Preceptor Development Series

Embracing Challenges When Co-Precepting Pharmacy Students

Drayton A. Hammond, PharmD, MBA, BCPS^{}; Kelley R. Norris, PharmD, BCPS[†];
and Marjorie S. Phillips, MS, FASHP[‡]*

ABSTRACT

Many residency programs have adopted formal training in clinical preceptorship as an additional opportunity for professional development. However, a balance must be struck between acting as a co-preceptor for pharmacy students and as a learner being precepted by a more experienced practitioner. A commonly utilized method for demonstrating skill in the 4 preceptor roles (direct instruction, modeling, coaching, and facilitating) is to co-precept students during a learning experience with the support of a preceptor or experiential mentor. The transition from learner to teacher can present many challenges. Awareness of some of the more common challenges and a review of hypothetical scenarios may promote proactive dialogue with the experienced preceptor and promote confidence as the resident embarks on a co-precepting assignment. The objective of this article is to present scenarios a resident may encounter when co-precepting students, focusing on professionalism, patient care, providing feedback, planning, and communication, and strategies for addressing potential challenges.

Key Words—co-preceptor, pharmacy student, precepting, residency training

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Tell me and I forget. Teach me and I remember. Involve me and I learn. If we take these instructions for educating to heart, we realize that teaching others requires determination and commitment. Many residency programs have adopted formal training in clinical preceptorship as an additional opportunity for professional development. However, a balance must be struck between acting as a co-preceptor for pharmacy students and as a learner being precepted by a more experienced practitioner.¹

Postgraduate year 1 (PGY1) residency objective R5.1.3 requires the resident to demonstrate skill in the 4 preceptor roles employed in practice-based teaching: direct instruction, modeling, coaching, and facilitating.² A commonly utilized method for achieving this objective is for the resident to co-precept stu-

dents during a learning experience with the support of a preceptor or experiential mentor.^{3,4} The experienced practitioner will facilitate the co-preceptor's growth and self-awareness by observing his or her preparation, performance, and interactions during the experience.⁵

The transition from learner to teacher can present many challenges.⁶ An awareness of common challenges and a review of hypothetical scenarios may promote proactive dialogue between the experienced preceptor and resident and promote confidence in the resident as he or she embarks on a co-precepting assignment. The objective of this article is to present scenarios a resident may encounter when co-precepting students and strategies for addressing potential challenges.

^{*}PGY2 Critical Care Pharmacy Resident, Department of Pharmacy, University of Florida Health at Jacksonville; [†]Pharmacy Clinical Supervisor–Critical Care, Department of Pharmacy, Georgia Regents Health System, Augusta, Georgia; [‡]Pharmacist Manager Clinical Research and Education and PGY1 Residency Program Director, Department of Pharmacy, Georgia Regents Health System, Augusta, Georgia. Corresponding author: Drayton A. Hammond, PharmD, Department of Pharmacy, University of Florida Health at Jacksonville, 655 W. 8th Street, Jacksonville, FL 32209; phone: 803-730-9328; e-mail: drayton.hammond@jax.ufl.edu

PROFESSIONALISM

A vital role for a resident who is co-precepting a student is modeling professional methods, character, and interactions with pharmacists and other health care professionals. It is important to maintain high standards of professionalism and to hold students to these same standards.

Scenario 1: You are rounding on a general cardiology service with 2 pharmacy students. Six patients require warfarin counseling that afternoon. Both students have demonstrated effective counseling abilities, and you evenly divide the patients among the 3 of you. One student says he has counseled enough patients this week and does not want to counsel 2 more today. How can you encourage the student to work toward this common goal?

One activity of a co-preceptor may be the delegation of patient care responsibilities. Above everything else, patient care must come first. It is important to convey this concept to the learners, and this may help them embrace the activity. Because these 6 patients likely will experience better success with warfarin therapy if they receive appropriate education, this task needs to be completed effectively. You can gain the students' respect by sharing in the responsibilities that are being delegated, so make sure that you are counseling patients alongside the students. Finally, you may need to remind the student that repetition of an activity will increase his or her ability and understanding of that activity.

Scenario 2: You notice that one of your students is on her phone during rounds while patients are being discussed and when walking from one patient's room to the next. How should you address this potentially inappropriate use of technology?

