Resident Precepting Basics: Starting on the Right Foot

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Effective Execution of Preceptor Roles

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Section Objectives

- Define the four preceptor roles and provide examples of each.

- Identify strategies for differentiating the approach to precepting residents at different levels (PGY1 and PGY2) as well as students.

Accreditation Standard

Principle 4.8a

(PGY1 2014 Standards)

Preceptors must demonstrate the ability to precept resident learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents

Resident Competency Areas, Goals, & Objectives

Competency Area 4 (PGY1)

Teaching, Education, Dissemination of Knowledge

Goal 4.2:

Effectively employ appropriate preceptors' roles when engaged in teaching (e.g., students, pharmacy technicians, or other health care professionals).
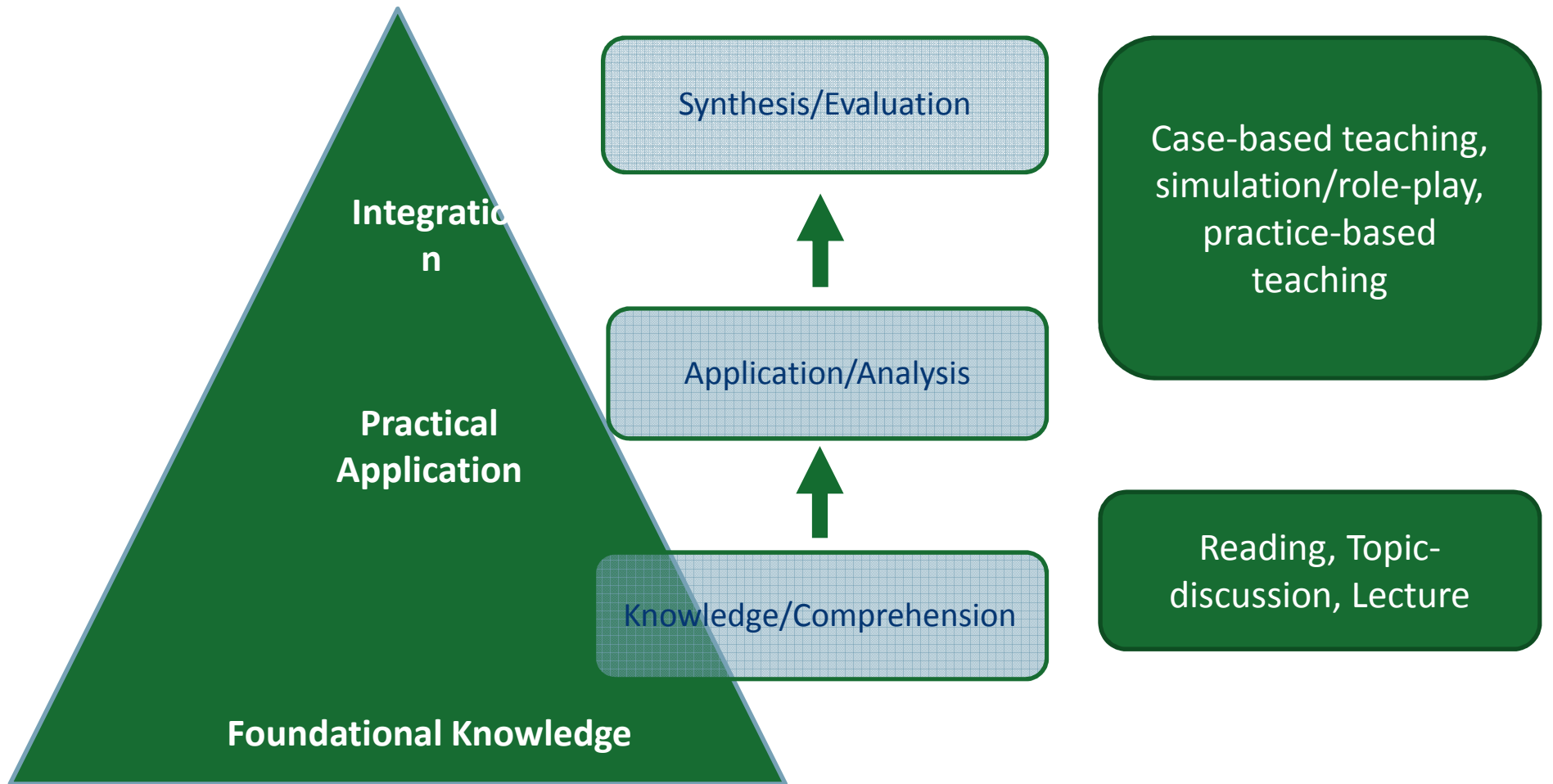
Objectives:

- 4.2.1 When engaged in teaching, select a preceptors' role that meets learners' educational needs.

