc)

- Remember to cite specific articles

Activity:

Write down why your belief is important. Write down the education literature you are aware of that can support your belief or list area(s) of literature you need to search.

Nine Steps, continued

Describe how you teach to that belief with your learners or facilitate the learning process

- What are your teaching methods that help you realize this belief?
- If applicable, explain how you have improved or refined your strategy over time

What evidence have you collected regarding improved learning outcomes?

- How do you assess student learning related to your belief?
- Provide evidence or data you have collected

Consider:

What data do you need to collect to support your belief (learning/assessment data and student/peer feedback)?

Summarize feedback you have gotten from learners about your ability to practice/achieve that belief

- Include feedback from multiple sources (peers, students, self) and quantify if possible
- Example: "comments I have received from students about my ability to do x are..."
- Mine your evaluations to help quantify your feedback

Finish with a conclusion

Provide or list references



*I thought
you said
you were
saving me
time...*

Starting with Intention, Finding Evolution in Precepting

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“For me, it's the revision/evolution of my teaching philosophy that reveals my Professional Identity Formation (PIF) journey. Particularly, during the annual evaluations I like to reflect on:

1. What did I do this year that reflects my teaching philosophy and made me feel validated in my teaching?
2. What did I do that reflects my teaching philosophy but did not make me feel validated in my teaching? Should I prune out that facet of my philosophy?
3. What did I do that doesn't reflect my teaching philosophy, but is still important to me? Does that need to be included in my teaching philosophy?
4. **If I spent a lot of time working on something that was not part of my teaching philosophy nor made me feel validated as an educator then I should probably devote as minimal time to that as I can moving forward.**

As my early years as an educator go on, I start piling on more validations to my educator PIF and the teaching philosophy becomes more refined and interwoven into my being. ”

Nicholas Denton, PhD

American Association of Colleges of Pharmacy, AACP Connect Forum 2-11-2023

One Minute Preceptor (instructs preceptors)

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- ▶ Utilized in medical teaching since 1992
- ▶ 5 “microskills” (see right)
- ▶ Lyons et al studied in the pharmacy teaching setting, found in 42 audio observations:
 - ▶ OMP increased preceptors emphasizing microskills 1, 2, and 4
 - ▶ Non-OMP students more frequently expressed therapeutic assessments, plans, and reasoning
 - ▶ No effect on microskills 3 and 5
 - ▶ Author conclusion: more research needed before broad implementation

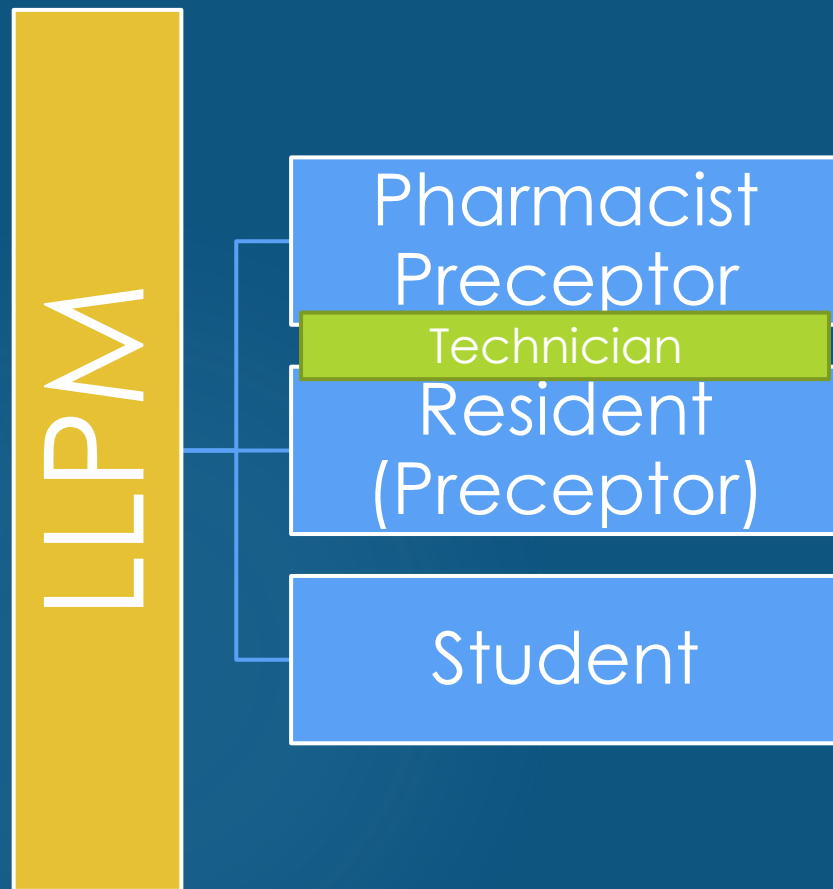
1 GET A COMMITMENT	<ul style="list-style-type: none">• Ask: "What do you think is going on [with the patient]?"• Provides assessment of student's knowledge/skill, teaches interpretation of data
2 PROBE FOR SUPPORTING EVIDENCE	<ul style="list-style-type: none">• Ask: "What led you to this conclusion?" or "What else did you consider?"• Reveals student's thought process and identifies knowledge gaps
3 TEACH GENERAL RULES	<ul style="list-style-type: none">• Say: "When you see this, always consider..."• Offers 'pearls' which can be remembered
4 REINFORCE WHAT WAS DONE RIGHT	<ul style="list-style-type: none">• Say: "You did an excellent job of..."• Offer positive reinforcement
5 CORRECT MISTAKES	<ul style="list-style-type: none">• Say: "Next time, try to consider..."• Comment on omissions and misunderstandings to correct errors in judgment or action.

