

## Revitalize Your Rotation: A Collection of Tools and Pearls for Teaching and Precepting

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The speaker has no conflict to disclose.



## Objectives

- Identify goals and activities that are essential to creating a residency program that is enduring and has a legacy.
- Discuss tools and methods for selection of resident candidates well suited to your program.
- Discuss the elements of precepting excellence.
- Identify at least 3 tactics for handling difficult precepting situations.
- Discuss statistics for the current demand and supply of residency positions.



## Preceptors are essential

- A residency program is made of only 2 basic elements: residents & preceptors
- The role of a preceptor out in the 'real world' practicing real pharmacy is to guide students/residents as they apply their knowledge base to the actual practice of pharmacy.



## Core Values for Preceptors

- Professionalism
  - Attached Articles
- Desire to educate and share knowledge
- Willingness to mentor
- Time commitment
- Respect for others
- Willingness to work with a diverse student/resident population

Preceptor's Handbook for Pharmacists, 2005



## The Four C's

- Competence
- Charisma
- Character
- Communication



## Competence

- Practice area
  - Implied by preceptor status
- Teaching competence
  - Use effective teaching skills
  - Guide learning with open-ended questions
  - Provide timely feedback (positive and negative)
  - Explain concepts at appropriate level



## Charisma

- Having enthusiasm for students and teaching is a necessity
- Model behavior- We shape those around us

*“How can you have charisma? Be more concerned about making others feel good about themselves than you are making them feel good about you.” – Dan Reiland, VP Leadership Development*



## Character

- Act with integrity, keeping the students' best interest at hand
- Be committed to the success of your students

*“Talent is a gift, Character is a choice” – John Maxwell*



## Communication

- Expectations
  - Syllabus at start
  - Daily performance
- Instruct in small, digestible, “teaching bites”
- Feedback
  - Identify what was done right
  - Positive reinforcement is more effective than negative punishment
  - Hold student accountable



## “One-Minute Preceptor”

- Get a commitment
  - Ask: What is going on?
- Probe for evidence
  - Ask: Why?
- Ask Questions
- Teach one general point
- Reinforce positive behaviors
- Correct errors and make recommendations
- Conclude with a plan



## Structuring the Learning Process

1. Set Expectations
2. Motivate your Learner
3. Provide Opportunities for Practice
4. Give Structured Evaluation and Feedback
5. Hold Student Accountable



## Set Expectations

- Pre-Rotation Meeting
  - Start setting expectations
  - Assess students capabilities, strengths
  - Get the student's goals for the rotation
    - Expect them to come prepared to discuss this
    - What are the student/resident goals for rotation?
    - Too difficult? Ask for one sentence what he/she hopes to do in a certain time (end of rotation)



## Set Expectations

- Learning Activities
  - How the learner will accomplish objectives
  - Can include anything that will reasonably help student reach his or her learning goal
  - Avoid passive learning activities
    - i.e. present an article in journal club instead of 'reading assignments'



## Set Expectations

- Simple things
  - Attire, lab coat
  - What to do if they have a problem
  - How best to contact you
  - Personal communication & social media access
- General structure
  - Arrival time, attendance, hours
  - What they should do daily
  - Where they should report
  - Consequences of non-compliance
    - Grade impact, make up lost time, sent home for inappropriate dress



## Set Expectations

- S – Specific
  - Examples of 'well done' similar projects
- M – Meaningful / Measurable
- A – Attainable / Agreed upon
- R – Relevant
  - Don't forget to include goals that the student wants to achieve!
- T – Time-bound
  - Consequences of non-completion and impact of quality of work (grades)



## Set Expectations: Syllabus

- Preparation in advance of the rotation
- Key to delivering expectations
- Review at the beginning of the rotation
- Add student's goals from the pre-rotation meeting
- Have the student sign it
- Example on the next slide



**Resident Name** (add/review signature learner analytical monitor)  
 Pharm Admin Rotation – May 09

**Meetings**  
 Get a printed copy of Rick's calendar for the week. Expect to attend ALL meetings on Rick's calendar unless excused.  
 Communicate whether you will meet me at my office or meet me at the location.  
 My cell #: 913.506.6565  
 No less than weekly update meetings w/ Rick, you can schedule more if you would like.