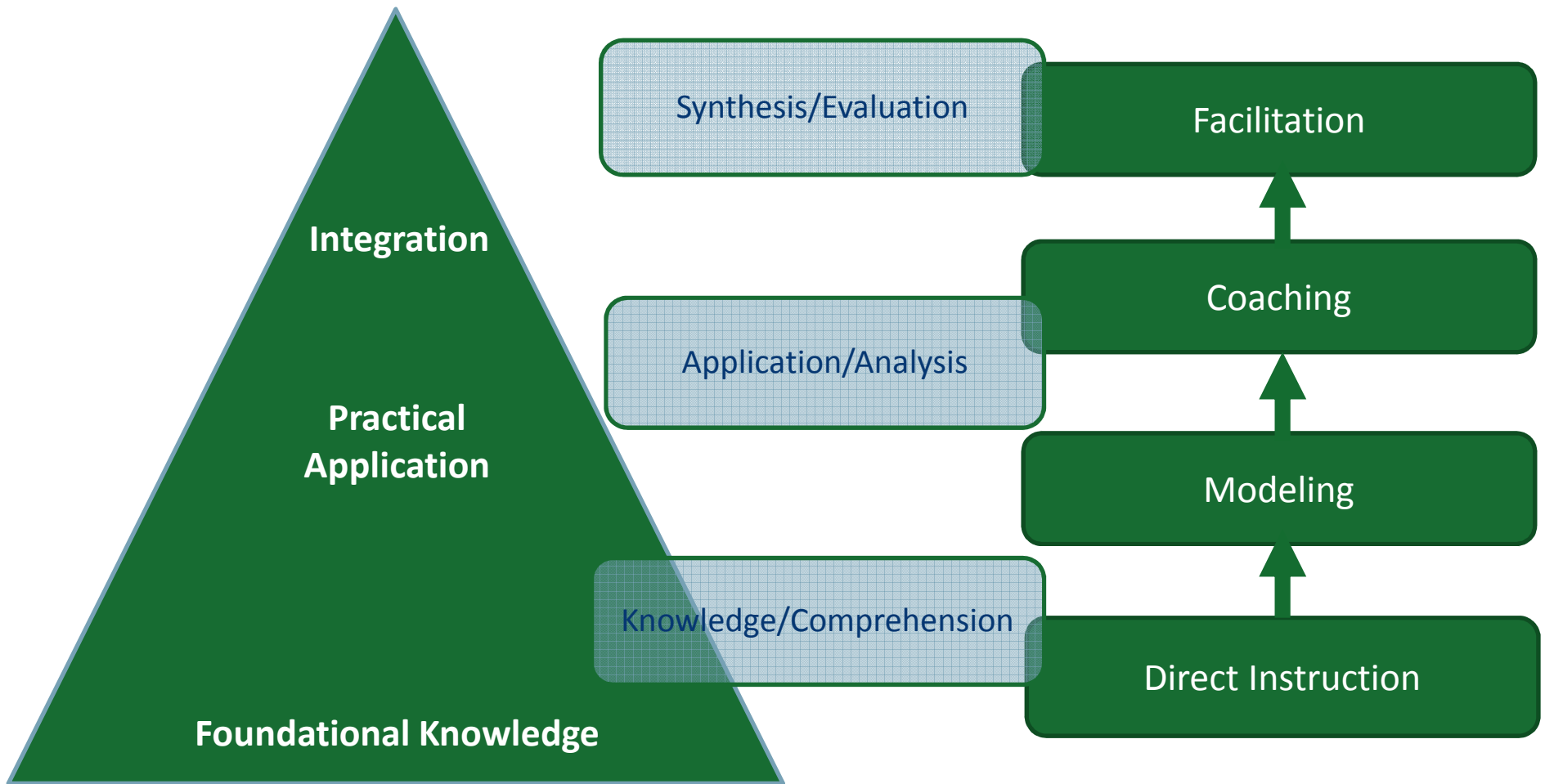- 4.2.2 Effectively employ preceptor roles, as appropriate.

Four Preceptor Roles

- Direct Instruction
- Modeling
- Coaching
- Facilitation

Bloom's Cognitive Levels

Bloom's Cognitive Levels

Integration

Practical Application

Foundational Knowledge

Synthesis/Evaluation — Facilitation

Application/Analysis — Coaching

Modeling

Knowledge/Comprehension — Direct Instruction

Selecting the Best Preceptor Role

- Establish desired endpoint of learning experience
- Assess learner's baseline knowledge, skills, learning style
- Individualize teaching strategies to meet learner's specific needs to achieve desired outcome.

Identifying Desired Endpoints

- Consider degree of specialty, learner's prior exposure
- Most commonly, this is objectively defined for you via learning experience evaluation forms.

EVALUATION SCALE

Unacceptable	Needs Significant Development	Needs Development	Good	Excellent
Learner is unable to complete basic and routine patient care activities despite extensive questioning/ intervention. The preceptor must complete most tasks.	Learner requires guidance/extensive directed questioning to complete some or all basic and routine patient care activities; unable to complete complex activities.	Learner requires guidance/directed questioning to complete most or all complex patient care activities; independently completes all basic and routine activities.	Learner requires limited guidance/prompting to complete some complex patient care activities; consistently, independently completes basic and routine activities.	Learner consistently, independently and efficiently completes all basic/routine and most complex patient care activities.

