

Pearls: Challenges with Trainees

Presenters

- Kevin Chamberlin, PharmD, FASCP
- Teresa Papstein, RPh, BCNSP
- Jennifer Giroto, PharmD, BCPPS

Disclosures

- None of the presenters have any actual or potential conflicts of interest with these presentations. No off label use of medications will be discussed.

Objectives

- Apply preceptor techniques and High Reliability Organization principles to manage challenging trainees
- Describe a student case discussion process for a rotation with multiple trainees of different knowledge levels
- Identify significant "holes" in knowledge early through competencies

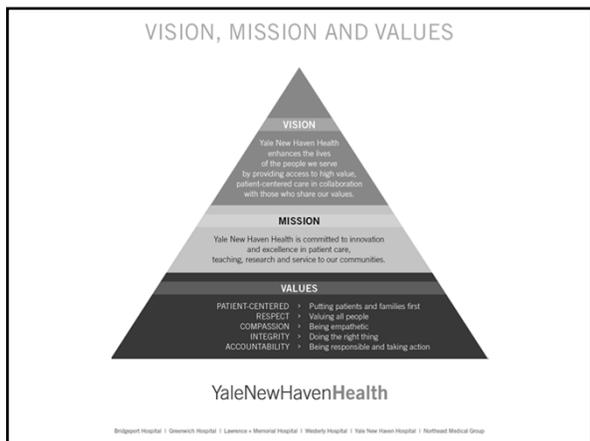
Challenges with trainees – Using HRO

- Trainee Case:
 - Trainee is very quiet
 - Communication with preceptors and team reserved
 - limited interventions on rounds
 - Review of trainee's adverse event and medication error reports revealed incorrect entries

Using High Reliability Organization (HRO) principles to manage challenges with trainees

Teresa Papstein, RPh, BCNSP
 Manager Clinical Pharmacy Services
 PGY1 Pharmacy Residency Program Director
 Bridgeport Hospital,

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- ### Challenges with trainees – Using HRO
- Connecticut Hospital Association initiated High Reliability Organization training
 - Goal to provide exceptional, safe patient care
 - High Reliability Organization Principles
 - Patient centered
 - Safety
 - Complex operations
 - Risk of significant consequences
 - Process
 - Four Preceptor Roles
- Yale NewHaven Health

- ### Challenges with trainees – Using HRO
- Trainee Case:
 - Trainee is very quiet
 - Communication with preceptors and team reserved
 - limited interventions on rounds
 - Review of trainee's adverse event and medication error reports revealed incorrect entries
 - Review medical record documentation
 - Preceptor reviews issues with trainee however trainee does not accept the feedback
- How can preceptors effectively address this type of trainee?
- Yale NewHaven Health

Challenges with trainees – Using HRO

Four Preceptors Roles	HRO CHAMP Behaviors
Instruct	Communication
Mentor	Hand off effectively
Coach	Attention to detail
Facilitate	Mentor each other
	Practice and accept a questioning attitude

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CHAMP Behaviors Guidelines

Schedule time to communicate to set clear expectations.

C

Communicate Clearly

- Repeat Backs / Read Backs with Clarifying Questions
- Phonetic and Numeric Clarifications

Meet as frequently PRN to discuss issues. May need additional instruction.

H

Handoff Effectively

- Situation, Background, Assessment, Recommendation (SBAR)

A

Attention to Detail

- Self-check using Stop, Think, Act Review (STAR)

M

Mentor Each Other – 200% Accountability

- Cross-Check and Coach Teammates
- Speak Up for Safety: "I Have a Concern"

P

Practice and Accept a Questioning Attitude

- Validate and Verify
- Stop the Line – "I need clarity"

CHAMP Behaviors Guidelines

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Communicate Clearly

- Repeat Backs / Read Backs with Clarifying Questions
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Handoff Effectively

- Situation, Background, Assessment, Recommendation (SBAR)

Use SBAR to communicate with trainee

A

Attention to Detail

- Self-check using Stop, Think, Act Review (STAR)

Hand Off to other preceptors

M

Mentor Each Other – 200% Accountability

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Self-Check Using STAR

Stop Pause for *1 to 2 seconds* to focus your attention on the task at hand

Think Consider the action you are about to take

Act Concentrate and carry out the task

Review Check to make sure that the task was done correctly and that you got the correct result

STOP is the most important step. It gives your brain a chance to catch up with what your hands are getting ready to do.

