

Building the Perfect Rotation

Kathleen K. Adams, PharmD, BCPS
Clinical Pharmacist Specialist, Internal Medicine
Rhode Island Hospital



Disclosure

I have no actual or potential conflict of interest associated with this presentation.



Learning objectives

- List the components of a syllabus
- Identify rotation activities that align learning objectives
- Compare and contrast precepting styles
- Differentiate rotation expectations for students versus residents
- Review strategies for motivating learners



My background & current practice

- Completed PGY-1 and PGY-2 internal medicine specialty residency and Yale New Haven Hospital
- Clinical Pharmacist Specialist, Internal Medicine at Rhode Island Hospital of Lifespan Health-System
 - 700-bed academic medical center for Brown University medical school and residency programs
 - Oversee University of Rhode Island pharmacy students and PGY-1 pharmacy residents
 - Round daily with internal medicine teaching teams



List the components of a syllabus



Why have a syllabus

- Allow learners to prepare for month ahead
- Learning experiences required for ASHP residency programs
 - General description
 - Practice area
 - Role of pharmacist in that practice area
 - Expectations of learners
 - Objectives assigned to learning experience
 - Activities assigned to objectives
- Preceptors must orient residents to experience



Components of a syllabus

- Preceptor contact information
- Site description
- Rotation description
- Rotation requirements
- Professionalism
- Rotation goals



Preceptor contact information

- Decide how you want to be contacted
 - Email vs. phone
 - Pros and cons of cell phone communication
- Establish how you will contact learner and expectation of response
- Who to contact in your absence
- Additional contact information
 - Site coordinator
 - EPIC training



Site description (example)

- Rhode Island Hospital (RIH) is a private, 719-bed acute care hospital and academic medical center. The hospital provides comprehensive diagnostic and therapeutic services to adult and pediatric inpatients and outpatients. RIH is designated as a Level I Trauma Center, a Comprehensive Stroke Center, an American Burn Association verified Burn Center, an ELSO Center of Excellence and a Comprehensive Cancer Center recognized as the Lifespan Cancer Institute. It is the major teaching hospital for Brown Medical School.



Rotation description (example)

- This learning experience is intended to provide the resident with the opportunity to develop competency in caring for the internal medicine patient. The learner will participate in daily patient care rounds with other members of the healthcare team not limited to physicians, nurses, dietitians, etc. Learners will evaluate drug therapy, lead topic discussions, answer drug information questions, and document as appropriate within the electronic health record.



Rotation requirements

- Hours
 - Barriers to arriving at set time (ex: transportation)
 - HIPAA risk vs. benefit of at home EHR access
- Meetings
 - Noon conference, morning report
 - Optional vs. mandatory
- Patient care responsibilities
- Topic discussions
- Projects



Professionalism (example)

- Dress code
- Arrive to the rotation site, rounds and conferences in a timely manner
- Patient confidentiality is of utmost importance and compliance with federal privacy laws (HIPAA) and hospital policies is required
- Use of personal cell phones is permissible for utilizing drug information software only



Rotation goals: learner-specified

- o Day # 1
 - Strengths
 - Rotation goals
 - Long term goals
- o Discuss goals weekly
 - “What goals have you achieved?”
 - “What goals are you in the process of achieving?”
 - “How do you plan to achieve this goal?”
 - “What can I do to help you achieve this goal?”
- o Feedback Fridays



Rotation goals: preceptor-specified

- o Progression of responsibilities
- o Knowledge
- o Patient care responsibilities
- o Precepting responsibilities



Assessment question #1

Which of the following is true regarding a syllabus?

- A. Allows learners to prepare for the rotation ahead
- B. Learning experiences are not required for ASHP residency programs
- C. Preceptors are not required to discuss the role of the pharmacist in their practice area with residents
- D. Preceptors are not required to orient residents to the rotation



Assessment question #1

Which of the following is true regarding a syllabus?