- Projects**
- 1) Set up a meeting with Jason to discuss a plan for project for Med Use Safety Excellence Award for 2010. Review the award standards prior to the meeting – 5-27-09
  - 2) Complete the ASHP National Survey Questionnaire for K12H – 6-14-09
  - 3) Audit Cancer Center Pharmacy dispensing of oral doc and oral 5HT-2 antagonist 6-23-09
    - Evaluate for concomitant dispensing of oral doc and oral 5HT-2
    - Any dispensing that is not as above, contact visiting pharmacist in cancer center to see if they contact physician
    - Review override transaction audits from nurse manager
    - Survey J2IC P/C required for override meet logs, complete responses
    - Set up meeting with RN Directors and managers – list of names sent to provided by Rick
    - Create agenda for the meeting and a new proposed override list to discuss at the meeting
    - Discuss medications that should / should not be on override list
    - Compile new override list based on meeting & send out to state holders for review
  - 4) Complete new override list as time for June P&T agenda
  - 5) Medication Cost – update and improve Brian O'Hara's list – 5-20-09
    - List out to pharmacists
    - Send out to selected MDs
  - 6) EPIC Med Safety Project - Pediatric medicines above – 6-15-09
    - Contact Holly Hale and Brad House to get project specifications
    - Work with Holly, Brad, Corey, Ann and Dawn in IT and Paula Calkins team as appropriate to determine medicines and implement in EPIC
  - 7) Personal Development Goals
    - Check and meet leadership – set as thoughtful to discuss back no later than 8-20-09
    - Develop confidence and finding the right amount of work/life
    - Doing several professional organizations
  - 8) Rural Tx Project – 6-15-09



## Motivate: Know your student

- Get to know the millennial generation
- Born 1980-2000 – expected to exceed 100 million
- Confident – parents who believed in self-esteem
- Hopeful – often optimistic and practical
- Goal and achievement oriented
- Civic minded – think about the greater good
- Inclusive – prefer to work in teams



## Motivate: Know your student

- Increase responsibility
  - They thrive when given real responsibility
- Be a mentor
  - They have grown up with role models
- Acknowledge accomplishment
  - They hve been encouraged from an early age
- Work together
  - Teamwork is an important element
- Listen to them
  - This works for anyone, not just millenials!



## Motivate: Know your student

- Life/work balance
  - Work is only a part of a well-rounded life
- Make use of technology
  - Laptops, smartphones, and iPods are the standard
- Keep them challenged
  - Boring is bad
- Remember the platinum rule
  - Treat others as THEY would want to be treated
- Have fun
  - We're at work for too much time not to enjoy it



## Motivate: Know your student

- Learning styles tools
  - [http://www.educationplanner.org/education\\_planner/discovering\\_article.asp?sponsor=2859&articleName=Learning\\_Styles\\_Quiz](http://www.educationplanner.org/education_planner/discovering_article.asp?sponsor=2859&articleName=Learning_Styles_Quiz)
  - <http://www.engr.ncsu.edu/learningstyles/ilsweb.html>
- Websites provide tool and enough information to use effectively
- Learning styles can help you format teaching methods to best suit student



## Motivate: Know your student

- Myers-Briggs
  - <http://www.humanmetrics.com/cgi-win/JTypes2.asp>
- Personality type indicator
- Provides a lot of information quickly
- Good 'ice-breaker'
- Has some 'fun' information, i.e., famous people with your personality type



## Motivate: Know your student

- Now, Discover Your Stengths
  - Great book, have to buy it to get the test
  - Consider for residents, worth the investment
- Other tools
  - Create a self-assessment tool tailored to your rotation



## Learner Responsibility

- Identify what he/she knows and what needs to be learned
- Come prepared with background skill and information
- Willing to learn
- Dedication
- Motivation



### If you could tell your preceptors anything you wanted about giving you feedback as a student or resident, what would you tell them?