STAR reduces your chances of making an unintended mental slip or lapse by **more than 10 times...**

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Mentor: Lead by example

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Mentor Each Other
200% Accountability



What should we do?

Look out for one another to catch each other's mistakes while building a greater sense of accountability for our actions

Why should we do this?

- To catch and trap honest errors before they reach our patients
- To hold each other accountable for meeting practice expectations

Error Prevention Tools

- Crosscheck and Coach teammates
- Speak Up for Safety: ARCC it up – "I have a Concern"

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Coach Teammates
5:1 Feedback

Encourage safe and productive behaviors
5 times as often as you...

Correct an unsafe and unproductive behavior

Tips

- Be willing to give feedback to others...and be willing to have others give feedback to you!
- Provide feedback based on observations
 - Use the "lightest touch" possible

Remember – without saying a word:
"What you permit, you promote."

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- Validate and Verify
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If something doesn't seem right, question it.

Accept questioning from preceptor, peer or trainee

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Practice and Accept a Questioning Attitude

Think critically by questioning information or situations that don't feel right



Error Prevention Tool

- Validate and Verify
- Stop the Line – "I need clarity"

It's not about asking questions –
It's about questioning the answers!

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Challenges with trainees – Using HRO

With a Trainee that is quiet, provides limited contributions during rounds inaccurate documentation and does not accept preceptor feedback, which techniques can preceptors use to effectively address this type of trainee?

- HRO CHAMP
- HRO STAR
- Four Preceptor Roles
- All of the above

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Challenges with trainees – Using HRO

Review principles of HRO with trainee to tie in patient centered care

- **Communicate:** often and timely with challenging trainees
- **Hand off:** other preceptors aware of improvement opportunities; SBAR as a tool for trainee on rounds; preceptor→trainee
- **Attention to detail:** STAR; documentation, reports
- **Mentor each other – 200% accountability:** share concerns with preceptors, RPC, RPDs
- **Practice and accept questioning attitude:** if something doesn't seem right, escalate. Accept those who question you

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References

- Slides adapted from:
 - Bridgeport Hospital New Employee Orientation High Reliability Training

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The Audible Playbook for Trainee Challenges

Kevin W. Chamberlin, PharmD, FASCP
Associate Clinical Professor &
Assistant Department Head,
Pharmacy Practice
Residency Program Director,
PGY1 Pharmacy Residency

Learning Objectives

- 1) Describe a student case discussion process for a rotation with multiple trainees of different knowledge levels.

“The Audible”

What I got

- A ‘talker’ who had a run-in with me in a class re: exam schedule and winter class cancellation
- Questionable professionalism
 - Abrupt demeanor at times
- Tangential, “question hog”
- Hey, this was NOT April...

My Teaching Concept

- Set expectations
- Provide experiences
- Evaluate outcomes

What I Do

- Give ‘em the keys, tell ‘em to drive
- They get out what they put in
- Give ‘em their money’s worth
- Befriend them without being their BFF
- Competition breeds success

Setting Expectations on Day 1

“High achievement always takes place in the framework of high expectation.” -Jack Kinder

- High for you, of them
 - When they meet your expectations, raise the bar
- High for them, of you
- Be clear
 - Give rationale behind
 - Give the consequences of failing to meet them

Schedule Structure with Flexibility

- Take a formal approach to truly orienting the students
 - Printed schedule, structure with flexibility
 - Change it up unannounced
 - On what and how will you evaluate them?
 - Full-fiber diet approach
 - Clinical pearls from case follow-ups the day before or rounds that AM
 - What did you learn today? (EVERYday)



Level the Playing Field



- Be informed
 - Get a CV with rotation list
 - Talk amongst your colleagues
- Standard assignments
 - 15 topic reviews to start each month
 - Utilizes learning modality: Reading, Writing, Repeating
 - With each patient work-up they present, we re-review the key points of each of these topic reviews [repetition in different manner]
 - Let them tell me what / how much in-depth they know
 - Ask pointed questions
 - Of the individual AND of the group

Provide Experiences



C'mon, you didn't think I'd go a whole presentation without a Red Sox picture, did you?