THINKING AND DECISION-MAKING

Assess patient-specific disease states. The student will:

- Gather patient data
- Identify pertinent subjective data (e.g. CC, HPI, medical/drug history)
- Identify pertinent objective data (e.g. physical findings, lab/test results)
- Obtain information from medical record, lab/test data bases
- Obtain information from patient, patient's family, other health professionals (e.g., medication history, including OTC / herbal medications)

NI = Needs Improvement   ACH =
Achieved
SP = Satisfactory Progress   NA = Not
Applicable

NI	SP	ACH	NA		Comments
❑	❑	❑	❑	**Goal R1.1 In collaboration with the health care team, provide safe and effective patient care to a diverse range of patients, including those with multiple co-morbidities, high-risk medication regimens, and multiple medications following a consistent patient care process.**	
❑	❑	❑	❑	**Objective R1.1.1: (Applying) Interact effectively with health care teams to manage patients' medication therapy.**	
❑	❑	❑	❑	**Objective R1.1.2 (Applying) Interact effectively with patients, family members, and caregivers.**	

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Identifying Desired Endpoints

- Be realistic!
- Minimum competency vs. expert
- Careful with comparisons
- Consider timing

Assess learner at baseline

- Inquire about prior rotation experiences

- Knowledge-based test

- Skills assessment

- Learning style inventory

Think/Pair/Share

- How does your program assess learners at baseline?
- How to you conduct a baseline assessment for your learning experience?
- Are the baseline assessment knowledge-based or abilities-based?

Customize

- Make relevant to learner's career plans when possible
- Address individualized learner-specific goals and self-identified areas for improvement
- Address knowledge/skill gaps identified during baseline assessment

Four Preceptor Roles

- Direct Instruction
  - ❖ Teaching of content that is foundational in nature. Information is necessary to proceed to application in clinical problem solving/patient care.
- Modeling
- Coaching
- Facilitation

Direct Instruction

Examples

- Assigned readings
- Mini-lectures
- Topic discussions
- Case-based teaching
- Workshops

Direct Instruction

- When to use
  - ❖ Prior to rotation
  - ❖ Early in rotation
  - ❖ PRN when knowledge gap is observed
    - ▪ (self-learning vs. preceptor-led)
- Considerations
  - ❖ May use orientation to identify baseline knowledge and share expectations
  - ❖ Provide resources or direct to resources?

Direct Instruction

Learners at different levels

- Work toward referring to literature/guidelines vs. lecturing/reviewing the content

- Learning through teaching - Assign learner the responsibility for leading topic discussions

- Hold learner accountable

- Work toward self-directed learning/instruction

Four Preceptor Roles

- Direct Instruction
- Modeling
  - ❖ Demonstrating a skill or process while allowing the learner to observe the approach/problem solving as you "think out loud" or talk through the thought process.
- Coaching
- Facilitation

Modeling

- Important to relay expectations/prime first to avoid passive "watching."
  - ❖ Active observation
  - ❖ Focused observation
- Conceptual scaffolding – helping the learner to understand the process of building a solution to a complex problem.

Modeling

Examples

- Observe patient work up

- Observe on rounds

- Observe a patient interaction

- Observe a physician interaction

- Observe in a leadership role

Modeling

- When to use
  - ❖ Early in the rotation
  - ❖ As new responsibilities are encountered
  - ❖ When learner attempts to perform an expectation and demonstrates a need for significant improvement
- Considerations
  - ❖ Slow down to allow learning through observation
  - ❖ Model what you expect
  - ❖ Remember that you are modeling attitude and self assessment too

Modeling

Learners at different levels

- Early learners likely need to stay here longer – may need more than one opportunity to observe an activity/process

- The number and types of questions asked here may indicate if learner is ready to progress to coaching or needs some direct instruction

Four Preceptor Roles

- Direct Instruction
- Modeling
- Coaching
  - ❖ Learner performs a skill while being observed by the preceptor who provides ongoing feedback during the process.
- Facilitation

Coaching

Examples

- Learner collects patient information from medical record and talks through process of developing preliminary assessment and plan

- Learner performs medication history and patient interview while preceptor observes

- Feedback is provided immediately and throughout the process

Coaching

- When to use
  - ❖ After knowledge has been demonstrated and activities have been modeled
- Considerations
  - ❖ Allows fine tuning of skills prior to independence
  - ❖ Significant correction or direction here may indicate a need to model again.
  - ❖ If feedback is not substantial, it may be time to move on.

Coaching

Learners at different levels

- Within coaching a learner can progress
- Early coaching may involve observation of all steps in the process
- Later coaching may allow some autonomy/independence with close access to preceptor and prompt report out

Audience Response Question

Resident is past mid-point of learning experience and continues to require substantial correction and direction during coaching of patient interactions. What do you do?