[one-minute preceptor \(vt.edu\)](http://one-minute-preceptor.vt.edu)

Layered Learning Practice Model

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Technician



“Resident and student training should be structured with the LLPM in mind.”²

- ▶ Respect educational order
- ▶ Use opportunities to comfortably draw learners into the conversation
- ▶ Find an opportunity to provide praise¹

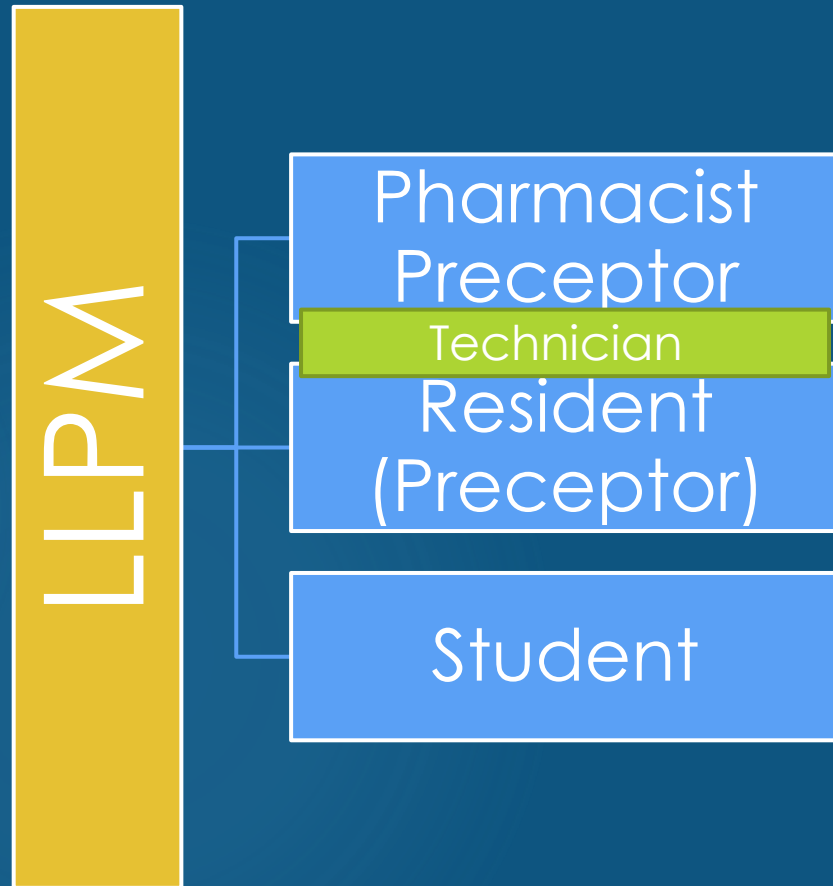
1. Detsky AS. The art of pimping. JAMA. 2009 Apr 1;301(13):1379-81. doi: 10.1001/jama.2009.247. Erratum in: JAMA. 2009 May 6;301(17):1770

2. Ignoffo R, et al. Efficient and effective precepting of pharmacy students in acute and ambulatory care rotations: A Delphi expert panel study. Am J Health Syst Pharm. 2017 Oct 1;74(19):1570-1578.

Layered Learning Practice Model

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Technician



Voice of the Learner

- ▶ The LLPM promoted a mindset shift to my professional identify from student to practitioner

New Practitioner/High-Achieving Learner Dynamic

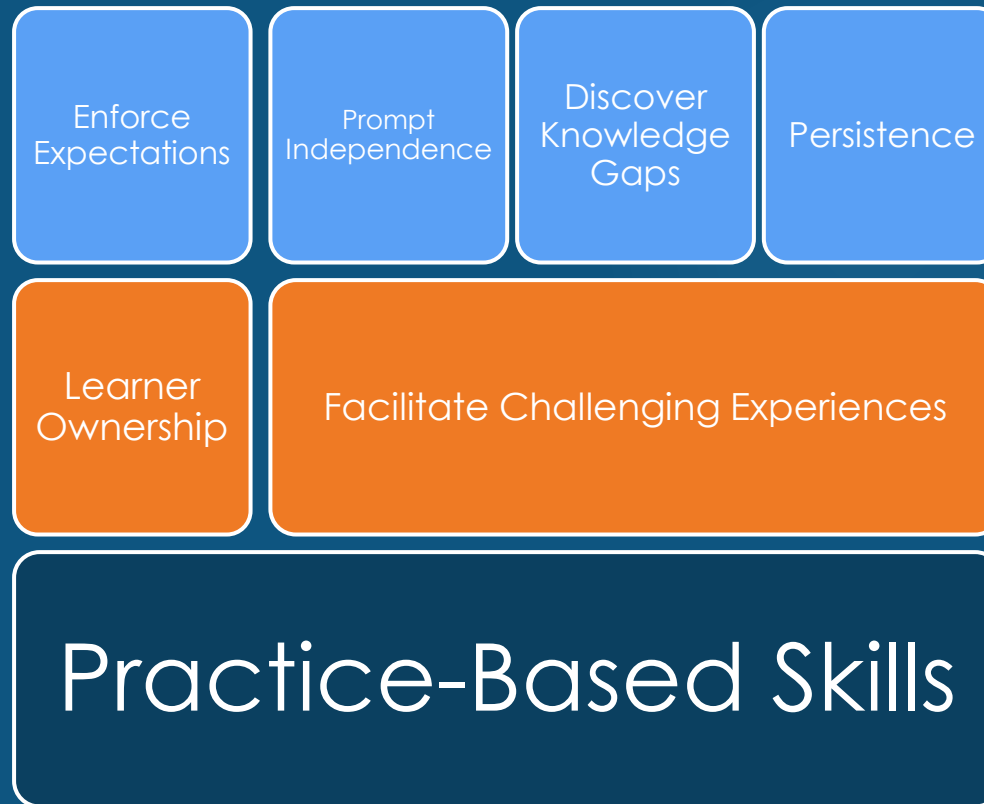
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Technician

- ▶ **Let's normalize - pharmacists often become preceptors before feeling confident in this role**

Technicians

- ▶ How can new practitioners offer quality rotations to learners just ____ years behind them?
- ▶ Discovering knowledge gaps
 - ▶ "Tell me one more thing"
- ▶ Ask for feedback, reflect, and adjust



Intellectual Candor

“An improvisational expression of doubts, thoughts and problems with the dual purpose of learning and promoting others’ learning.

Educators’ revelations of inner struggles are proposed as a means of inviting reciprocal vulnerability.

This builds trust and a platform for learning, particularly of the transformative nature. It also allows modelling of how to balance the vulnerability–credibility tension, which may provide a template for professional practice.”

Let me talk through this...

I am not quite sure yet, but what I am thinking is....

I don't know

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Technician

- ▶ Lowers the stakes
- ▶ Opportunities for “co-creation”
- ▶ Disrupts the status quo

Intellectual Candor

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Can damage trust



- ▶ Fake vulnerability
 - ▶ Examples that are not recent
 - ▶ Sharing others' inadequacies instead of your own
 - ▶ Revealing imperfections that are irrelevant

Limitations

- ▶ Not everyone has equal credibility bank
- ▶ Takes time and requires trust
- ▶ Emotionally taxing
- ▶ May result in loss of credibility
- ▶ Oversharing may lead to unprofessionalism
- ▶ Disrupts the status quo

[1300 - Preceptor Poker Handout - Full Page.pdf \(ushp.org\)](#)

Molloy E, Bearman M. Embracing the tension between vulnerability and credibility: 'intellectual candour' in health professions education. *Med Educ.* 2019 Jan;53(1):32-41.