The student may be using her phone to look up drug information, which has become more common and generally is considered an appropriate use of technology in most hospital settings. However, if the student is involved in activities that are not related to patient care, she is being disrespectful to the team, is not engaged in the patient's care plan, and is not maximizing her learning. A direct but nonconfrontational discussion with the student about her use of technology and the consequences of those actions is the best approach. The syllabus for the learning experience should address the appropriate use of technology, and any potential misuse should be discussed early in the rotation.

Scenario 3: At the end of the first week of a learning experience, one of your students asks you to

meet with her and some other people from pharmacy school later that night outside of the hospital. How can you handle this invitation?

Perceptions on the appropriateness of social interactions between faculty members, student pharmacists, pharmacy residents, and graduate students may vary between individuals. Faculty members are generally cautious when interacting socially or initiating social network friendships with students.⁷ Similarly, most students indicate that they are reluctant to engage faculty members on social networks but are comfortable in professionally oriented social settings under most circumstances.⁸ You must decide how you think accepting this invitation will affect your preceptor–student relationship. You also should evaluate how the situation could be perceived by your peers and other students. If you are concerned that the situation would not be perceived as professionally appropriate, it may be better to decline the invitation. After the learning experience is completed, you may evaluate this request differently.

PATIENT CARE

The biggest priority on any patient care experience is providing appropriate care for all patients for whom you are responsible. It can be challenging to ensure that students are involved in providing and learning from patient care.

Scenario 1: It is the first day you are going on rounds with your students, and the attending physician asks for a recommendation on a patient's medications. One of the students suggests a medication and dose that is not appropriate for that patient. How do you respond?

It helps to establish expectations with students before going on patient care rounds. Expectations help build strong behaviors. You may expect the students to work up all patients before rounds, use evidence-based practices when providing medication recommendations, and discuss recommendations with you before rounds. Modeling these expected behaviors is one of the most effective ways you can impact the students' future practice as pharmacists. Asking the students before rounds to present their medication recommendations to you ensures that everyone understands the care plan. If a student makes a recommendation that was not discussed before rounds, you may provide a more appropriate recommendation if necessary and discuss the student's recommendation after rounds.

Scenario 2: You are the co-preceptor for one student during your medical intensive care unit experience. One day the student arrives just prior to morning rounds. He appears exhausted and does not discuss any recommendations for his patients with the team. What conversation points do you want to bring up with the student? How can you help the student be prepared for rounds in the future?

By identifying the reason your student arrived unprepared and exhausted, you may be able to help him develop strategies for balancing his obligations or uncover a personal issue that deserves special attention. There are a variety of methods for assessing a student's preparation. A helpful tool for discussing patients in a concise manner before rounds is the one-minute preceptor technique.⁹ Consider techniques that allow you to efficiently assess the student's knowledge, educate him, and provide direction so that expectations are being met and he is maintaining responsibility for his patients and his learning.

PROVIDING FEEDBACK

Providing feedback can be a pleasant experience when a student is meeting or exceeding expectations, but it can be something to dread when the student is not performing at expected levels. Both scenarios deserve attention.

Scenario 1: It is the final week of your oncology experience, and you are impressed with your student's work ethic and application of knowledge of oncologic pathophysiology and pharmacotherapy. She provides a case presentation on a patient who developed tumor lysis syndrome. Throughout the presentation, she has a difficult time with the material, presenting it in a disorganized manner and missing many key points. What feedback can you provide?

Discuss the case presentation informally with her to see how she felt about her performance. Ask her to verbally assess her performance. Find out how the student went about preparing the case presentation, what timeline she followed, and where she found her information. You also may complete an evaluation form right after her presentation. (A sample teaching evaluation form can be found in the **Appendix**.¹) Discussing items on this form with the student can help you point out areas of success and areas for improvement. One of your roles as a co-preceptor is to help the learner develop helpful habits that will serve her effectively throughout the rest of her pharmacy career.

Scenario 2: You are preparing for your midpoint evaluation with a student who has struggled on the learning experience. His work ethic has been inconsistent, and many days he is not prepared to discuss all of his patients before rounds. How do you provide honest feedback that will encourage him while still expressing your concerns about his performance during the first half of the learning experience?