- Give feedback on general trends or skills, but give examples of these.
- *Be professional, honest, and specific. I would much rather someone tell me "I see you struggling in these areas. You should devote some time to improving these skills, etc" than someone telling me "You're doing fine." I want to know specific areas I need to improve upon – not just that 'I'm doing okay.*
- I would tell my preceptors that I would like to have feedback given in a constructive manner; good or bad. If I do something that is incorrect or could possibly be of harm to the patient I would like to know sooner rather than later. It's tough to get feedback on something you did wrong 3 weeks after it happened.
- *Don't do it in front of others - on rounds, peers, etc*
- Give feedback as soon as possible- please do not wait till the end of the month to critique me, address the situation as soon as it occurs and make sure that I am aware of the feedback.



### Feedback

- Should be done frequently
  - At least daily
- Specific
  - DO: 'Good catch on that sodium level on the pip/tazo patient.', '
  - DON'T: 'You're doing fine', 'Great job', 'You need to focus on monitoring', etc.



### Evaluation

- Ideally done at several points during the rotation; at mid-point and final
  - Mid-point can be informal
  - Final should be formal – **in person, verbal and written!**
- The worse the performance, the more evals and more formal they should be
- **Based on SPECIFIC examples NOT generalities**



### Preceptors uncomfortable with negative feedback

- "I don't like giving negative feedback it makes me uncomfortable so usually I just don't do it. I would rather avoid being put in that situation."
- NO ONE likes giving negative feedback.
- Make it constructive instead of negative. Discuss what could be better or different, if something critical was wrong, pull them aside immediately and explain what would have been correct and why it is important.
- Remember: Residents are here to learn. They unanimously want to know when they have done something wrong, it's all about how you approach it.
- 1:1 private meeting. Just facts, don't take emotions with you. DON'T WAIT! BE SPECIFIC!
- Ask questions first! Then, after you talk to them, LISTEN to their questions and response.



### What kind of feedback would you like?

- I appreciate my feedback to be presented verbally with a copy of the written form. I greatly appreciated the preceptors that would actually speak with me about the rotation and my feedback rather than just finding my RLS form at my workspace. I wish that more of the preceptors would feel comfortable giving feedback verbally.
- Any feedback is better than none at all. I prefer constructive criticism with a way to solve the problem and an example of how to prevent the situation next time verses "I would not have done it this way" Explain why you would not have done it a particular way
- I just don't like waiting until the end of the rotation to get feedback. I'm the kind of person who likes to know if I'm on the right or wrong track.



### How would you like it to be presented?

- I would like to get feedback about specific things that I may be doing wrong as I go through the rotation by the preceptor correcting me the first time I make the mistake. I would like reviews to contain more general information about my skills/performance on the rotation. I would like these to take place in an environment where it is me and my 1 or 2 preceptors sitting down and talking about it so that I have the ability to ask questions and talk through some of the recommendations.
- *A face-to-face discussion with the handout of written feedback.*
- Private discussion
- *ASAP when it occurs, I welcome feedback but mix in some positive feedback with the negative feedback so I do not feel like I have done everything wrong*
- I like feedback in a one-on-one situation. I really don't like being criticized in a room full of people
- *Privately and preferably with candy or cake or ice cream!*



### How often would you like feedback?

- If I am doing something wrong, correct me as I am doing it (or if there is a better or more efficient way of doing something.) Otherwise, I only need general reviews at mid-rotation and end of rotation.
- *I am the type of person that I would appreciate feedback very regularly. I understand that is not usually an option so at least twice during the rotation would be great.*
- *At least twice per rotation*
- *I would like an informal mid-rotation eval and a final formal eval.*
- *As often as needed- I understand I am new and I understand that I will make mistakes so I am waiting for feedback.*
- *The most important part in my mind is as long as I don't receive the feedback on my last week or the last day of the rotation, then I'm good.*
- *I think it would be ideal to have feedback weekly. As students and residents, the rotations are only a month long. I think the student/resident could have more chances to improve if they would received feedback more often (weekly vs. a mid-term eval).*



### Give a scenario where you received feedback and it was really well done.

- She commented on general trends that I had shown during the rotation and explained ways that could help me better do my job. She gave specific examples of ways that change small things could improve the care I give to patients, as well as make my day easier and help medical residents learn while they are here. She did this in a one-on-one setting where we were able to sit in a room and discuss the points that she brought up.
- *In terms of end of rotation feedback, I liked Xxxx's way of doing things. We met a week or so after the rotation and she talked me through her ResiTrak evaluation. She gave reasons for every "grade" that was given and discussed my positives and negatives. Yyyyy also did a nice job at the end of my rotation with her. Her feedback was honest and pointed. She gave me things to work on which I found really helpful. She gave me global personal development tips that I have been able to work on since the rotation ended.*