Expert Panel Tools

The Habits of Preceptors Rubric (HOP-R) developed by S. Larson and colleagues is a tool that describes 11 preceptor habits with a continuum of *developing, proficient, accomplished, and master*. Which of the following does NOT apply to HOP-R?

- a. Derived from expert consensus
- b. Provides a novel way for learners to evaluate preceptors
- c. Tool for preceptor reflection and growth
- d. Incorporates SMART goals and continuous professional development

Habits of Effective Preceptors

“Quality is not an act, it is a habit.” Aristotle

- ▶ Expert consensus
- ▶ Habits of preceptors rubric (HOP-R)
 - ▶ 3 domains
 - ▶ 11 habits
 - ▶ 4 habit levels
- ▶ Provides a means of preceptor evaluation other than that of the learner
- ▶ Tool for preceptor reflection and growth

Version dated: 05 03 2019

Habits of Preceptors Rubric

The rich learning that can occur during experiential training of pharmacists-in-training or in practice can be enhanced or limited by the habits an individual preceptor employs. **This rubric is designed to provide a robust assessment of an individual preceptor's habits either as a self or peer assessment.** The completed rubric can assist in the creation of an actionable plan for continuous professional development. This tool should be used for assessment and self-improvement and not as a means of comparison across preceptors. This rubric is ideally utilized with guided mentorship facilitated by or in conjunction with programmatic support (e.g., colleges of pharmacy, residency programs, health-systems).

For the purpose of this rubric, the term “habit” is meant to describe observable behaviors (actions) and abilities (knowledge and skills) that are used to optimize meaningful experiential learning of pharmacists-in-training or in practice. Preceptor behaviors include both inherent and acquired character traits. Preceptors are encouraged to continuously assess, develop, and refine their “preceptor habits.”

PRECEPTOR HABITS describe *what* a preceptor does

HABIT LEVELS describe *how* the preceptor displays these behaviors and abilities, as well as the extent to which each is developed

Complete achievement of **developing habits** across all 3 domains demonstrates that thoughtful, high-quality precepting is being provided which should be both acknowledged and valued, especially for beginning preceptors. The journey of forming **proficient** or **accomplished habits** will take a concerted effort over several years, and achievement of **master habits** will likely be attained by a relatively small cohort of preceptors only after many years of focused development.

To put this in perspective (using the fictional “habit” of “demonstrates skill in playing basketball”), if your highest level of skill achievement was playing recreational basketball you likely possess developing or proficient skills, whereas if you are among the most highly achieved basketball players (e.g., Michael Jordan), you likely possess master level skills for this habit.

Habits of Preceptors Rubric At-A-Glance:

Domain	Preceptor Habit	Habit Level Achieved			
		Developing	Proficient	Accomplished	Master
1. Preceptor is a practice role model	1.1 Demonstrates professionalism in character, competence, and connection with others as per the Taxonomy of Professionalism	Each of the 11 preceptor habits should be individually assessed for achievement (i.e., developing, proficient, accomplished, master). The progression through the habit levels (i.e., from developing to master) should be based on the <i>quality</i> with which the preceptor displays each habit. This does not require or imply that experience alone connotes higher-level behaviors/abilities. Furthermore, for each individual preceptor habit, progression implies achievement of all descriptions in preceding levels. Within some of the habits, the level achieved is based upon the amount of time that preceptor displays a given behavior/ability. Occasionally (0 – 25%) Frequently (25 – 50%) Usually (50 – 75%) Always (75 – 100%)			
	1.2 Establishes and maintains professional relationships				
	1.3 Demonstrates self- and social- awareness in communication				
	1.4 Displays an outcomes-oriented approach to their professional work				
	1.5 Engages in continuous professional development (CPD)				
	1.6 Advocates for positive change in the pharmacy profession				
2. Preceptor is an effective educator	2.1 Creates a positive learning environment				
	2.2 Uses established precepting principles				
	2.3 Adapts teaching methods to meet the needs of individual learners				
3. Preceptor provides high-quality assessment of learners	3.1 Provides accurate, quality feedback to learner				
	3.2 Evaluates learner performance appropriately				

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	3.2 Evaluates learner performance appropriately				

Habits of Preceptors Rubric

Instructions:

To complete this rubric, check the boxes for all of the descriptors you or your mentee/peer **actively and consistently displays** across the entire habit level spectrum **considering the last several students/residents precepted**. Note that some habit level descriptors include their own frequency (i.e., occasionally < frequently < usually < always); for these instances, check all boxes and including that which is most accurately portrayed. The preceptor's "achieved" habit level at the time of assessment is the highest level for which all preceding habit levels descriptors are displayed; partial display of elements within the achieved habit level is allowed and identifies areas for continuous development (see example below). Use the reflection at the end of the rubric to create an actionable continuous professional development plan.

This is an example of how preceptor habit level 2.1 could look after completion with a corresponding CPD plan:

