



Scenario

- ▶ You've been working in the oncology area at your hospital for several years.
- ▶ Your institution just started a pharmacy residency. Your resident is about to start her third rotation, which is in oncology with you.
- ▶ You've had students shadow occasionally before, but have never precepted a resident. How are you going to do this?

Four Preceptor Roles

#5 pops to the wing
#4 pops to corner
#2 walks defender into the paint & pops up
www.coachpintar.com

#1 passes to #4 and then clearout to weak side
#4 passes to #5
#5 passes to #2

#3 uses the screens from #4 and #5
#4 & #5 clear the screen as #3 clears to seal the defender
#3 slips after setting the screen
#2 looks to pass to #3 or #5

Instructing

the Playbook

Instructing

- ▶ Teaching of content that is foundational in nature
- ▶ Knowledge or understanding that is necessary to acquire before skills can be applied or performed

http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/softchalk4preceptorroles_print.html

Instructing

- ▶ More frequent at the start of the residency year and the beginning of new learning experiences
- ▶ Learning Activities
 - ▶ Readings, lectures, topic discussions
 - ▶ Determine baseline knowledge
 - ▶ Fill in missing pieces

http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/softchalk4preceptorroles_print.html

Instructing

<p style="text-align: center;">Students</p> <ul style="list-style-type: none"> ▶ Classroom instruction ▶ Content is usually entirely new ▶ Often lecture style to relay information 	<p style="text-align: center;">Residents</p> <ul style="list-style-type: none"> ▶ More independent in learning and knowledge acquisition ▶ Often just filling in gaps in knowledge ▶ Refer to relevant guidelines, articles, resources and discuss to ensure understanding ▶ Avoid lectures
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Scenario

- ▶ What baseline knowledge do they need?
 - ▶ Cancer-specific treatment guidelines
 - ▶ Classes of chemotherapy with associated testing and monitoring parameters
 - ▶ Process of chemotherapy preparation and verification

Scenario

- ▶ Assess baseline knowledge
 - ▶ Discuss with a neighbor ways to assess a resident's baseline knowledge

Scenario

- ▶ Assess baseline knowledge
 - ▶ What APPE rotations did the resident have?
 - ▶ What work experience do they have?
 - ▶ Discuss with them what they do or don't know
 - ▶ Pre-rotation quiz

Scenario

- ▶ Fill in gaps in baseline knowledge
 - ▶ Resident to review pertinent guidelines
 - ▶ Discuss safe handling processes for chemotherapy
 - ▶ Review the process for checking chemotherapy and how it may differ from checking other medications



Modeling

ing Film

Modeling

- ▶ Once background knowledge is adequate, learner is ready to acquire the skills to perform a task or responsibility
- ▶ Preceptor demonstrates the skill or process, while allowing the resident insight into the accompanying thoughts or problem-solving processes
 - ▶ "Thinking out loud"

http://www.arhomedial.org/uftrchalk/uftrchalk_preceptorroles/uftrchalk4preceptorroles_print.html

Modeling

- ▶ Learning activities
 - ▶ Case-based discussions
 - ▶ Practice-based observation
 - ▶ Simulation

Scenario

- ▶ As you are reviewing a patient's treatment plan, say out loud what you are looking for.
 - ▶ Talk about what guidelines or resources you are using
 - ▶ State what labs you are monitoring
 - ▶ Discuss how you are checking the dose
 - ▶ Go over any problem-solving you are doing



Coaching

for Practice

Coaching

- ▶ Resident has the necessary background knowledge and has observed the preceptor performing the skill or task
- ▶ Resident performs the skill, while being observed by the preceptor
 - ▶ Resident "thinks out loud"
 - ▶ Preceptor provides feedback during the process

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Coaching

- ▶ Resident is ready to take on the skill or task, but not yet ready for independence
- ▶ Opportunity to fine-tune the resident's skills, grow in confidence, and allow the preceptor to assess when the resident is ready for more independence