Before meeting with the student, you should review (or role play) the encounter and solicit feedback from your preceptor. Your preceptor may also be willing to observe the encounter and provide feedback about your approach. You should organize your observations and key points. To frame your discussion in the proper manner, you can ask the learner for his self-assessment of the experience. You may consider presenting his weakness or area for improvement between 2 strengths to help encourage him (sometimes called the "sandwich technique"). This approach is more difficult to use and may sound insincere if there are minimal positive aspects of the student's performance worth complimenting. Provide specific examples of each observed attitude or skill; this will help your student understand the evaluation and identify key areas for improvement or continued success. Finally, help the learner develop a self-improvement plan. Because he has the second half of the experience in which to implement the plan, you should identify areas where you can model, coach, or facilitate to help him achieve his goals.¹⁰

Scenario 3: You are set to discuss your student's progress at her midpoint evaluation. You believe she has remained engaged, shown growth in her abilities and confidence, is prepared for all activities, and has worked hard. How will you provide feedback?

You are in the enviable position of co-precepting a strong learner and may feel more comfortable conducting this evaluation. The positive-negative-positive sandwich method of providing feedback may work effectively; you also may be able to discuss elevated expectations with the learner at this time. Objectives for this evaluation may include determining the student's goals and how you can assist her in achieving them, finding ways to challenge her beyond her comfort zone, and explaining ways that you will adjust your co-preceptor activities to provide more coaching and facilitation. At this point, you may want to discuss opportunities for the learner that are available outside of the rotation, such as writing or research. One of the challenges of completing a PGY1 residency is fitting in everything you would

like to accomplish. If you have developed a good relationship with a strong learner, you may be able to leverage that relationship to complete activities both of you are interested in pursuing.

PLANNING

The adage, proper planning and preparation prevent poor performance, holds true when co-precepting. Knowing what the preceptor's expectations are for the month, week, or even day will impact how you balance all obligations.

Scenario 1: You meet with the preceptor for your upcoming learning experience 2 weeks before the experience begins in order to discuss your preparations for co-precepting students. What items do you want to discuss?

One of your larger roles as a co-preceptor is modeling appropriate behaviors and demonstrating an effective way to present deliverables, including topic discussions, journal clubs, case presentations, and other group activities. You may consider scheduling your activities earlier in the experience to provide examples for the students. You should discuss the preceptor's expectations for the students and yourself. Included in this discussion could be a delineation of tasks and roles associated with providing feedback, reviewing rough drafts of assignments, reviewing patients with the students, and providing recommendations on patient care rounds. You could also discuss the desired dynamic among preceptor, resident, and students. By clarifying expectations with your preceptor, you are able to discuss these expectations with the students on the first day of the learning experience. You may want to discuss your expected obligations outside of the learning experience with the preceptor to ensure someone is available to precept the students each day. Finally, you can discuss how comfortable you are with co-precepting students and how this experience aligns with your short-term and long-term career goals. You will gain more from the experience if you establish a direction and goals before beginning the co-precepting experience.

Scenario 2: It is a Sunday evening, and you are checking your calendar to see what you have planned for the upcoming week. Your students have a topic discussion and journal club they are presenting. You are presenting another 2 topic discussions and the first draft of a manuscript for a review article is due. You have multiple meetings, and the service is very busy. How will you balance these obligations?

It is important to learn time management strategies early in your professional career because many weeks will look very similar to this one. Your top 3 priorities at the hospital during this learning experience are your patients, your students, and you. Choosing your commitments wisely will help you provide the highest level of attention to your patients and students. You may need to touch base with your preceptor every week to ensure that each person understands what is on the other's schedule, that these obligations will not take away from patient care, and that somebody will be present to precept the student. During these meetings, talk about any changes to the schedule or task list that need to be adjusted to accommodate your competing activities. Your role as a co-preceptor is added to the other roles you are fulfilling during your residency, and the actual time commitment often exceeds what was expected. You should not take on co-precepting responsibilities without considering the effect the experience may have on your other responsibilities.

COMMUNICATION

The co-preceptor and student relationship hinges on strong communication. Understanding how to utilize appropriate verbal and nonverbal communication is imperative.

Scenario 1: The student is presenting a patient to you. He describes the patient's primary problem, ventilator-associated pneumonia (VAP), along with the current pharmacotherapy. When you ask him to defend his recommendation, he says the team developed the plan and it sounded reasonable to him. He indicates that he has not looked into the appropriate treatment options for this patient. What strategies can you utilize for encouraging your student to take responsibility for this patient's therapy?

