PRECEPTOR DEVELOPMENT

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Guideline 14.1

- “Preceptors should hold full, shared, adjunct, or other defined positions in the college of pharmacy and should be well versed in the outcomes expected of students and the Pedagogical Methods that best enhance learning.”
8 Tasks to Help Facilitate Learning
Adapted from “Marshfield Clinic Pharmacy Resident Preceptor Guide” with permission.

- Discuss goals and expectations with the student (orientation).
- Create a supportive learning environment (be enthusiastic and give positive feedback).
- Motivate student.
- Help the student identify what is important.
8 Tasks to Help Facilitate Learning (continued)

- Use questions to stimulate memory and previous learning.
- Supervise active practice and hands-on experience.
- Generalize to broader learning experience
  “You said you would use Zosyn for the treatment of VAP. What if the patient is allergic to penicillin”
- Give prompt and constructive feedback.
4 Basic Roles of the Preceptor

- **Direct Instruction**
- **Modeling**
- **Coach**
- **Facilitator**

*Staff development for pharmacy practice. Christine Nimmo, PhD. Senior Editor*
Direct Instruction

- Direct learners to content that is specific to their practice problems. “Give a lecture on ventilator associated pneumonia and include the diagnosis.”

- Teach how a new piece of content relates to other pieces. “Let's talk about how the white count, FiO2, secretions, CXR, respiratory cultures and temperature come in to play in the diagnosis.”

- Introduce a new content in the context of solving a direct patient care practice problem. “We have discussed the use of radiology, chemistry, vitals and patient presentation to help us evaluate a VAP, but another piece of information that may be very helpful is utilization of procalcitonin.”
Modeling

- Modeling is allowing the student to understand your thought process.

- As you evaluate a case, you explain out loud what you are thinking.

- Example: “When I am evaluating this patient for a VAP, one of the first things I look at is the number of white cells on the respiratory culture. If the cultures has only a few WBCs, then the chance of this being a pneumonia diminishes.”
Coaching

- Give the student the opportunity to evaluate a patient with VAP. “Do you think this patient has a VAP. Defend your evaluation.”

- Provide sufficient problem-solving to build speed. “One of the areas this is done is in pharmacokinetic dosing of vancomycin and aminoglycosides. The more cases the student does the more proficient he or she becomes.”

- Ask the student to think out loud as they evaluate a case. “Essentially, they do the modeling.”
Facilitating

- Teach the student to evaluate their own work.
- The more proficient the student becomes evaluating a case, the better they become at catching their own mistakes.
Teaching Styles
Teaching Styles
How to Ask Questions

- Try and ask open-ended questions
  
  • Incorrect - *Do you think this patient has a pneumonia?*
  
  • Correct - *Do you think this patient has a pneumonia and tell me how you made your decision?*
Teaching Styles: Basic Principles

Although there are different teaching styles (or a combination of more than one), there are basic principles that apply to all styles

- **Do not over teach**
  - Students can only learn so much over a 6 week rotation. The more information you give them the less they will retain.

- **Repetitiveness is good**
  - Students learn by repetition. Ask them questions on assignments that they may have had 1-2 weeks ago.

- **Set aside time for questions and answers emphasizing that there are “No Dumb Questions”**
  - At least once a week for 15 minutes can be extremely helpful.
Teaching Styles (continued)

- If you give a student an assignment, be specific on what you want them to learn
  - If you ask them to read a 50 page chapter in a book, be specific on the important points that you want them to learn.

- Try to incorporate critical thinking: Critical thinking is the ability to solve problems. There are different methods of teaching critical thinking
  - One method is have a student to evaluate a patient that does not yet have a diagnosis and ask them to make the diagnosis. This involves all of the positive aspects of critical thinking.
Teaching Styles: Basic (continued)

- **Critical thinking** (continued)
  - Debating helps establish critical thinking
  - Point Counter Point
  - Journal Clubs
  - One-minute preceptor
  - Case evaluations
Teaching Styles (continued)

- **Feedback**

  - Try and make this constructive.
  - Pointing out the positive along with what can be improved upon.
  - Make sure you show them how to make improvements.
    - Set aside a time for feedback so there is time for a discussion. Immediately after a presentation is good.
    - Asking the student to critique themselves is often a good way to start. “What do you think went well and what could you have improved upon?”
    - Start with the positives and then go to what can be improved upon.
Although there are many teaching methods, “the student is ultimately responsible for learning.”

**Lecturing:**

- You lecture to the students or have the students lecture to you.
- If more than one preceptor is teaching a rotation, then there should be continuity between the different preceptors.
- If there is a lecture outline, then all of the preceptors can use the same outline.
- If the student lectures to you, be specific about what you want. (pathophysiology, patient presentation, diagnosis and treatment)
Teaching Methods (continued)

- **Patient Discussion**
  - Have the student present a patient, and you evaluate the students approach.
    - Current disease
    - Past medical history
    - Social history
    - Medication list
    - Lab data
    - Differential diagnosis
    - Assessment
    - Recommendations
  - Preceptor interjects learning points and offers ways of improving the presentation.
Teaching Methods (continued)

- **Modeling:**
  - Modeling is allowing the student to understand your thought process.
  - Preceptor tell student what their thought process is while evaluating a patient.
  - As you evaluate a case, explain out loud what you are thinking.

- **Collaborative learning:**
  - Learning in small groups
  - Stimulating discussion between students on certain topics.
Teaching Methods (continued)

- **Visualization:**
  - One of the most effective forms of learning.
  - You can describe what a diabetic foot looks like.
  - But once they actually see a diabetic foot, the visualization will stay with them longer.
Teaching Methods (continued)

- **Listening:**
  - This is a very important part of precepting.
  - Show a genuine interest in what the student is saying.
  - Let the student talk without interruption.
  - Demonstrate that you are listening by making eye contact and occasionally nodding.

- **Shadowing:**
  - Seeing a preceptor as a clinician who interacts with the hospital staff and makes effective changes that benefit a patient should be incorporated into all teaching styles.
Teaching Methods (continued)

- **Hands on experience:**
  - Interviewing patients, examining patients, compounding, writing progress notes.
  - Students learn the most when hands on experience is incorporated with other teaching styles.

- **Literature review:**
  - Have the student use the medical literature to look up the latest treatment for a particular disease state and discuss it the next day.
The 1-Minute Preceptor Method:

Case Presentation: (Students presents a patient with respiratory problem)

- Get a commitment: “What do you think is happening?”
- Probe for supporting evidence: “What factors in the case presentation support your diagnosis and how would you treat this patient?”
- Reinforce what is done well: “Your evaluation about the diagnosis was very appropriate”
The 1-Minute Preceptor Method (continued)

- Give guidance about errors and omissions:
  
  "Your choice of antibiotics did not follow IDSA guideline."

- Teach general rules: "IDSA guideline recommend ceftriaxone + azithromycin or a respiratory quinolone for CAP admitted to the medical floor of a hospital."

IDSA
Problem: Failing a student.

Solution:

- **No Surprises:**
  - Make sure that this is not a surprise to the student.
  - If a student is not doing well on rotation, this should be discussed weekly with the student.

- **Documentation:**
  - Documenting why the student is failing is absolutely necessary.
Failing A Student (continued)

- **Warning:**
  - Warning the student prior to failing is also necessary.
  - Otherwise, giving a student an update on how they are doing once every 2 weeks is appropriate.

- **Reporting:**
  - The primary preceptor and the Experiential Director should be aware of the situation.