- Be colleagues
 - Is it “Kevin” or “Dr. Chamberlin”?
- Allow for autonomy, be it BUFFERED
- Do they need, and how much, hand-holding?
 - For how long?
 - Let out the leash!!

Engagement Example

- For case discussions with multiple students and differing levels of of trainees (e.g.: layered learning):
 - (1) Presents the case
 - (2) Writes out the case on the board / paper / laptop
 - (3&4) and sometimes (2) Direct the case discussion after hearing the HPI, MPTA, PE, etc.
 - Ask if there are missing indications for the meds
 - Why home meds were discontinued
 - Monitoring parameters for medications / diagnoses
 - (1) answers these as they are asked
 - (1) Discusses Problem List and THEIR plan
 - (2/3/4) add / edit / delete Problem List and (1)'s prioritizing of it

A Twist on Traditional Problem-based Learning & Case discussions

What we Know	Want to Know	Problem List	Hypotheses	Learning Questions
		Include: -Biological -Population -Behavioral -Care system		

Adapted from: Massaro F and Sylvia L. Experiential Education: maximizing the teaching moment. ASHP NPPC 2012. Washington, DC.

JJ

JJ is a 26 year old Caucasian male who presents to the ER c/o fatigue, bilateral feet swelling, and “dark urine”

Two days ago when JJ got out of bed he found that his legs were very weak. This morning he noticed that both feet were swollen. He also noticed that his urine has become darker since last night. As an afterthought, JJ mentions that he was out with friends a few nights ago. He thinks he drank 10-12 beers and some whiskey.

JJ recently lost his job. He expects to start working next month for a new company as a truck driver.

A Twist on Traditional Problem-based Learning & Case discussions

What we Know	Want to Know	Problem List	Hypotheses	Learning Questions
+fatigue, BL feet swelling x~2d +dark urine (progressing) +drank (thinks?) 10-12 beers 2 nights prior +lost job	-medications? -EtOH intake/history (happen before?) -comorbidities -did patient pass out? -how long in bed? -	?AKI BL swollen feet EtOH use ?Depression	These are learner-driven	Follow-up for learner(s)

Adapted from: Massaro F and Sylvia L. Experiential Education: maximizing the teaching moment. ASHP NPPC 2012. Washington, DC.

Keep ‘em Busy – rationally of course

- Topic reviews
- Pre-rounds
- Journal Club
- P&T projects
 - DUEs, new drug monographs, etc.
- Drug info questions
 - Individual and group
 - Planned and hotline
- Final case presentation/clinical pearl
- Drug(s) of the day

The 'Hidden Curriculum'

"The curriculum of rules, regulations and routines, of things teachers and students must learn if they are to make their way with minimum pain in the social institution called the school." ~P.W. Jackson

- Role modeling is in the eye of the beholder – the student, not the teacher.

Evaluate



- Praise publicly, criticize privately.
- Don't single out ANY student (unless absolutely necessary)
 - Proceed with caution
 - Make light of certain things a student fails to remember, but if after repetition it still hasn't stuck, action is necessary
- Do what you can to keep things 'normal' for the rest of the students
 - But make a statement when you have to
 - 'Town Hall Meeting'

Feedback: Midpoints, Finals, and Continual

- Verbal is necessary, written is a must
- Praise the good, detail the bad
- Give them advice on how to fix it, improve their grade
- Self and peer evaluations
- Leave the final grade blank
- Don't hit 'Complete' just yet...

"The Audible"

What I got

- A 'talker' who had a run-in with me in class re: exam schedule and winter class cancellation
- Questionable professionalism
 - Abrupt demeanor at times
- Tangential, "question hog"
- Hey, this was NOT April...