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Coaching

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Scenario

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Scenario

- ▶ You as the preceptor observe the resident, adding or correcting any missing steps or information
 - ▶ If you are providing a lot of correction, may need to step back to modeling or instructing
- ▶ Provide specific, actionable feedback that helps the resident to improve
- ▶ Once you are no longer providing corrective feedback, the resident is ready for more independence

Feedback

- ▶ Standard 3.4.b
- ▶ "Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is **frequent, immediate, specific, and constructive.**"

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

Feedback

- ▶ Timely
- ▶ Specific
- ▶ Addresses not just what was done, but the **quality** of what was done
 - ▶ Don't forget to give positive feedback!
- ▶ May be verbal and/or written

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Self-Assessment #1

- ▶ Which of the following uses all of the facets of good feedback and so would be valuable feedback to provide to a resident?
 - A. Great job today!
 - B. You reviewed the medication profiles for all of the oncology team's patients today.
 - C. You correctly identified missing lab tests for an oncology patient today, in accordance with national guidelines and hospital protocol. You quickly contacted the provider to get this resolved so that the patient could be treated.
 - D. The journal club that you presented last month was a thorough and accurate description of the article. In the future, focus on increasing eye contact and practice in advance so that you are less nervous.

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<https://goo.gl/images/55rICBf>

Facilitating

Time!

Facilitating

- ▶ Resident performs independently, once the preceptor and resident are confident in their ability to do so
- ▶ Preceptor remains available as needed or for debriefing after the fact

http://www.asbmedia.org/colfchalk/colfchalk_preceptorroles/colfchalk4preceptorroles_print.html

Facilitating

- ▶ Continue to increase complexity of patients or situations
- ▶ Residents encouraged to self-assess their performance

Scenario

- ▶ Resident now rounds independently with the oncology team and verifies orders for chemotherapy regimens.
 - ▶ You remain available for questions
 - ▶ You meet with the resident after rounds to debrief and discussion interventions
 - ▶ Help the resident to assess their own performance
 - ▶ Encourage the resident to take on more complex patients

Residents and the Four Preceptor Roles

- ▶ Residents are also expected to understand and utilize the four preceptor roles during their residency.
- ▶ Goal R4.2: "Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals."
 - ▶ Objective R4.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.
 - ▶ Objective R4.2.2: (Applying) Effectively employ preceptor roles, as appropriate.

ASHP. Required competency areas, goals, and objectives for postgraduate year one (PGY1) pharmacy residents. 2015.

Discussion Scenario

- ▶ Discuss with your neighbor which preceptor role would be most appropriate to move to in this situation:

Your resident has been on their rotation in the neonatal ICU for 2.5 weeks now. She is confident and makes accurate recommendations during rounds that have almost always been accepted. You have not had to make any corrections to her recent pharmacokinetic dosing plans.

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Facilitating

Self Assessment #2

- ▶ When using the instructing role, which of the following best describes a difference between students and residents?
 - Lecture-based instruction is more appropriate for residents than students
 - The focus of instructing residents should be to fill in gaps in knowledge
 - Students are more likely to be independent in researching guidelines
 - Content being taught is more likely entirely new to residents compared with students

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Self Assessment #3

- ▶ The resident is beginning their rotation in the anticoagulation clinic. They have reviewed pertinent treatment guidelines and protocols. They are currently observing as you conduct INR checks and dose adjustments for patients on warfarin. Which of the preceptor roles is described in this situation?
 - Instructing
 - Modeling**
 - Coaching
 - Facilitating

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Key Take Away Points

- ▶ The four preceptor roles (instructing, modeling, coaching, facilitating) are sequential in nature.
- ▶ Every resident and learning experience is different. It is important to individualize use of the four preceptor roles, depending on the resident's abilities, past experiences, and comfort level.
- ▶ Sometimes you may need to return to a previous role.