Sometimes students and even pharmacists can encounter resistance when integrating into a health care team. Encourage the student to take accountability for a part of the patient's care and for strengthening his relationship with the health care team. You can quickly assess the student's knowledge about VAP by asking where he would look to strengthen his medication and monitoring recommendations. If he does not know the appropriate guidelines, you can direct him to them. Then you can discuss specific recommendations from the guidelines and more recent articles on the topic. This will allow you to observe the student demonstrating assessment and evaluation of the literature. You should be familiar with the appropriate literature beforehand in order to engage

in a discussion with the student. If the patient is on any antibiotics that routinely are monitored (eg, vancomycin or an aminoglycoside), you may ask the student for his dosing recommendation. Based on the student's response, you can explain the steps you take to form a recommendation.

Scenario 2: Your student tried to discuss a recommendation with a medical resident before patient care rounds. Even though the recommendation was appropriate, the medical resident did not make the desired medication change. The pharmacy student, looking dejected, walks back to you. How would you address this interaction?

Ask the student why she thinks her recommendation was not taken and brainstorm ideas for communicating in a more effective manner. If the recommendation is essential, you may discuss the issue with the resident yourself. You can model collaboration and cooperation with other health care professionals, and then you can ask the student to identify differences in the way you handle the interactions. To gain the respect of the health care team, encourage your student to be a reliable and efficient source of general and patient-specific medication information. Help your student identify other ways she can become comfortable engaging in discussions with physicians in the future.

CONCLUSION

It is impossible to anticipate all scenarios you may encounter while co-precepting students during learning experiences. However, contemplating possible scenarios beforehand and making patient care and students' needs a priority will help increase your confidence and your ability to precept while you are in an active learning environment. Teaching is composed of many facets and requires actively involving learners in the entire learning process.

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APPENDIX

Teaching Evaluation Form

Date _____ Resident / Student being evaluated _____

Topic/Course _____

Evaluator _____

Type of teaching: ☐ Traditional classroom lecture ☐ CE/Grand Rounds
 ☐ General public/community service ☐ Small group, IPPE, APPE

Active learning utilized (describe) _____

Rate the following variables using this scale:

1 = Unsatisfactory
 2 = Needs improvement
 3 = Satisfactory
 4 = Exceeds expectations
 5 = Superior

Objectives	Score					
Defined knowledge/skill to be acquired by learner	1	2	3	4	5	NA
Used active words to specify a measurable outcome	1	2	3	4	5	NA
Specified a target level of desired achievement	1	2	3	4	5	NA
Presentation	Score					
Clear and related to objectives	1	2	3	4	5	NA
Targeted to audience	1	2	3	4	5	NA
Included sufficient background for the learner	1	2	3	4	5	NA
Included a manageable amount of pertinent information	1	2	3	4	5	NA
Had a structured flow and logical order	1	2	3	4	5	NA
Utilized principles of evidence-based medicine & deductive reasoning	1	2	3	4	5	NA
Provided relevant information that learners can apply to practice	1	2	3	4	5	NA
Included an accurate conclusion and summarized important points	1	2	3	4	5	NA
Adequately answered learners questions	1	2	3	4	5	NA
Style	Score					
Captured / held audience's attention	1	2	3	4	5	NA
Delivered at an adequate speed, tone	1	2	3	4	5	NA
Used effective active learning techniques to engage audience	1	2	3	4	5	NA
Maintained eye contact with audience	1	2	3	4	5	NA
Avoided over-reliance on notes	1	2	3	4	5	NA
Used transitional statements	1	2	3	4	5	NA
Minimized distracting behaviors/gestures	1	2	3	4	5	NA

Handouts and visual aids	Score					
Materials well organized	1	2	3	4	5	NA
Materials added benefit to presentation	1	2	3	4	5	NA
Slides added value to presentation	1	2	3	4	5	NA
Font and color scheme were appropriate; no typographical errors	1	2	3	4	5	NA
References provided on presentation material	1	2	3	4	5	NA
Questions and answers	Score					
Questions repeated for audience clarification	1	2	3	4	5	NA
Provided clear/concise answers	1	2	3	4	5	NA
Answers added to audience comprehension	1	2	3	4	5	NA
Provided answers demonstrated extent of knowledge	1	2	3	4	5	NA

Provide written qualitative comments below; if needed, continue on the reverse side. How can the resident/student improve?