Domain	Preceptor Habits	Habit Level				Habit Level Achieved
		Developing Habits	Proficient Habits	Accomplished Habits	Master Habits	
2. Preceptor is an effective educator	2.1 Creates a positive learning environment	<input checked="" type="checkbox"/> Displays enthusiasm/passion for teaching and is approachable (e.g., friendly, supportive, willing to help).	<input checked="" type="checkbox"/> Showcases a genuine interest in learner success (i.e., creates a welcoming environment each day despite personal or professional challenges that are present).	<input checked="" type="checkbox"/> Is dedicated to learners and is often viewed as a mentor/coach.	<input checked="" type="checkbox"/> Preceptor advocates for all learners at the site.	2.1 <input type="checkbox"/> Developing <input checked="" type="checkbox"/> Proficient <input type="checkbox"/> Accomplished <input type="checkbox"/> Master In this example, the preceptor assessed displays all developing habits, near complete display of proficient habits, and partial display of accomplished and master habits. We would suggest focusing on development of the remaining proficient-level habit for CPD.
		<input checked="" type="checkbox"/> Rotation experience is organized. Provides clear communication for all learning activities and rotation assignments (e.g., calendar of events with due dates, basic syllabus) at the beginning of the rotation.	<input type="checkbox"/> Facilitates a comprehensive orientation providing role clarity and establishing learner expectations. Ensures rotation is structured to allow learner achievement of program-specified goals & objectives.	<input type="checkbox"/> Provides learners with comprehensive syllabus (e.g., appropriate for level of learner from IPPE to APPE to resident, authentic to the roles & responsibilities of pharmacists practicing at this site) that is reflective of actual learning experience.	<input type="checkbox"/> Rotation (including syllabus) has instructional alignment (i.e., learning objectives are congruent with learning activities and assessment methods) that ensures the essential elements of pharmacy practice are taught and assessed.	
		<input checked="" type="checkbox"/> <u>Occasionally</u> dedicates protected time for learners to answer questions, provide oversight, and give feedback.	<input checked="" type="checkbox"/> <u>Frequently</u> dedicates protected time for learners to answer questions, provide oversight, and give feedback.	<input checked="" type="checkbox"/> <u>Usually</u> dedicates protected time for learners to answer questions, provide oversight, and give feedback.	<input type="checkbox"/> <u>Always</u> dedicates protected time for learners to answer questions, provide oversight, and give feedback.	
		<input checked="" type="checkbox"/> Preceptor <u>occasionally</u> asks the learner to provide feedback on the learning experience and <u>considers</u> implementation that could better the rotation for future learners.	<input checked="" type="checkbox"/> Preceptor <u>frequently</u> asks the learner to provide feedback on the learning experience and <u>considers</u> implementation that could better the rotation for future learners.	<input type="checkbox"/> Preceptor <u>usually</u> asks the learner to provide feedback on the learning experience and <u>carefully considers</u> implementation that could better the rotation for future learners.	<input type="checkbox"/> Preceptor <u>always</u> asks the learner to provide feedback on the learning experience and <u>carefully considers</u> implementation that could better the rotation for future learners.	

SMART Goals Specific, Measurable, Attainable, Relevant, Time bound	What resources or experiences are needed to accomplish this goal?	Dates	Outcome
2.1 Create a positive learning environment Evaluate and revise my APPE student rotation in terms of design (i.e., structure, organization, learning activities, assignments) and syllabus to ensure program-specific goals and objectives are being met and are clearly documented and communicated to my learners. Complete this process prior to the start of rotations for the next graduating class.	<ul style="list-style-type: none"> - Contact program for rotation-specific goals and objectives - Evaluate the learning environment at my site to ensure that the goals and objectives can be met - Attend preceptor conference in summer to learn more about instructional alignment - Assess ability of instructional activities (e.g., work assigned to learner) to meet stated objectives - Engage learners on next 2 rotation blocks in sharing their perspective on the rotation structure and ability of the syllabus to communicate clearly and accurately describe the rotation experience - Ask for feedback on the revised syllabus from at least one colleague at my practice site as well as the experiential office at the pharmacy school 	Start Date: Spring 20XX	
		Goal Finish Date: Fall 20XX	
		Actual Finish Date: TBD	

Domain	Preceptor Habits	Habit Level				Habit Level Achieved	
		Developing Habits	Proficient Habits	Accomplished Habits	Master Habits		
1. Preceptor is a practice role model	1.1 Demonstrates professionalism in character, competence, and connection with others as per the Taxonomy of Professionalism	<input type="checkbox"/> Demonstrates knowledge of and strives to abide by the Code of Ethics for Pharmacists. <input type="checkbox"/> <u>Occasionally</u> displays elements spanning all 3 professionalism domains* (competence, connection, character).	<input type="checkbox"/> <u>Frequently</u> displays elements spanning all 3 professionalism domains* (competence, connection, character).	<input type="checkbox"/> <u>Usually</u> displays elements spanning all 3 professionalism domains* (competence, connection, character).	<input type="checkbox"/> Mentors others in development of professionalism across all 3 domains* (competence, connection, character). <input type="checkbox"/> <u>Always</u> displays elements spanning all 3 professionalism domains* (competence, connection, character).	1.1 <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Accomplished <input type="checkbox"/> Master	
	References: The Taxonomy of Professionalism Brown D, Ferrill MJ. The taxonomy of professionalism: reframing the academic pursuit of professional development. <i>Am J Pharm Educ.</i> 2009;73(4):62. www.ncbi.nlm.nih.gov/pubmed/19657501 Code of Ethics for Pharmacists www.pharmacist.com/code-ethics Accessed 04/09/2018.	*Professionalism Domains					
		Competence [Professional Capability]	Connection [Interpersonal Compatibility]	Character [Personal Reliability]			
		1. Self-directed learning	1. Compassion	1. Honesty / integrity			
		2. Knowledge	2. Empathy	2. Humility			
		3. Applied skill	3. Self-control	3. Responsibility			
		4. Proactivity	4. Kindness	4. Service			
		5. Wisdom	5. Influence	5. Moral courage			
	1.2 Establishes and maintains professional relationships* *Professional relationships includes those with patients, peers, other healthcare professionals, policy-makers, industry, researchers, and learners. rapport – a close and harmonious relationship in which people understand each other’s feelings or ideas and communicate well credibility – the quality of being trusted and believed in	<input type="checkbox"/> <u>Occasionally</u> treats others with respect and courtesy. <input type="checkbox"/> Is consistently and effectively able to establish rapport and earn credibility in professional relationships.	<input type="checkbox"/> <u>Frequently</u> treats others with respect and courtesy. <input type="checkbox"/> Seeks out opportunities to collaboratively engage with others to meaningfully contribute to and influence ideas to achieve common goals.	<input type="checkbox"/> <u>Usually</u> treats others with respect and courtesy. <input type="checkbox"/> Opinions and recommendations are regularly sought out by others and implemented based on a history of professional collaboration with established rapport and sustained credibility .	<input type="checkbox"/> <u>Always</u> treats others with respect and courtesy. <input type="checkbox"/> Mentors students and/or colleagues in establishing and maintaining professional relationships.		1.2 <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Accomplished <input type="checkbox"/> Master

Efficient and Effective Student Precepting Best Practices

30

- ▶ Expert consensus
- ▶ Best practices to increase preceptor efficiency and effectiveness
- ▶ Identify most important limitations of current clinical training

Key Points

Thorough orientation

Timely instruction in critical thinking and therapeutic decision making

Timely feedback

Layered learning model with trained residents

One Minute Preceptor or similar model

Interprofessional collaborative training

A Closer Look – the Expert Panel

*Let's review select
recommendations...*

Ignoffo R, et al. Efficient and effective precepting of pharmacy students in acute and ambulatory care rotations: A Delphi expert panel study. *Am J Health Syst Pharm.* 2017 Oct 1;74(19):1570-1578.