A. Model Again
B. Continue to Coach
C. Move on to Facilitation

Case Presentation Approaches

- One minute preceptor

- SNAPPS model

- Patient-witnessed teaching

- Think-aloud

One minute preceptor

- Get a commitment (Plan)

- Probe for supporting evidence (Rationale)

- Teach general rules (Clinical or Process oriented)

- Reinforce what was done right (Can be done earlier if preferred to reduce presenter anxiety)

- Correct mistakes (Provide constructive feedback – clinical or process oriented).

SNAPPS

- (S)ummarize history and findings
- (N)arrow differential (therapy plan) to 2-3 possibilities
- (A)nalyze differential (therapy plan) by comparing/contrasting
- (P)robe preceptor by asking questions
- (P)lan determination
- (S)elect case-related issues for self-directed learning

Patient witnessed teaching

- Set expectations
- Focus and respond to the learner presentation
- Mindfulness of the patient
- Provide feedback and teaching to student and the patient
- Wrap up and summarize expectations

Think Aloud

- Ask learners to think aloud to explain how a plan of care was determined.
  - ❖ Can help to identify specific step in the process that may lead to incorrect solutions
  - ❖ Can help to identify depth of knowledge on a topic (understanding the rationale vs. just the answer).

Four Preceptor Roles

- Direct Instruction

- Modeling

- Coaching

- Facilitation

  ❖ Allowing the learner to perform independently while remaining available and de-briefing after the fact.

Facilitating

Examples

- Learner rounds independently and comes to your office afterwards to de-brief

- Learner sees patients independently and meets/calls later to de-brief

Facilitating

- When to use
    - ❖ Dependent on type and timing of learning experience
    - ❖ Student learners may not get to this level

- Considerations
    - ❖ May be possible in some areas but not others
    - ❖ Learner must demonstrate good self assessment skills

The Four Preceptor Roles

- Use orientation to guide where to begin and how quickly to progress

- May have to push learners out of their comfort zone

- Keep learning experience timeline in mind – time flies!!

- The roles are bidirectional, its OK to provide direct instruction in one ability area while allowing facilitation in another

Final Considerations

- Be sure to provide clear expectations
  - ❖ Rotation syllabus/learning experience description
- Consider timing (within year, within rotation)
- Tow the line but avoid embarrassing
- Always keep the goals of each experience in mind

"A teacher is one who makes himself progressively unnecessary."
– Thomas Carruthers

Intentional Feedback

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Section Objective

- Provide intentional feedback designed to promote growth of the resident.

Feedback

- Think about a time when you received meaningful feedback, what made it meaningful?

- Think about a time when your received ineffective feedback, why was it ineffective?

At this time, do you feel like you receive meaningful feedback as a part of your residency? (n = 15)

- Yes, Consistently — 40%
- Yes, Some of the time — 47%
- On Occasion — 13%
- Never — 0%
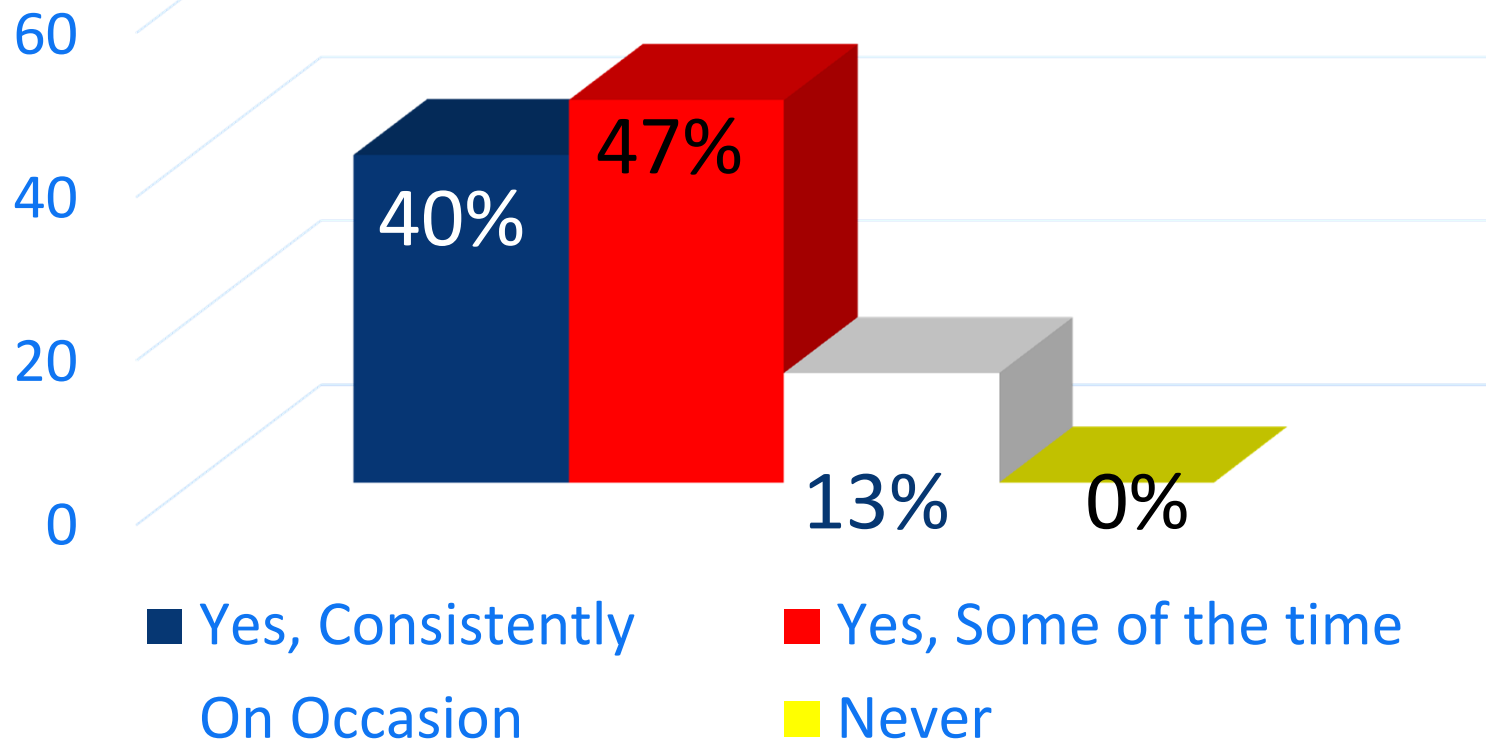
Meaningful Feedback

