



ASHP Live Webinar: Pearls for Residency Preceptors

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Tuesday, March 29, 2011
1:00 – 2:00 PM ET

Planned by the ASHP Section of Clinical Specialists and Scientists Section Advisory Group on Preceptor Skills Development as a value added service for members developing residency preceptors.

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**“Staying Alive” in Principle 5:
Ideas on where to begin**

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Background

- Preceptors must¹
 - ❖ be evaluated on desire to teach
 - ❖ be evaluated on aptitude for teaching
 - ❖ have opportunity to enhance teaching skills

¹ American Society of Health-System Pharmacists (ASHP) Accreditation Standards

Purpose

- Conduct baseline needs assessment
- Implement faculty development program



Methods

- Created needs assessment questionnaire
- Sent electronic survey to preceptors
- Requested response in two weeks



Results

- 100% response rate (13 of 13)

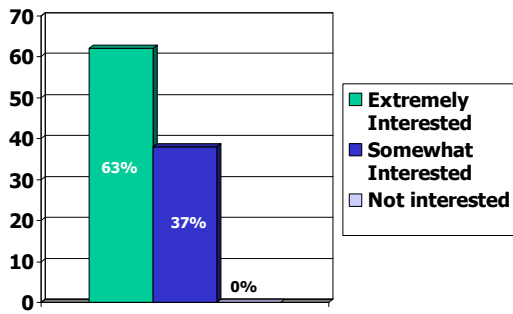


Past experiences teaching pharmacy students/residents?

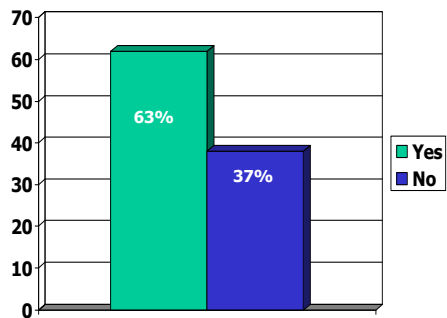
- n=11 (85%)
 - ❖ Mentoring/teaching students
 - ❖ Facilitating student/resident learning activities
- n=3 (23%)
 - ❖ Precepting pharmacy residents



Level of interest in teaching residents?

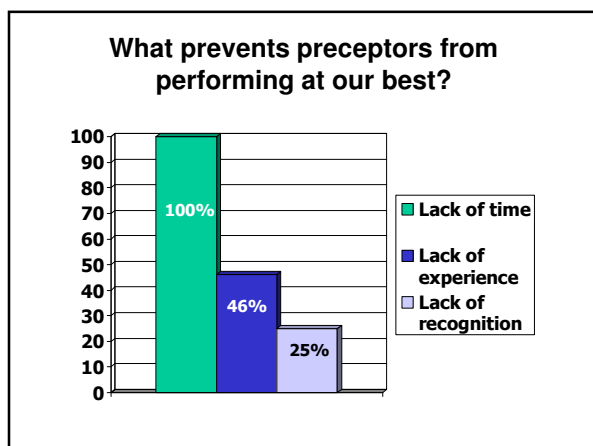


Participation in training programs focused on teaching?



Current level of expertise and ability		
Topic	Median	Range (1-5)
Teaching in small groups	4	(3-4)
Giving Constructive Feedback	3	(3-4)
Setting Expectations with Learners	3	(2-4)
Assessing Learner needs	3	(2-4)
Curriculum Development	3	(2-4)
Teaching Large Groups	3	(2-4)
Using Technology in Teaching	3	(2-4)
Assessing Learning Styles	3	(1-4)
Identifying Impaired Learners	2	(1-3)
Scale: 5: Mastery, Could teach others; 3: Medium, good but could still improve or 1: Low, Need much development		

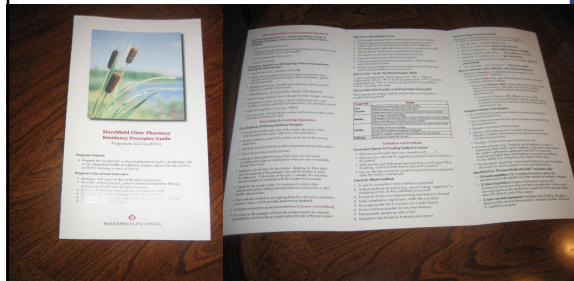
Level of interest in 'teaching skills enhancement' opportunities		
Topic	Median	Range (1-5)
Quarterly seminar/dinner potentially with outside speaker	4	(2-5)
Completing computer based training (CBT) focused on teaching	4	(1-5)
Reading teaching related materials	3	(2-5)
UW-Health Education Journal Club	3	(1-5)
Participating in UW-Madison MEDAL teaching program or similar program	3	(1-5)
Scale: 5=most interested; 1=Least interested		