Table 1. Characteristics of Delphi Panel Members ($n = 15$)^a

Characteristic	Value
Female, no. (%)	7 (47)
Mean \pm S.D. years in practice	21.6 \pm 9.9
Mean \pm S.D. years as preceptor	20.7 \pm 9.8
Principal practice site, no. (%)	
Hospital/acute care only	5 (33)
Ambulatory care only	5 (33)
Hospital/ambulatory care	1 (7)
Hospital/other	3 (20)
Community	0
Other	1 (7)
Academic affiliations	
Affiliation with 1 or more schools/colleges of pharmacy	13 (87)
Mean \pm S.D. no. affiliations	1.62 \pm 0.7
Degrees and credentials, no. (%)	
Pharm.D.	15 (100)
PGY1 residency	12 (80)
PGY2 residency	5 (33)
Fellowship	4 (27)
BPS certification	6 (40)
Other credential(s)	6 (40) ^b

^aPGY = postgraduate year, BPS = Board of Pharmacy Specialties.

^bMasters degree in public health ($n = 1$), Certified Diabetes Educator ($n = 3$), masters degree in education ($n = 1$), and American Association of HIV Pharmacists certification ($n = 1$).

Value of One Minute Preceptor Model: Consensus Statements^a

Model Characteristic	Strongly Agree or Agree, no. (%)
Provides feedback to students in more timely manner	15 (100)
Teaches students in more effective manner	15 (100)
Promotes student involvement in decision-making (student must make commitment)	15 (100)
Allows preceptor to spend time more efficiently	14 (93)
Improves students' critical thinking (e.g., rationale for drug selection)	12 (87)

^aConsensus of Delphi panel members ($n = 15$).

Using the OMP method too early in the rotation may inadvertently mask student deficiencies

Making Rotations Effective: Consensus Recommendations^a

Recommendation	Strongly Agree or Agree, no. (%)
Orientation should provide complete information on expectations, grading, and conduct during the rotation.	15 (100)
A checklist of learning objectives/skills to be achieved should be used for each student during the rotation.	15 (100)
Residents should have protected time for teaching students.	14 (93)
There should be a formal training program for residents in precepting students.	13 (87)
More preclinical training of students in writing professional SOAP notes in any rotation is needed.	13 (87)
Students should be able to view videos regarding technical skills as often as needed.	13 (87)

^aConsensus of Delphi panel members ($n = 15$). SOAP = subjective-objective-assessment-plan.

Strategies for Teaching Critical Thinking: Consensus

Recommendations^a

Strategy	Strongly Agree or Agree, no. (%)
Assign reading material and require student to report back with synopsis of findings	15 (100)
Give student opportunity to think “offline”; resume discussion later	15 (100)
Ask students to speak up when they do not understand or cannot answer so that they are not left behind	13 (87)
Cite examples of cases that include critical-thinking questions/exercises	13 (87)

^aConsensus of Delphi panel members ($n = 15$).

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What questions would you ask if this request came through?

How would you navigate this scenario?

Let them lead!

*Students learn how to critically think by being challenged to defend their recommendations.
“How did you determine that dose?” “What is your alternative plan?”*

Activities Residents Can Perform: Consensus Items^a

Activity	Strongly Agree or Agree, no. (%)
Participating in patient case presentations by students	15 (100)
Rounding with students	15 (100)
Providing didactic discussions	15 (100)
Teaching critical thinking	15 (100)
Assisting with orientation of students to clinical rotations	14 (93)
Helping students with projects	14 (93)
Helping the preceptor with assessments	14 (93)
Providing feedback to students	14 (93)

^aConsensus of Delphi panel members ($n = 15$).

A curricular guide for a preceptor training program?

Learner Ownership

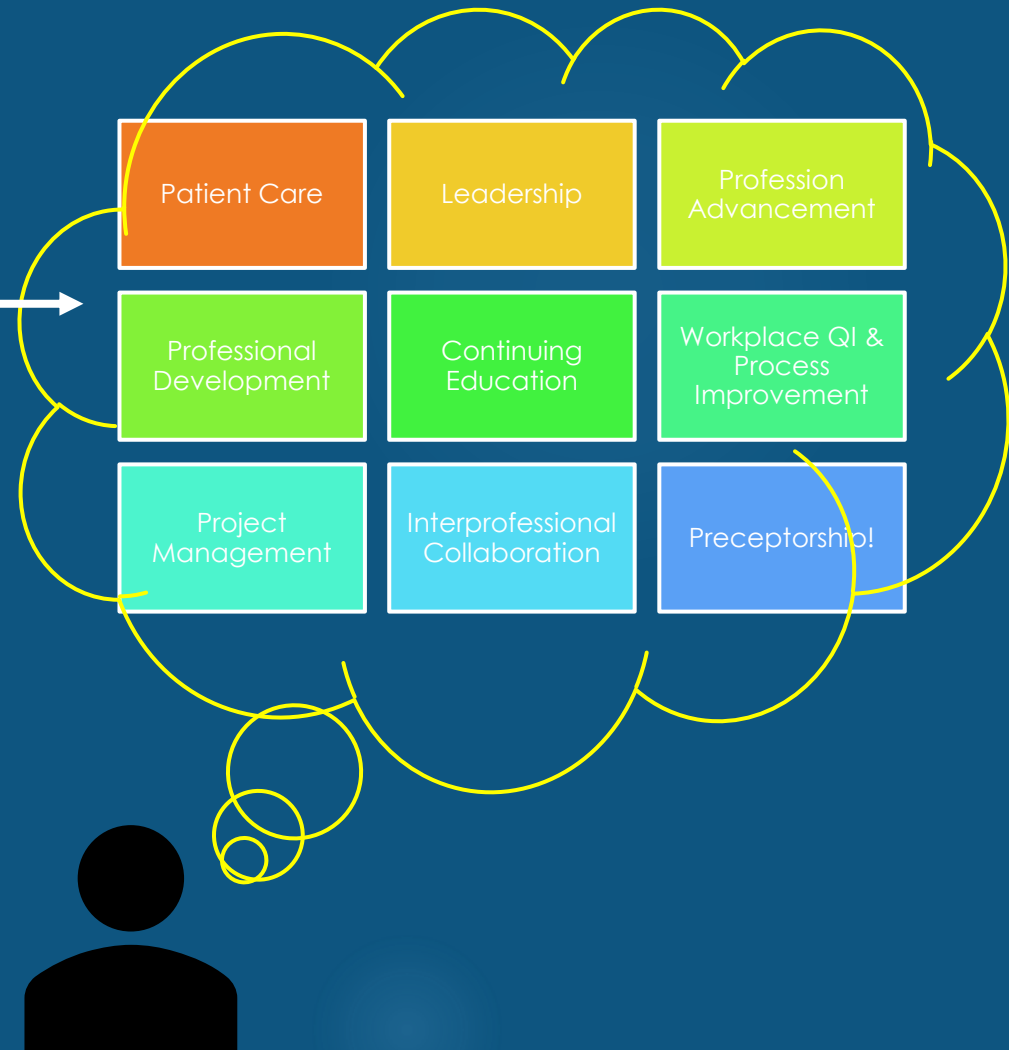
Where do you think this section is going to go?