- A. **Allows learners to prepare for the weeks ahead**
- B. Learning experiences are not required for ASHP residency programs
- C. Preceptors are not required to discuss the role of the pharmacist in their practice area with residents
- D. Preceptors are not required to orient residents to the rotation



Identify rotation activities that align learning objectives



Aligning activities with learning objectives

- o Select objectives applicable to rotation
- o Assign activities to objectives
- o Ensure verb for activity matches level of learning verb for objective
 - o Easiest to use same verb
 - o Refer to Bloom’s Taxonomy
- o Should not have 1 activity satisfy multiple objectives
- o Avoid vague terminology



Aligning activities with learning objectives

R1.1.3 - Collect information on which to base safe and effective medication therapy

- Level 1: Knowledge
- Verbs: collect, identify, tell
- Ability to retrieve data
- Profile review of medications
 - Therapeutic drug monitoring
 - Renal dose adjustments
- Patient work-up sheets

ASHP. Guidance document for ASHP accreditation standard for postgraduate year one (PGY1) pharmacy residency programs. 2018.



Aligning activities with learning objectives

R1.1.4 - Analyze and assess information on which to base safe and effective medication therapy

- Level 4: Analyze
- Analyze different drug therapy recommendations
- Classify drug interaction alerts as clinically significant and non-clinically significant during order verification
- Compare and contrast guideline recommendations based on cited primary literature

ASHP. Guidance document for ASHP accreditation standard for postgraduate year one (PGY1) pharmacy residency programs. 2018.



Aligning activities with learning objectives

R1.1.1 - Interact effectively with health care teams to manage patients' medication therapy

- Level 3: Apply
- Recommend drug therapy modifications
- Choose references, guidelines, and/or primary literature to support recommendations
- Answer all drug information questions within appropriate timeline

ASHP. Guidance document for ASHP accreditation standard for postgraduate year one (PGY1) pharmacy residency programs. 2018.



Aligning activities with learning objectives

R1.1.2 - Interact effectively with patients, family members, and caregivers

- Level 3: Apply
- Provide counseling to one patient per day
 - Discharge medications for HF, Asthma/COPD, AMI
 - Anticoagulants
 - Antibiotics

ASHP. Guidance document for ASHP accreditation standard for postgraduate year one (PGY1) pharmacy residency programs. 2018.



Aligning activities with learning objectives

R1.1.7 - Document direct patient care activities appropriately in the medical record or where appropriate

- Document all interventions
 - Accepted and denied with rationale
 - Illustrate pharmacist impact
 - Protective of license
- Remind learners part of medical record
- Publish progress note in chart when appropriate
- Provide feedback on documentation

ASHP. Guidance document for ASHP accreditation standard for postgraduate year one (PGY1) pharmacy residency programs. 2018.



Assessment question #2

Which activity would align with R1.1.4: analyze and assess information on which to base safe and effective medication therapy?

- A. Analyze 4T score prior to verifying order for argatroban
- B. Classify patient's renal function prior making a vancomycin regimen recommendation
- C. Compare MRSA coverage of doxycycline vs. clindamycin based on institutional antibiogram prior to recommending an antibiotic
- D. All of the above



Assessment question #2

Which activity would align with R1.1.4: analyze and assess information on which to base safe and effective medication therapy?

- A. Analyze 4T score prior to verifying order for argatroban
- B. Classify patient's renal function prior making a vancomycin regimen recommendation
- C. Compare MRSA coverage of doxycycline vs. clindamycin based on institutional antibiogram prior to recommending an antibiotic
- D. **All of the above**



Compare and contrast teaching styles



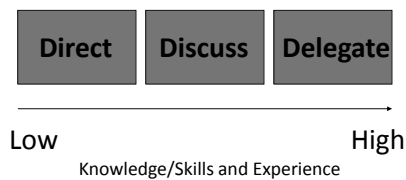
Teaching styles

- o ASHP recommends four preceptor roles
 - Direct instruction
 - Modeling of skills
 - Coaching with feedback
 - Facilitate increased responsibility with indirect support
- o May modify based on time of year
- o Residents should function independently in each competency area by end of residency program

ASHP. Guidance document for ASHP accreditation standard for postgraduate year one (PGY1) pharmacy residency programs. 2018.



Teaching styles: 3 Ds



P. Thorton. Philosophy of Teaching. <https://www.facultyfocus.com/articles/philosophy-of-teaching/three-teaching-styles/> 2013.



Direct

- o One-way communication
- o Explain big picture prior to specifics
- o Model the desired behavior
- o Avoid overwhelming learner
- o Explain how learner will be evaluated

P. Thorton. Philosophy of Teaching. <https://www.facultyfocus.com/articles/philosophy-of-teaching/three-teaching-styles/> 2013.