- Timely
- Clear, specific examples
- Identified positives as well as opportunities for growth
- Included suggestions for change
- Opportunity for clarification
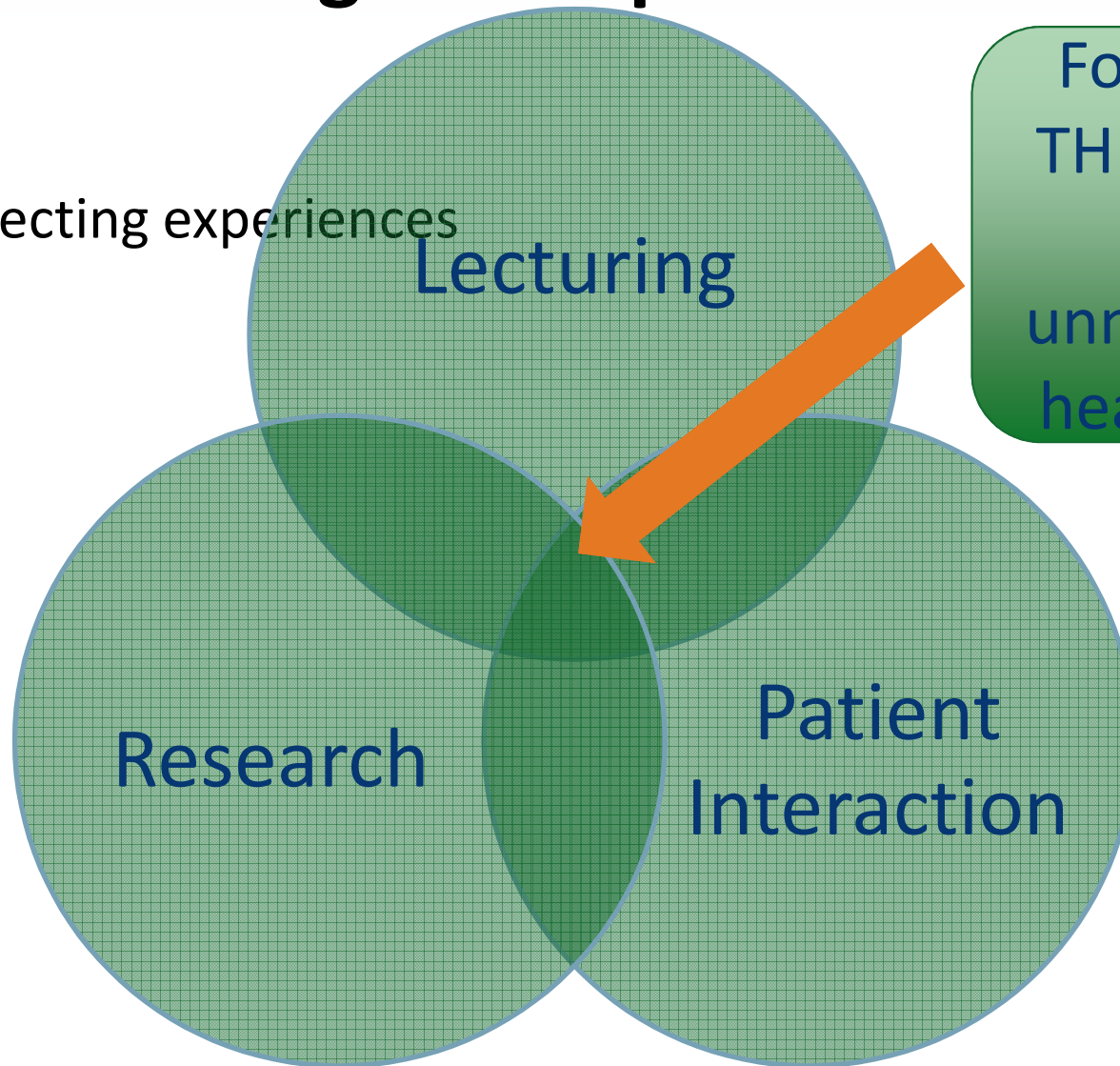
Ineffective Feedback