“You only get out of it what you put into it...”

Greg Norman

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- ▶ Who has heard this phrase as a learner?
- ▶ Remember this thing? →
- ▶ As preceptors, **we cannot own it all**
- ▶ Learner ownership teaches accountability, independence, time management... (what am I missing?)



Adult Learning Theory

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Assumption	Child Learner	Adult Learner
Need to know	Teacher/grade-centered	Learner-centered/relevance
Learner's self-concept	Dependence on educator	Autonomy and personal responsibility
Role of experience	Educator's wisdom through experience	Integrating learner's experience
Readiness to learn	Focus on what teacher thinks is important, required knowledge to pass or get desired grade	Ready to learn what is relevant to life and role
Orientation to learning	Subject-oriented	Task- and problem-oriented
Motivation	External (grades) > internal	Internal > external

Implications of Adult Learning Principles in Pharmacy Education

Adults need to understand why they should learn something.	If pharmacy students fail to see the relevance of content to modern pharmacy practice, they will disengage. For example, modern pharmacy curricula should not include content on medications that are no longer marketed unless the instructor is specifically and explicitly relating that content to a modern pharmacy problem, such as a parallel or recurrent theme in pharmacy practice. Short cases, simulations, and storytelling (pharmacy history, pharmacy law, medical humanities) may improve connection to a topic.
Adults have an adult self-concept and are self-directed individuals.	Adult learners resent situations in which they feel their autonomy is challenged. However, pharmacy students may default to the pedagogical hallmark of passivity in learning environments due to habit. Some students also will not be fully developed self-directed learners at matriculation. Educators should design instruction for pharmacy students that fosters self-directed learning. Creating “flipped classrooms” and incorporating active learning strategies supports self-concept and self-directed learning.
Adult learners are not blank slates; they have knowledge and life experience.	Provide opportunities for pharmacy students to share, apply, or build on their experiences, whether they are work-related (e.g., pharmacy technician or research) or personal experiences with illnesses relevant to course content.

Implications of Adult Learning Principles in Pharmacy Education *cont'd*

<p>Adult learners are self-directed related to the developmental tasks of his/her social role.</p>	<p>The developmental tasks of a pharmacy technician, student, and pharmacist are vastly different. To overcome the tendency for adults to prefer learning knowledge and skills applicable to their current role and, daily life, pharmacy educators may need to use simulation, shadowing, and career interviews as instructional strategies.</p>
<p>Adult learners are looking for immediate application; learning is relevancy-oriented.</p>	<p>Students will remember the information they believe is significant. Pharmacy educators should consider using pharmacist testimonials, patient testimonials, and simulation to ensure pharmacy students understand the relevance of content. Curriculum and instructional designers should consider the timing of the content. For example, focusing on medication history-taking just prior to an introductory rotation where a student can perform medication histories would be consistent with this principle.</p>
<p>Adults tend to be driven by internal motivation.</p>	<p>Be aware that assessments that foster competition for external rewards may undermine the ability of pharmacy students to remain internally motivated. Ask students to set personal goals and intentions unrelated to external motivators at the beginning of a course or unit. (e.g., evaluate my dad's inhaler technique and provide relevant inhaler education to my dad vs. Make an A on the asthma exam.) Consider using formative, nongraded assessments and reflections to foster internal motivation and focus on personal growth.</p>

SNAPPS

(instructs learners)

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- ▶ “The SNAPPS technique is a cognitive forcing strategy that transforms students’ clinical reasoning and uncertainties from private thoughts to accessible, discussable teaching opportunities for teachers.”
- ▶ OMP and SNAPPS equally promote student expression of clinical reasoning
- ▶ SNAPPS may be more effective in helping students take ownership

SNAPPS

Summarize history and finding

Narrow the differential

Analyze the differential

Probe the preceptor about uncertainties

Plan management

Select case-related issues for self-study

Wolpaw, Terry MD, MHPE; Côté, Luc MSW, PhD; Papp, Klara K. PhD; Bordage, Georges MD, PhD. Student Uncertainties Drive Teaching During Case Presentations: More So With SNAPPS. *Academic Medicine*: September 2012 - Volume 87 - Issue 9 - p 1210-1217.

Fagundes EDT, Ibiapina CC, Alvim CG, Fernandes RAF, Carvalho-Filho MA, Brand PLP. Case presentation methods: a randomized controlled trial of the one-minute preceptor versus SNAPPS in a controlled setting. *Perspect Med Educ*. 2020 Aug;9(4):245-250.

Learner Checklists (instructs learners)

- ▶ Lends clinical judgment to the student's patient review process
- ▶ Can be customized to setting and individual preferences
- ▶ Provide an example and encourage learners to develop their own

Pharmacist MDR Pre-Rounding Checklist Patient/MRN: _____ Date: _____

Quick Review	Patient Notes	CC: _____	Admit Date: _____	Interventions
IV → PO & other EAD issues				<input type="checkbox"/>
Antithrombotics anticoag/prophylaxis antiplatelets	<i>indication:</i>			<input type="checkbox"/>
Antimicrobials dosing, day (/duration) cultures, de-escalation	<i>indication:</i>			<input type="checkbox"/>
Drug Monitoring levels/new or dose adj notable use of PRNs				<input type="checkbox"/>
Dose Adjustments renal, hepatic, DDIs				<input type="checkbox"/>
Medication Reconciliation done? reconciled?				<input type="checkbox"/>
Medication Access barriers? meds to beds?				<input type="checkbox"/>
Patient Education new or high alert meds?				<input type="checkbox"/>
Other				<input type="checkbox"/>

Trending Labs/Vitals	Baseline																		

Body Weights (kg)	
Total Wt:	
IBW:	
AdjBW:	
BMI:	

Problem List & Associated Pharmacotherapies

Pharm Priority #	Problem	Pharmacotherapy	Pharmacotherapy Intervention Identified

Reflection & Debriefing

Pharmacy technicians can elevate the education of an experienced pharmacy intern by adapting their role to:

- a. Instructor
- b. Model
- c. Coach
- d. Facilitator

The Pendleton Four-Step Method is a reflect-and-debrief feedback approach that teaches learner self-awareness and improves preceptor ability to offer constructive feedback.