What I did

- She brought up the PHRM 254 incident
 - I dismissed it as water under the bridge, but a lesson learned
- No issues with professionalism
 - Called her out on her abruptness with her peers at her midpoint
- Lots of redirecting / deflecting questions

The Audible: issues

- Focus and filter
 - Really only an issue in small group discussions with me and her Rx student colleagues
 - Evaluated her approach to being asked questions from her peers and gave her honest, blunt feedback
- Put her with my best Medical Team
 - Somewhat back-fired as she was turned off by the Resident not 'employing' her value enough
 - Countered to her with that she then needed to go above and beyond to prove her value
- Straight-forward, consistent feedback (almost daily)
 - Used peer evals to identify an issue with a group drug info project that was able to be discussed individually, and then at a Town Meeting

Questions and discussion?

Kevin W. Chamberlin, PharmD, FASCP

chamberlin@uchc.edu



Using Competency Based Assessment in Orientation to Identify “Holes” in Knowledge

Jennifer Giroto, PharmD, BCPPS
Clinical Associate Professor

Objective

- Identify significant “holes” in knowledge early through competencies

Situation

- Residents come in with different knowledge bases and skill sets.
- There is a need for residents to provide clinical support early in residency.

Situation

- Benefit to identify initial holes in skills early in residency to allow for provision of knowledge, reinforcement and/or scaffolding rather than remediation further on in program.

Competency Based Learning

- Process that focuses on the resident being able to perform specific objectives
 - Requires preceptor or RPD to define the level of performance that is acceptable (can be different at different time points)
 - Requires framework to assess competencies
 - If competencies have different expectations throughout the year –goals for each assessment and how to set up resident for success

Competency Based Learning

- Becoming more common in Health Care Education
 - Milestones in Medical Training
 - Different expectations for 3rd vs 4th year medical students vs intern vs 2/3 year resident vs fellow

Competency Based Learning

- Can be applied to many aspects of pharmacist residency training
 - Clinical
 - Distributive
 - Communication / Interpersonal
 - Research

Assessment of Competency

- Defines which elements (knowledge, skills and/or attitudes) make up a particular competency as it applies to their role as a pharmacist
- Identify observable behaviors that are associated with learning and mastery of competency

Example Without Competency Assessment

- Incoming resident development plan
 - Resident identifies strengths in pediatric dosing, antibiotic dosing
 - No formal assessment done day 1
 - Completes orientation with minimal issue
 - Begins clinical ID rotation – some basic misunderstandings identified and explained
 - Continues with new basic “holes” continuing to be identified
 - Develops confidence
 - Begins clinical staffing – significant “holes” found with understanding of pediatric dosing and pharmacodynamics

COMPETENCY IMPLEMENTED

Problem Identified

- What are expectations of residents?
- Program expectation that resident understand and help supporting antimicrobial approvals as well as therapeutic dosing recommendations by end of orientation
 - Developed education and “real patient cases”
- Competency developed
 - Vancomycin/ Aminoglycoside TDM / protocol
 - Antibiotic dosing
 - ID lab & susceptibility review
 - IV to PO review
 - Antimicrobial Restrictions

Development of Basic Initial Competency Assessment

- Usually one of the first observational steps in the milestone rubric for that level of learner
- Consistent process
- Follow – up with chosen patients during orientation / initial rotations if need further experience / trials and/ or scaffolding

“Holes” Identified & Future Competency Development

- Easier and consistent process to identify important basic “holes” for residency
- Continuing to expand competencies
 - Have current resident develop 1-2 additional competencies for incoming resident
 - Need to review / update competencies annually

Learning Assessment

Which of the following would be an area that competency based assessment can be incorporated into residency training?

- Therapeutic drug monitoring
- Communication with providers
- Verification of medications
- All of the above

Learning Assessment

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Important Keys

- What are incoming / end of orientation expectations?
- Where has there been significant variation in resident performance that may not consistently be caught early?
- What are issues that the program has seen that may need addressing?
- Creation of knowledge and case competency and process for development

Discussion / Questions