### Give a scenario where you received feedback and it was really well done.

- I addressed a resident about adding mefformin to a patient's medication regimen because of high sugars. I was pulled aside by my preceptor after rounds and was told that since we are a teaching hospital, perhaps I should address it to the team so that everyone hears it. The feedback was to the point, done in a timely manner, and a solution was given to rectify the situation.
- *Preceptor...pulled me off to the side (into a office) and just talked to me about the 2 mistakes I had made. He told me he understood why I made those particular mistakes but that I needed to correct the way I was dosing patients. I have a lot of respect for someone who can handle a resident or any situation like that. He wasn't out to make himself look smarter than me or he wasn't trying to belittle me, he just wanted me to learn from my mistake. I know he must have been frustrated with me but he never let it show.*



### Give a scenario where you received feedback and it was poorly done and why.

- Feedback was given to me in a very public way in front of my peers. It also lacked any specific examples of what I had done to receive the negative feedback, so I felt as though it was very difficult to improve upon the areas that were pointed out.
- *I did not like the feedback from my XXXX rotation. Its not that they had negative things to say about me – they just didn't give me anything to improve upon. I needed a lot more than "You did a nice job." The preceptors did a great job during the rotation of challenging me with questions, etc. But I never received any feedback to improve my performance. The essence of my end of rotation eval was "You did a good job monitoring patients." Nothing to work on to improve my clinical skills.*
- *In front of other people, like being called out.*



### Feedback / Performance

- Scenario discussion
  - Real situations from preceptors
- Time for questions



### Professional appearance & grooming

- **Q:** How do you give feedback to a student who looks like he slept in the gutter last night? How to address professional appearance and behavior.
- **A:** Immediately and directly. Give them the Organization dress code and Pharmacy School dress code. Send them home to change/iron and make sure they know they have to make up missed time.



## Struggling and wants to succeed

- **Q:** How gentle of gloves should you put on for a resident who is trying very hard but just doesn't get it? Is it better to be gentle and encourage or a bit more harsh to "wake them up"? That is my hardest person to give feedback to, especially if they are genuinely trying and a nice person to boot.
- **A:** Be honest, kind and direct. In a 1:1 setting, give them specifics that you are concerned about. Ask for their assessment of their performance – LISTEN and respond with empathy. Reassure that you care about their success and that you want to help. Ask what would help them improve. Focus on areas of greatest concern and move to the next after this one is addressed.



## 'Blow off' deadlines or work

- **Q:** I'd like to know what to do when you FEEL like you are holding a resident accountable (i.e. deadlines, meetings, etc) however, they blow you off - how do you give them feedback on this situation.
- **A:** I like the 'probing question' approach to this situation. E.g.: "Can you explain why you missed the deadline we agreed to, please?", "What made you decide that XXX was more important than completing this project for my rotation on time?", "So, you decided, without discussing it with me, that something else needed to be done and it was OK to miss our agreed deadline. Is that right?"
- Be prepared to work with them if the problem is they are overworked / stressed and do not know what to do.
- You can't really say 'NO' when you're a resident, so as the preceptor, you have to help them prioritize.



## When do to 'kick them out of the nest'

- **Q:** When do you stop holding someone's hand and let them know it's not up to snuff. That's always the most difficult conversations for me. When I've tried and tried to get the resident/student to figure it out and they just still aren't getting it. How do you approach that situation and when do you know it is time?
- **A:** Open to discussion. I think this is very individual specific, but there are times 'sink or swim' is just the right approach. I would talk to them first and tell them it's coming and where they can get help if they feel like they are sinking.



## Timeliness / Absenteeism

- **Q:** I had a student who consistently showed up late. Even when I required him to make up the time by checking in with me at 7:30 every remaining day of the rotation, he still was coming in up to 10 min late. He gave me all kinds of stories.
- **A:** Set Expectations – consequences of this should be spelled out in your syllabus. Approach on every account. Discuss this in weekly eval sessions. Tell them the consequence.