- Inappropriate delivery (either location or tone)
- Written feedback didn't match verbal feedback
- Generalized negative feedback
- "Telling me that I'm not meeting expectations, but refusing to tell me what those expectations are"
- "Nice Job"

Making Connections

In the physiological process of learning,

it has been identified that part of the brain's method

of storing new information involves working to

connect the new experience with previous ones.

Merriam, S. B. (2008). *Third update on adult learning theory.* San Francisco, CA: Jossey- Bass.

Maximizing the Impact of Feedback

- Connecting experiences

Lecturing

Research

Patient Interaction

Forgetting THIS results in unnecessary headaches!

Maximizing the Impact of Feedback

- Connecting experiences
- Reinforcing discussed changes
- Seeking steps and examples from the resident
- Striving for consistency – No "Hiding"
- Structure time for written entries/documentation

"Even your most talented employees have room for growth in some area, and you're doing your employee a disservice if the sum of your review is: 'You're great!' No matter how talented the employee, think of ways he could grow towards the position he might want to hold two, five, or 10 years down the line."
– Kathryn Minshew

Self-Assessment

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Section Objective

- Identify relevant coaching steps related to helping pharmacy residents grow in their abilities to self-assess.

Self-Assessment

- **PGY1 Competency Area R3: Leadership & Management[1]**

  - ❖ Obj R3.1.2: Apply a process of ongoing self-evaluation and personal performance improvement

- **PGY2 Goal: Exhibit essential personal skills of a practice leader[2]**

  - ❖ Obj: Practice self-management continuing professional development with the goal of improving the quality of one's own performance through self-assessment and personal change

1. ASHP PGY1 guidance document. Available at: http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Newly-Approved-Required-Competency-Areas-Goals-and-Objectives.pdf

2. ASHP PGY2 Ambulatory Care Educational Outcomes, Goals, and Objectives for PGY2 Ambulatory Care Pharmacy Residency Programs. Available at: http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/RTP-PGY2-AmbCareProgram.pdf

Example—PGY2 Ambulatory Care Program Resident Self-Assessment

- Rotation: Teaching Longitudinal
- Activity: OTC Lecture- Active learning/Cases
- Objectives:
  - ❖ OBJ R5.1.2 (design effective educational techniques)
  - ❖ OBJ R5.1.5 (use skill in case based teaching)
  - ❖ OBJ R5.1.6 (public speaking skills large/small groups)
  - ❖ OBJ R5.1.7 (effective AV and handouts)
  - ❖ OBJ E5.2.2 (prepare and deliver effective didactic topic)
  - ❖ OBJ E5.2.3 (prepare and deliver effective cases for a workshop/class)

Example—PGY2 Ambulatory Care Program Resident Self-Assessment

Areas of strength:

- Developed alternative scenarios to go through (if time permitted)
- Made an effort to walk around class, engaging students
- Asked students why they picked an answer and why other answers where not correct

Areas of improvement:

- Had a hard time balancing discussion vs argument (know when to cut-off a debate)
- Struggled with conflicts with information provided to students in previous lectures, which contradicted information provided in my lecture
- The class size was very large, sometimes it felt that the same people were getting involved or chosen to be involved.

Example—PGY2 Ambulatory Care Program Resident Self-Assessment

Insights:

- This was the first time that I stood in front of a class for 2 hours (or 1 hr) just answering questions, didn't realize how stressful/intimidating it is talking to an audience of 200

- As much as I tried to anticipate possible questions that the student would ask or areas that they struggled with, I still was thrown for a loop with some questions.

Plan for improvement (optional):

- Triple proof my handouts and powerpoints by various peers to not only find errors/typos, but also possible points of confusion.

- When a topic discussion gets prolonged or becomes people fighting for points, cut them off and state that this can/will be discussed after class.