Next steps: Preceptor Development Plan

- Preceptor Guide
- Annual participation requirement
- Biannual quality improvement meetings

Preceptor Guide



Preceptor Guide Contents-1

- Program Purpose
- Program Educational Outcomes

Preceptor Guide Contents-2

- Resident Orientation
- Precepting the Learning Experience
 - ❖ Core Standards of Preceptors
 - ❖ Eight Tasks to Facilitate Learning
 - ❖ Four Roles of Preceptor

Preceptor Guide Contents-3

- Evaluation and Feedback
 - ❖ Conversation Openers
 - ❖ Giving Constructive Feedback
 - ❖ Preceptor Evaluation of Resident
 - ❖ Evaluation Scale

Preceptor Guide Contents-4

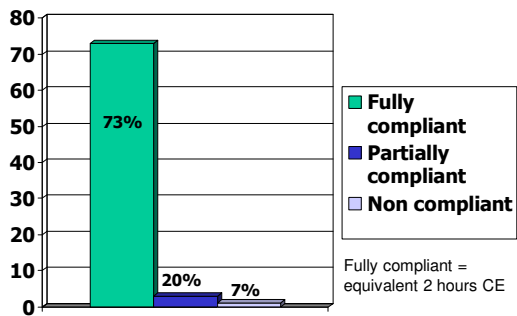
- Preceptor Development Program
 - ❖ Participation requirement
- List of potential activities
 - ❖ Computer Based Training
 - ❖ Conferences/Courses
 - ❖ Readings related to teaching

Biannual Quality Improvement

- Preceptor and program director
 - ❖ Matching learning activities with objectives
 - ❖ Review of evaluations
 - ❖ Preceptor development
 - ❖ Balance of work time/teaching



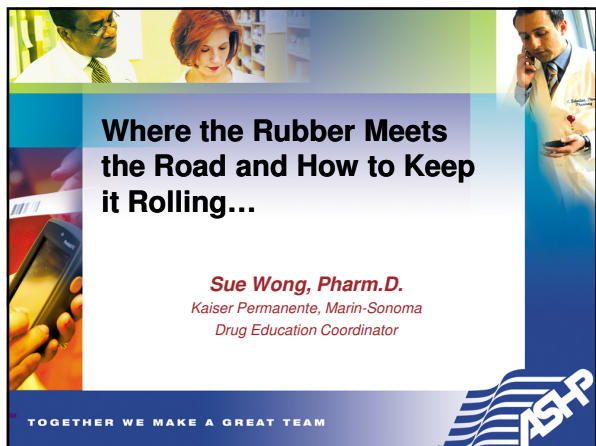
Preceptor Participation in Instructional Program



Future Preceptor Development Activities

- S.M.A.R.T Goals for each preceptor/experience
- Professional Development journal clubs
- Quarterly Town Hall Meetings
- Preceptor Retreat
- Shared Preceptor Website



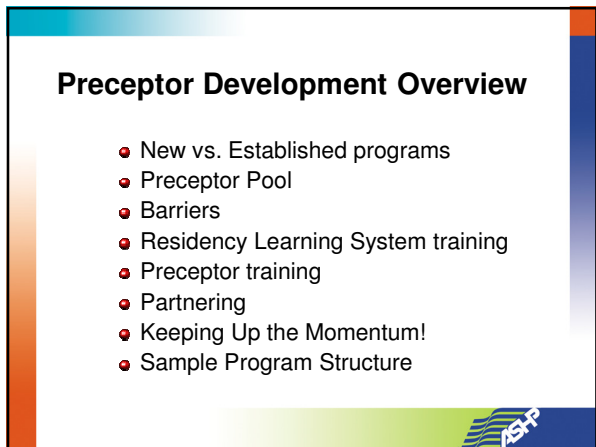


Where the Rubber Meets the Road and How to Keep it Rolling...

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Kaiser Permanente, Marin-Sonoma
Drug Education Coordinator

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Preceptor Development Overview

- New vs. Established programs
- Preceptor Pool
- Barriers
- Residency Learning System training
- Preceptor training
- Partnering
- Keeping Up the Momentum!
- Sample Program Structure

ASP



New vs. Established Residencies

- New Programs: Plan ahead
 - ❖ Start trainings well before start date
 - ❖ Get as many preceptors on board as possible
 - ❖ Continue after residency start date
 - ❖ Include all staff: clerks, techs, residents
- Established programs
 - ❖ Offer trainings periodically for new employees and to update experienced preceptors

ASP

Preceptor Pool

- Things to consider:
 - ❖ One institution +/- several training sites
 - ❖ Several programs offered by one organization or academic center
 - ❖ Several programs geographically located near one another