## Doesn't handle constructive feedback well

- **Q:** How do you motivate a resident that gets frustrated and shuts down when you provide constructive criticism?
- **A:** FIND OUT WHY in a 1:1 conversation.
- "I feel like when I give you constructive feedback you seem upset." LISTEN to their response.
- Do they feel belittled, stupid, pimped? If so ask why? What is the best way for you to give them feedback on how to improve?
- Reassure them that you care about their success and want to help them. Often, just having this conversation helps.



## Disinterest/motivation/laziness

- **Q:** How do you tell if the resident/ student has a lack of interest in your rotation vs laziness vs unmotivated and how is your feedback different on each incident?
- **A:** Ask them.
- Disinterest / unmotivated: "I am getting the impression that you are disinterested / unmotivated in my rotation. What do you think?"
- Laziness: "I am concerned about the effort you are putting into this rotation. My perception is that you are not working up to your potential and in some cases, not up to my expectations. What do you think about that?"
- LISTEN to their response.
- Carrot: What can we change to get you more engaged, excited, to work harder?
- Stick: Regardless of how you feel about this rotation, there are basic expectations that you have to meet in order to get X grade, achieve rotation goals, etc.



## Not listening to feedback

- **Q:** I have had residents in the past who think they are doing a great job and don't listen to feedback given to them about things they are not doing or not doing correctly. This makes feedback difficult when residents simply don't listen.
- **A:** Tell them that your impression is that they are not listening and what gave you that impression. Many times it is miscommunication / misunderstanding and kicking off a conversation like this can resolve it.
- IF they are really just not listening or don't care, go to Carrot & Stick for performance improvement.



## Feedback Pearls

- Set a time no less than weekly
- Ask student to come prepared to self-assess their performance
  - Weekly 'grade', what and why
- Student should run-through projects / goals status
- Use verbal AND written formats for final evaluations
- Be prepared to give your assessment
  - Specific information!
  - Not "good job"



## Feedback Pearls

- HOPE IS NOT A STRATEGY. Don't wait to give feedback
- Talk to residents and students about your perception of their performance in a timely fashion
- LISTEN to their responses and respond with empathy
- Give feedback privately



## Some Comments to Take...

- The best preceptors...
  - Allow me to learn and develop on my own with guidance as necessary
  - Let me come up with solutions for my own problems
  - Let me be excited about pharmacy and the career I've chosen
  - Challenge me daily
  - Allow me to ask questions
  - Praise me when I do something well
  - Encourage me to be a pharmacist, with real responsibilities, not busy work
  - Build my confidence while helping me with my weaknesses



## Feedback Discussion

- Think about your toughest precepting feedback situation
  - What did you do?
  - What did you want to do?
  - What could you have done better?
- Sharing story at your table



## Finally...

Remember that good evaluation techniques should apply to yourself as the preceptor. To be a good preceptor, it is very important to reflect on your own teaching style and skills and to always be ready to modify your approach or to try something new. The roles of preceptors and mentors are to teach, coach, counsel, sponsor and encourage. Your role in pharmacy education is the cornerstone to the learning process and is essential to the development of competent, skilled pharmacists and technicians.

ASHP Report "1999 ASHP National Residency Preceptors Conference: Mentoring for Excellence". Am J Health-System Pharm 56:2454-7, 1999.





Post-Test Questions

1. The following are the 4 C's of good precepting
  - a. camaraderie, complaining, carousing, champion
  - b. commitment, calculation, competence, core
  - c. competence, charisma, character, communication
  - d. challenge, charming, chat, chagrin
  
2. Elements of good feedback include all but the following
  - a. Private setting
  - b. Timely
  - c. Specific
  - d. Focus on negative
  
3. Millennial learners tend to have all the following except
  - a. Use of technology
  - b. Prefer to work alone
  - c. Seek real responsibility
  - d. Expect life/work balance
  
4. There are many on-line learning assessment tools that are quick to perform and easy to use? T/F
  
5. All of the following could be considered critical elements to effective feedback and evaluation except:
  - a. Scheduled weekly sessions
  - b. Expect the student to self-assess
  - c. Listen to the response
  - d. Put off difficult topics until the end of the rotation