Discuss

- o Preceptor asks questions of learner
- o Learning through interactions
- o Ask "why" to ensure opinions substantiated with facts
- o Ask one question at a time
- o Prevent conversation dominance

P. Thorton. Philosophy of Teaching. <https://www.facultyfocus.com/articles/philosophy-of-teaching/three-teaching-styles/> 2013.



Delegate

- Promotes learning by doing
- Confidence in learner's ability and motivation
- Reflect on achieved goals as well as barriers
- Encourage learners to teach each other

P. Thorton, Philosophy of Teaching.
<https://www.facultyfocus.com/articles/philosophy-of-teaching/three-teaching-styles/2013>.



Self evaluation

- Assess personal performance
- Clear and precise with directions
- Too much or too little discussion
- Ask the right questions

P. Thorton, Philosophy of Teaching.
<https://www.facultyfocus.com/articles/philosophy-of-teaching/three-teaching-styles/2013>.



Rounding

- Direct
 - Checklist of daily rounding activities
- Discuss
 - Therapeutic drug monitoring
 - Antibiotic stewardship
 - Opioid stewardship
- Delegate
 - Learner to make interventions with team
 - Learner to follow up on all drug information questions



Topic discussions

- Direct
 - List of questions ahead of time
 - Preceptor provides resources
- Discuss
 - Preceptor asks questions of learner
 - Preceptor guides learning through knowledge gaps
- Delegate
 - Learners present to each other
 - Learners ask each other questions
 - Preceptor facilitates



Assessment question #3

Label the below scenarios with the type of teaching style (direct, discuss, delegate):

- Learner recommends a medication therapy plan to the team for a patient starting buprenorphine/naloxone
- Preceptor asks learner side effects amlodipine during a topic discussion
- Preceptor provides learner with American Diabetes Association guidelines before a topic discussion



Assessment question #3

Label the below scenarios with the type of teaching style (direct, discuss, delegate):

- Delegate:** Learner recommends a medication therapy plan to the team for a patient starting buprenorphine/naloxone
- Discuss:** Preceptor asks learner side effects amlodipine during a topic discussion
- Direct:** Preceptor provides learner with American Diabetes Association guidelines before a topic discussion



Differentiate rotation expectations for students vs. residents



Patient care responsibilities: student

- Remind them how to be a pharmacist
- Review all medications on patient's profile
 - Indication
 - Mechanism of action
 - Common dosing
 - Adjustments (renal, hepatic, weight)
 - Monitoring
 - Side effects
 - Aminoglycosides
 - Vancomycin
 - Anticoagulation
 - Anticonvulsants



Patient care responsibilities: student

- Institution-specific activities
 - Cost savings
 - Patient satisfaction
 - Counseling
- May need to be taught how to "work up a patient"



Patient care responsibilities

Verbalize YOUR expectation of patient presentations



Patient care responsibilities: resident

- All responsibilities of a student
- Additional responsibilities
 - Order verification
 - Phone/pager
 - Medication event reporting
 - Counseling for all new starts
 - Warfarin
 - Enoxaparin
 - Direct oral anticoagulants
 - Antibiotics
 - Inhalers



Rounding responsibilities: student (example)

- Day 1: Review learning activities and objectives with student. Have student work up one patient and provide feedback.
- Week 1: work up one new patient per day (max 3 – 5 total)
- Week 2: work up 5 – 10 patients based on complexity
- Week 3: work up all patients on rounding team
- Week 4 – 6: continue to work up all patients on rounding team with goal to limit preceptor interventions after rounds

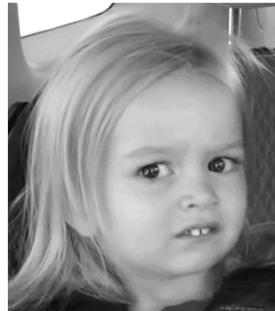


Rounding responsibilities: resident (example)

- Day 1: Review learning activities and objectives with resident
- Week 1: Responsible for all patient care activities for rounding team. Preceptor will round with resident if needed (8 – 16 patients)
- Week 2: Responsible for all patient care activities for rounding team and rest of floor (25 patients)
- Week 3: Responsible for all patient care activities for rounding team and both medicine floors (50 patients)
- Week 4: Responsible for all patient care activities for rounding team and both medicine floors including phone calls (50 patients)



When you get the panicked face



You want me to do *what*?