Barriers

- Interest and attitudes
- Time: weekends (giving up personal time) vs. weekdays (staffing issues)
- Expenses: local vs. non-local trainings
- Online vs. readings vs. live CE
 - ❖ Live trainings capture live teaching
- CE vs. non CE: CE more attractive

Residency Learning System Training

- RLS essential for systematic, planned approach to residency development
- Smaller programs: send preceptor or director to ASHP pre-meeting to “train the trainer”
- Larger groups or pooled programs: consider bringing in ASHP trainer (save travel expenses with 1 ASHP trainer vs. sending multiple preceptors)

Preceptor Training

- Teaching how to teach
 - ❖ Not trained in school to teach
 - ❖ Understand audience and learning styles
 - ❖ Implement learning pyramid
 - ❖ Effective feedback and evaluations
 - ❖ Address difficult situations
 - ❖ Include useful or meaningful pearls
(e.g. pre-testing, orientation checklists, clerkship committees, special project development, outstanding preceptor characteristics)



Partnering

To enhance interest & expedite message:

- Local schools of pharmacy - assist with training and CE accreditation
- State professional organizations - also accredit CE and central training
- Organizational leadership - assist in sending a clear message of support of precepting, professional development
- Nearby programs - pool resources and share best practices



Keeping the Momentum!

- Teach “hands-on” experience = where the rubber meets the road
- Allows preceptors to take ownership of learning experience (goals/objectives, schedules, etc.)
- Promote continued interest and training to move our programs and profession forward = how to keep it rolling...



Sample Training Structure

DATE	TRAINING	AUDIENCE	WEEKEND vs. WEEKDAY	ATTENDEES
4/06	RLS	Regional	Saturday	-50
6/06	Preceptor	Local	Saturday	19
9/06	Preceptor	Local	Saturday	25
7/1/07 start of residency program				
7/07	Preceptor	Regional	Weekday (Residents)	29
8/07	Preceptor	Local	Weekday (3 sessions)	33
7/08	Preceptor	Regional	Weekday (Residents)	29
8/08	Preceptor	Regional	Both (3 sites across Northern CA region)	~150
2/09	RLS	Regional	Saturday	78
3/17/09 residency accreditation survey				
7/09	Preceptor	Regional	Weekday (Residents)	26
9/09	Drug Info Resources	Regional	Both (3 sites across Northern CA region)	~125
7/10	Preceptor	Regional	Weekday (Residents)	25
10/10	Drug Info Resources	Local	Saturday (2 sessions)	35

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Effective Feedback: Reluctant Residents versus Time-Pressured Preceptors

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<i>Director Pediatric Clinical Pharmacy Services</i>	<i>Director Adult Clinical Pharmacy Services</i>
<i>Director PGY1 Residency Program Kosair Children's Hospital Louisville, KY</i>	<i>Director PGY1 Residency Program Norton Healthcare Louisville, KY</i>



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What challenges keep a resident or preceptor from providing effective feedback?

Would residents and preceptors report similar or dissimilar barriers to providing effective feedback?

Objectives

- Identify barriers to providing effective feedback.
- Describe strategies to overcome barriers to effective feedback.
 - ❖ Known Barriers to Providing Feedback
 - ❖ Residents Perceptions
 - ❖ Preceptor Perceptions

The Learning Activity

- KPRN Summer Meeting Attendees
- Separate Residents and Preceptors
- 30 minutes “Brainstorming” Session
 - ❖ “What keeps you from providing effective feedback?”
 - ❖ Prioritize the list
- Reconvene the group; reveal the results in “Family Feud” style

Question #1

What is the biggest barrier as a **preceptor** to giving a resident feedback?

- A. Time
- B. Confrontation with the resident
- C. Lack of privacy
- D. Lack of training on how to give feedback
- E. Not necessary, it is required to often.

Question #2

What is the biggest barrier as a **resident** to giving a preceptor feedback?

- A. Time
- B. Don't know how to give feedback
- C. Fear of retribution by the preceptor
- D. Difficult to give honest feedback

Revealing the Barriers (in a prioritized list)

♦ Residents

- ❖ Retribution
- ❖ Don't know how
- ❖ Time
- ❖ Upset Preceptor
- ❖ Difficult

♦ Preceptors

- ❖ Time
- ❖ Confrontation
- ❖ Don't know how
- ❖ Privacy
- ❖ Not Necessary

Strategies to Overcome Barriers to Providing Effective Feedback

- Recognize & Address Perceptions
- Define Feedback
- Educate Methods of Feedback
- Create Space & Time for Feedback
- Information-Specific & Issue-Specific
- Identify Mentors & Role Models



Benefits of this Learning Activity

- Both groups individually identified barriers specific to their group, while the combined group considered effective techniques to overcome barriers.
- The exercise of considering each other's perspective brought about meaningful dialogue and realistic expectations about providing effective feedback.