Place the 4 steps in the correct order.

- I. Learner states what area of performance could be improved*
- II. Preceptor states areas of agreement and elaborates on good performance*
- III. Learner is asked what is good about their performance*
- IV. Preceptor states what they observed that could be improved*

- a. III, I, IV, II
- b. I, II, III, IV
- c. IV, I, III, II
- d. III, II, I, IV

Take a Minute...

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Think back to a recent learner you precepted

- ▶ What aspects of the learner's experience went well?
- ▶ What areas could have been improved?
- ▶ What might you do differently with your next learner after this experience?

Meet Your Learner Where They Are

- ▶ Skills/knowledge assessment
- ▶ Learning style assessment
- ▶ Goals assessment (CPD or rotation goals)
- ▶ Adapt preceptor's role to meet the needs of the learner
 - ▶ Instructor
 - ▶ Model
 - ▶ Coach
 - ▶ Facilitator

Experiential Learning Cycle



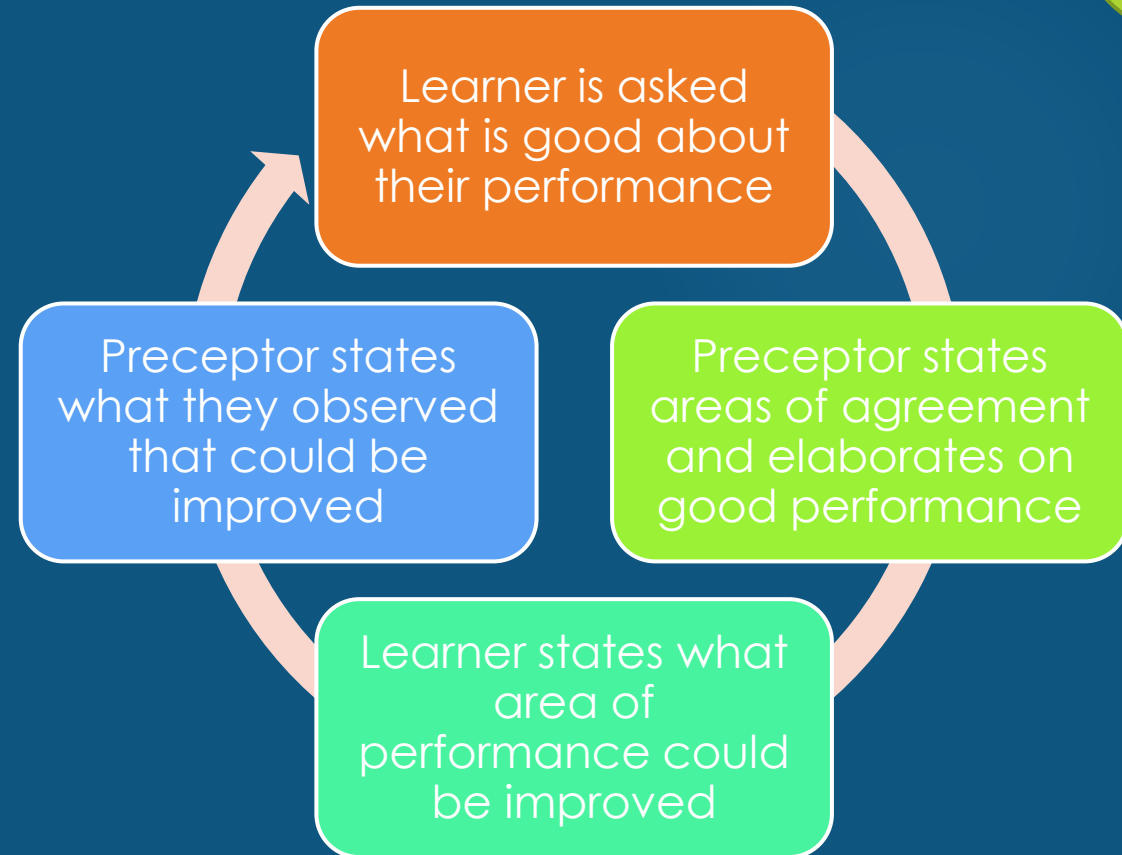
Reflect/Debrief Feedback Sessions

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Pendleton Four-Step Method

- ▶ Routine reflection and debriefing teaches learners self-awareness
- ▶ Improves preceptor ability to offer constructive feedback
- ▶ Learners may be more likely to change behaviors if they've identified areas themselves and is supported by preceptor feedback



Reflect/Debrief Feedback Sessions

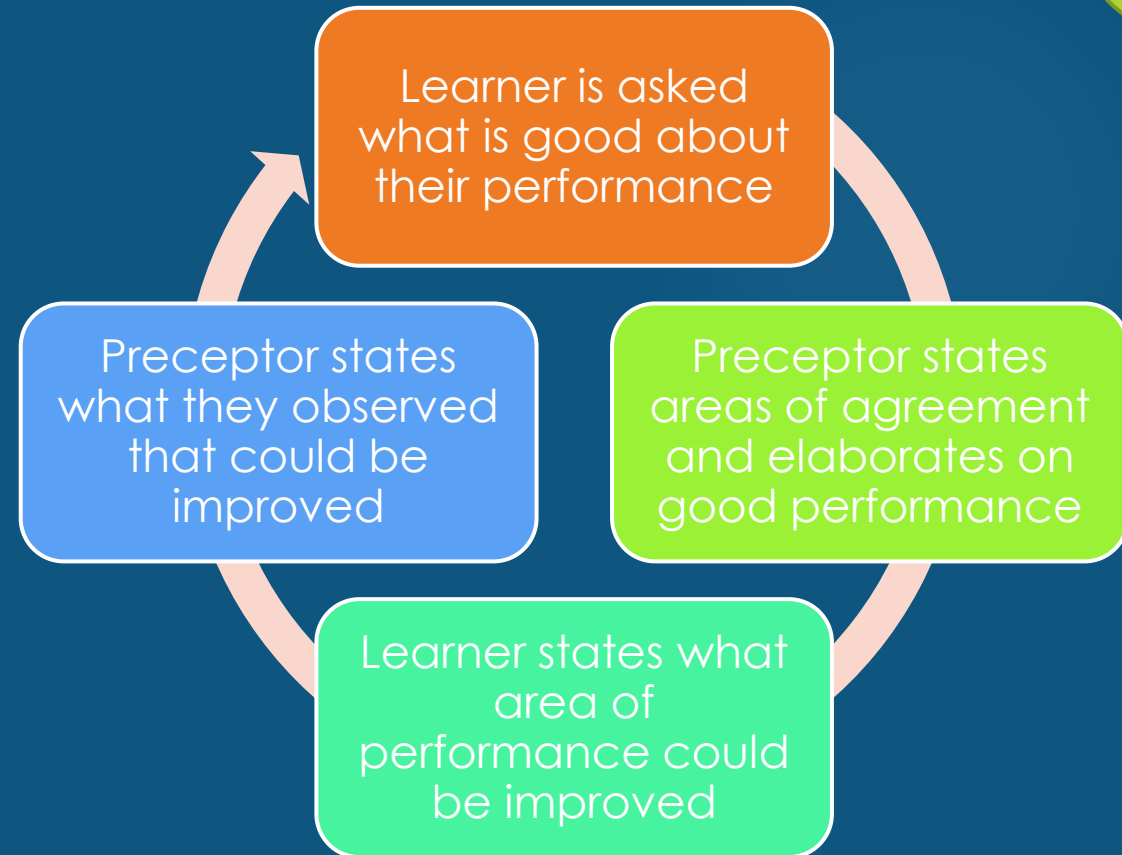
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Pendleton Four-Step Method