Example

- How would you rate this example?
    - ❖ Needs Improvement
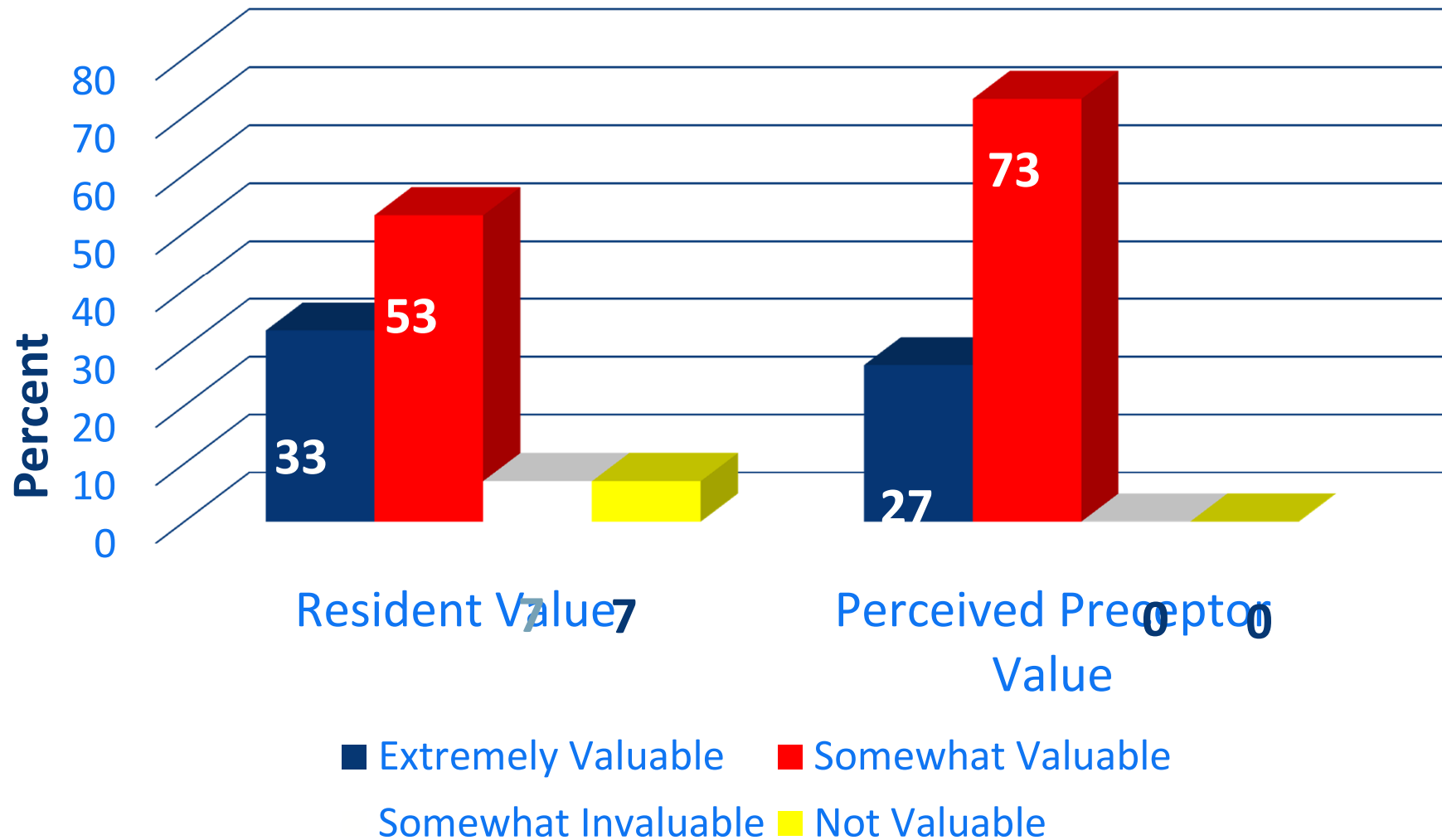   - ❖ Satisfactory performance
    - ❖ Achieved

Question

How valuable do you find resident self-assessment to be?

    A. Extremely valuable

    B. Somewhat valuable

    C. Somewhat invaluable

    D. Not valuable at all

What Do Resident's Think? (n=15)

What is the value of self-assessment?

What Do Resident's Think (n=15)

- Barriers to self-assessment
  1) "Need a discussion and training on effective self assessment"
  2) "I'm my worst critic"
  3) "Mismatch between your self assessment and preceptor assessment"
  4) "Expectation levels are vague. Not knowing the expectation level that you are evaluating yourself"
  5) "Time"
  6) "Not necessary"

Overcoming the Barriers

1) Learning how to self-assess

- Reflection vs Self-Assessment[1]
- Orientation
  - ❖ Provide direct instruction
  - ❖ Define
  - ❖ Teach the process
  - ❖ Model & practice

PGY1 ASHP Criteria[2]

-Accurately summarizes own strengths and areas for improvement (knowledge, values, qualities, skills, and behaviors

-Effectively uses a self-evaluation process for developing professional direction, goals, and plans

PGY2 ASHP IO[3]

Explain the components of an effective self-assessment system

1. Desjarlais M et al. Internat J Proc Educ 2011;2:3-15.
2. ASHP PGY1 guidance document. Available at: http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Newly-Approved-Required-Competency-Areas-Goals-and-Objectives.pdf
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1-Define the purpose of the performance

Learning Description*

* Key Preceptor Steps

2-Define the purpose of the self assessment

Orientation, ASHP Standard

3- Performance Evaluation

Evaluation tool, Learning Description*

4- Collect and measure the evidence

Resident's experience/rotation

Step 3:
-Performance criteria
-Attributes for each criterion
-Evidence for each criterion
-Select a scale and range