When you get the panicked face

- “You have to sink a little bit to learn how to swim”
- Remind learner of your accessibility
- Encourage learner to try for 2 – 3 days at new level prior to taking a step back
- Step back if learner not progressing as expected
- Identify barriers to progression and develop plan



Students vs. residents: topic discussions

- Establish time frame ahead of time
- Provide expectations to learner
 - Resources
 - Take home points
- Utilize patient case if possible
- Written handout vs. conversational discussion
- Tertiary vs. guidelines vs. primary literature
- Reschedule if unprepared



Students vs. residents: other activities

- Projects
 - Timeline
 - Provide expectations
 - Prioritize vs. patient care
- Presentations
 - Time constraints
 - Literature



Students vs. residents: precepting

- PGY2 oversee PGY1
- PGY1 oversee APPE student
- APPE student oversee IPPE student
- Primary preceptor should oversee precepting in layer learning model



Assessment question #4

Which of the following is an activity of a resident that is not an appropriate activity of a fourth year pharmacy student?

- A. Rounding with the internal medicine team
- B. Documenting in the medical record
- C. Precepting IPPE students
- D. Precepting APPE students



Assessment question #4

Which of the following is an activity of a resident that is not an appropriate activity of a fourth year pharmacy student?

- A. Rounding with the internal medicine team
- B. Documenting in the medical record
- C. Precepting IPPE students
- D. **Precepting APPE students**



Review strategies for motivating learners



Strategies to motivate learners

- o Promote growth mindset over fixed mindset
- o Growth mindset
 - Enjoys challenges
 - Sees struggles/failures are part of growth
- o Fixed mindset
 - Abilities cannot be changed
 - Shy away from challenges

L Wilcox. Top 5 Strategies for Motivating Students.
<https://www.nbpts.org/top-5-strategies-for-motivating-students/>, 2017



Strategies to motivate learners

- o Develop meaningful and respectful relationships with your students
 - Ask about goals
 - Life outside of work / rotation
 - Allow student to share good news from rounds

L Wilcox. Top 5 Strategies for Motivating Students.
<https://www.nbpts.org/top-5-strategies-for-motivating-students/>, 2017



Strategies to motivate learners

- o Establish clear goals
 - Attainable
 - Small step-wise goals
 - Provide end of rotation goals
 - Inform learner when goals are reached
 - Inform learner when goals have not been reached yet

L Wilcox. Top 5 Strategies for Motivating Students.
<https://www.nbpts.org/top-5-strategies-for-motivating-students/>, 2017



Review strategies for motivating learners

- “I don’t need to know this”
- “Your practice area does not interest me”
- “My team doesn’t accept my recommendations”
- “One of the residents is mean to me”



“I don’t need to know this”

- NAPLEX
- Accountability to patients
- Relate to something they need to know
- Medication safety events
- Ex: PPI prescribing on discharge after ICU stay



“Your practice area does not interests me”

- Focus learning activities on student’s interests
- Community-focused learner on inpatient rotation
 - Medication reconciliation
 - Discharge counseling
 - High risk re-admission rate counseling
 - Polypharmacy review



“My team doesn’t accept my recommendations”

- Oversee learner delivering recommendation
- Allow learner to witness preceptor recommendation
- Solicit team/attending feedback
- Recommendation strategies
 - SBAR format
 - Cite resource within the recommendation
 - Using “we” instead of “I”
 - Timing of recommendation



“One of the residents is mean to me”

- Investigate definition of “mean”
 - Disrespectful
 - Personality differences
 - Not accepting of recommendations
- Discuss with resident and attending if applicable
- Encourage learner to use experience as an obstacle to overcome



Assessment question #5

Which of the following are strategies for when the team is hesitant to accept a learner’s recommendation?

- A. Present recommendation in SBAR format
- B. Cite resource within the delivered recommendation
- C. Using the term “we” instead of “I”
- D. All of the above



Assessment question #5

Which of the following are strategies for when the team is hesitant to accept a learner's recommendation?

- A. Present recommendation in SBAR format
- B. Cite resource within the delivered recommendation
- C. Using the term "we" instead of "I"
- D. **All of the above**



Building the Perfect Rotation

Kathleen K. Adams, PharmD, BCPS
Clinical Pharmacist Specialist, Internal Medicine
Rhode Island Hospital