Voice of the Learner

- ▶ Frequent opportunities (at least weekly) for an exchange of feedback creates an environment where learners are more likely to provide constructive feedback about the learning experience



Transitions of Precepting

Improving Transitions of Precepting

continuity = efficiency

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Patient vs Pharmacy Learner Entering the Healthcare System

	<i>Patient</i>	<i>Pharmacy Learner</i>
Baseline or Current State	Presents with a baseline level of health	Presents with a baseline level of knowledge and/or skills
Reason for Entering	Seeking evaluation and intervention from a highly-educated individual or "expert" who they believe can improve their health	Seeking evaluation and intervention from a highly-educated individual or "expert" who they believe can improve their knowledge and/or skills
Expert	Healthcare Provider	Preceptor
Evaluation	Evaluation performed by the expert to assess the patient's current level of health	Evaluation performed by the expert to assess the learner's current level of knowledge and/or skills
Intervention	Provided with a care plan from the expert intended to improve the patient's health	Provided with a learning plan from the expert intended to improve the learner's knowledge and/or skills
Positive Outcomes of Effective Transitions	Patient Satisfaction Patient Education Improved Health	Learner Satisfaction Learner Education Improved Knowledge/Skills
Negative Outcomes of Poor Transitions	Patient Dissatisfaction No Change in Health Poor Health Outcomes Detrimental to Long-Term Health	Learner Dissatisfaction No Change in Knowledge/Skills Poor Education Outcomes Detrimental to Long-Term Career

Transitions of Precepting Weekly Handoff Tool

Learner Name:
 Learner Level: IPPE APPE PGY1/PGY2
 Rotation Site:
 Rotation Type:
 Rotation Cycle/Block:

WEEK #

ACTIVITY LOG

ROTATION ACTIVITY	GOAL #	MON	TUES	WED	THUR	FRI	TOTAL
	#	#	#	#	#	#	#
	#	#	#	#	#	#	#
	#	#	#	#	#	#	#

What were your 3 "big wins" or major interventions this week?

Identify 3 areas of improvement for next week:

Review your rotation goals and assess your progress. What will you do to improve next week?

Improving Transitions of Precepting

continuity = efficiency

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Transitions of Precepting Weekly Handoff Tool

Voice of the Learner

- ▶ Handoff meetings between preceptors and the learner allow for discussion about skills and knowledge development that otherwise might not have been recognized or emphasized
- ▶ Ensures progression of the learner and avoids missed opportunities to identify gaps in skills and knowledge

Learner Name:
Learner Level: IPPE APPE PGY1/PGY2
Rotation Site:
Rotation Type:
Rotation Cycle/Block:

WEEK #

ACTIVITY LOG

ROTATION ACTIVITY	GOAL #	MON	TUES	WED	THUR	FRI	TOTAL
	#	#	#	#	#	#	#
	#	#	#	#	#	#	#
	#	#	#	#	#	#	#

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Review your rotation goals and assess your progress. What will you do to improve next week?

Time & Task Management Pearls from our Team

Precepting Pearls from our Team



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Having a calendar with clear expectations on the time we'll be spending together. This helps me keep track of the time I spend with the learner as well as find the previous moments between meetings or rotation happenings to at least have some time during rotation to keep up with email or deal with urgent issues that come up.

After some trial and error, I now also have learners make their own plan for deadlines and schedule meetings with me for each stage of it – draft, practice runs, final drafts, presentation; etc. We adjust as we go if needed, but having it on the calendar helps to make sure nothing falls through the cracks. 60% of the time, it works all the time.

Setting a schedule prior to the start of the rotation and sticking to it as much as possible while allowing flexibility for clinical situations that may come up.



Identifying which times of day I feel most productive and looking at my meeting schedule.

- Organizing topic discussions, conversation-based meetings at the end of the day as that's when I'm least productive (just thinking about the end of the day at that point!)
- Giving myself 30-60 min if possible in the morning before meeting with learners to get myself squared away/crank out at least one task in the AM before meeting with the learner
- Not scheduling learner meetings directly after meetings that I know I'll have follow-up action items from (giving myself at least 30 min so I can complete those action items before meeting with the learner) if possible

Of course this is all in a perfect world but I find these help! I also like blocking project time on my calendar so I ensure I remember the specific items and it helps me get in the mindset that I'm dedicating specific time to that item. It makes it feel more 'necessary and 'important' that I'm being more intentional about time devoted to it (if possible!)



I try to focus on things that come up with patients they're reviewing.

- ▶ 1 – it's directly applicable to care at that moment, so it tends to stick better.
- ▶ 2 – you're able to have a case to reference and discuss the pathology, review the typical meds, or bounce theoretical scenarios off. I like to do this to force them to think about a pathway that coincides with a disease state (like, if they're intubated and develop PNA, what do you do next? What if cultures are negative? What if they don't improve?, etc).

I try to focus on maximizing retention of concepts. Usually the more common things will come up multiple times and then you can test their retention at these points and depending on what I'm seeing, I'll adjust my teaching to their retention levels.

Voice of the Learner

- ▶ “Pimping” gives learners an opportunity to discover gaps in their understanding in a low stakes, memorable way

Thank you!

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