5-Use evidence to prepare self-assessment

-Formative: self assessment
-Summative: Resident self evaluation

6-Determine the need for other processes

Resident self assessment

7-Assess the quality of the self-assessment process*

Preceptor and RPD
- Evaluation tool
- Customized training plan

Adapted from: Desjarlais M et al. Internat J Proc Educ 2011;2:3-15

Self-Assessment (Step 5)

- Assessments include
  - ❖ Evaluation of the perfor
  - ❖ Justifying the evaluation
    - ▪ List of activities
    - ▪ Provides specific example
    describes why
  - ❖ Identifies plans for impr

Example: Lecture

Resident: Ach. Asked students why they picked an answer and why other answers where not correct

Resident: Ach. When going through cases, I asked students to explain why answers were correct and incorrect. This way I could reinforce the lecture material and thought process to solve cases. Next time, I could ask students how to change the case to make an incorrect answer correct or create alternate vignettes. I would give them time to discuss with their group before sharing to...

Desjarlais M et al. Internat J Proc Educ 2011;2:3-15

Overcoming the Barriers

2) Overly Critical/Positive

- Discuss goal
- Require a balanced evaluation

Self-Assessments (Step 5)

- SII Approach
  - ❖ **S**trengths
  - ❖ **I**mprovements
    - ▪ Includes Plans for Improvements
  - ❖ **I**nsights
    - ▪ Application to other contexts
    - ▪ Personal growth and understanding (A-ha moments)

Wasserman J et al. Available at:
http://www.webpages.uidaho.edu/ele/scholars/practices/Assessment/Resources/SII_Method.pdf

SII Levels

Situation: Patient Education

Practicing all presentations and thinking about who the audience consists of will help me better assess baseline knowledge and tailor the presentation to the audience's level and needs.

because it allowed the patient time to absorb the information.

4: Transfer Context

3: Application
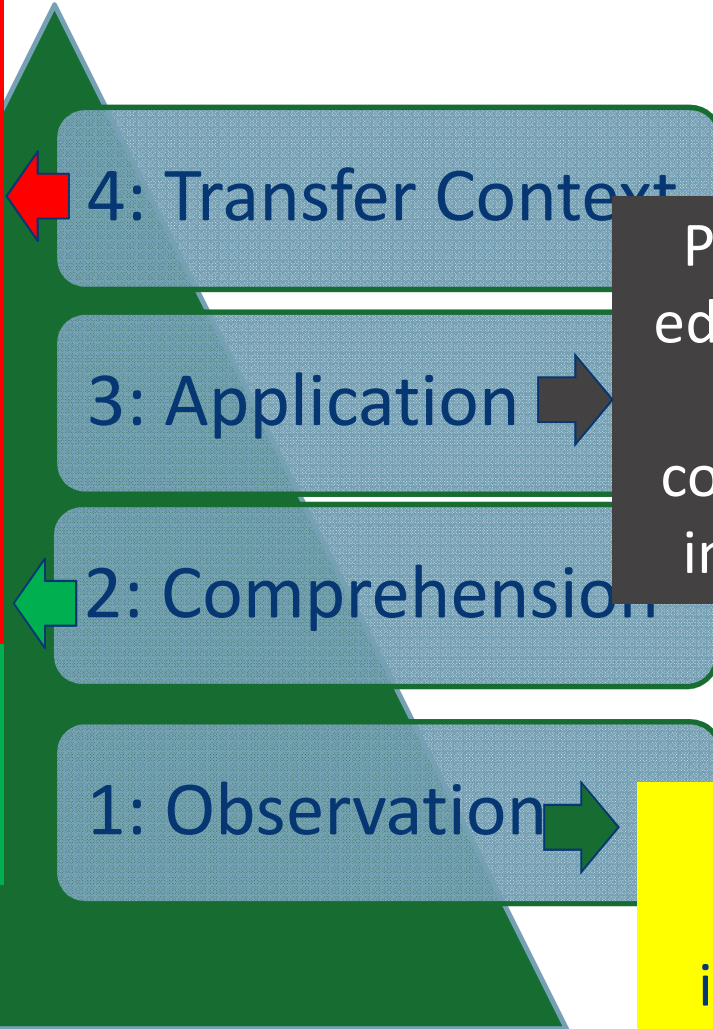
Practicing the education helps increase confidence and improve flow.

2: Comprehension

1: Observation

I provided complete information.

1. Wasserman J et al. Available at:

http://www.webpages.uidaho.edu/ele/scholars/practices/Assessment/Resources/SII_Method.pdf

Questions

- How often do you review resident self-assessments?

    A. 0-24%

    B. 25-49%

    C. 50-74%

    D. 75-100%

When do you provide feedback to residents on their self-assessments?

A. Throughout all evaluations   B. Only if evaluations differ

C. Only if there's time   D. Never

What Do Residents Think? (n=15)

How often do you think your preceptors review your self-assessment?

Percent of Time

40

30

27

33

0

0

■ 0-24%   ■ 25-49%   ■ 50-74%   ■ 75-100%
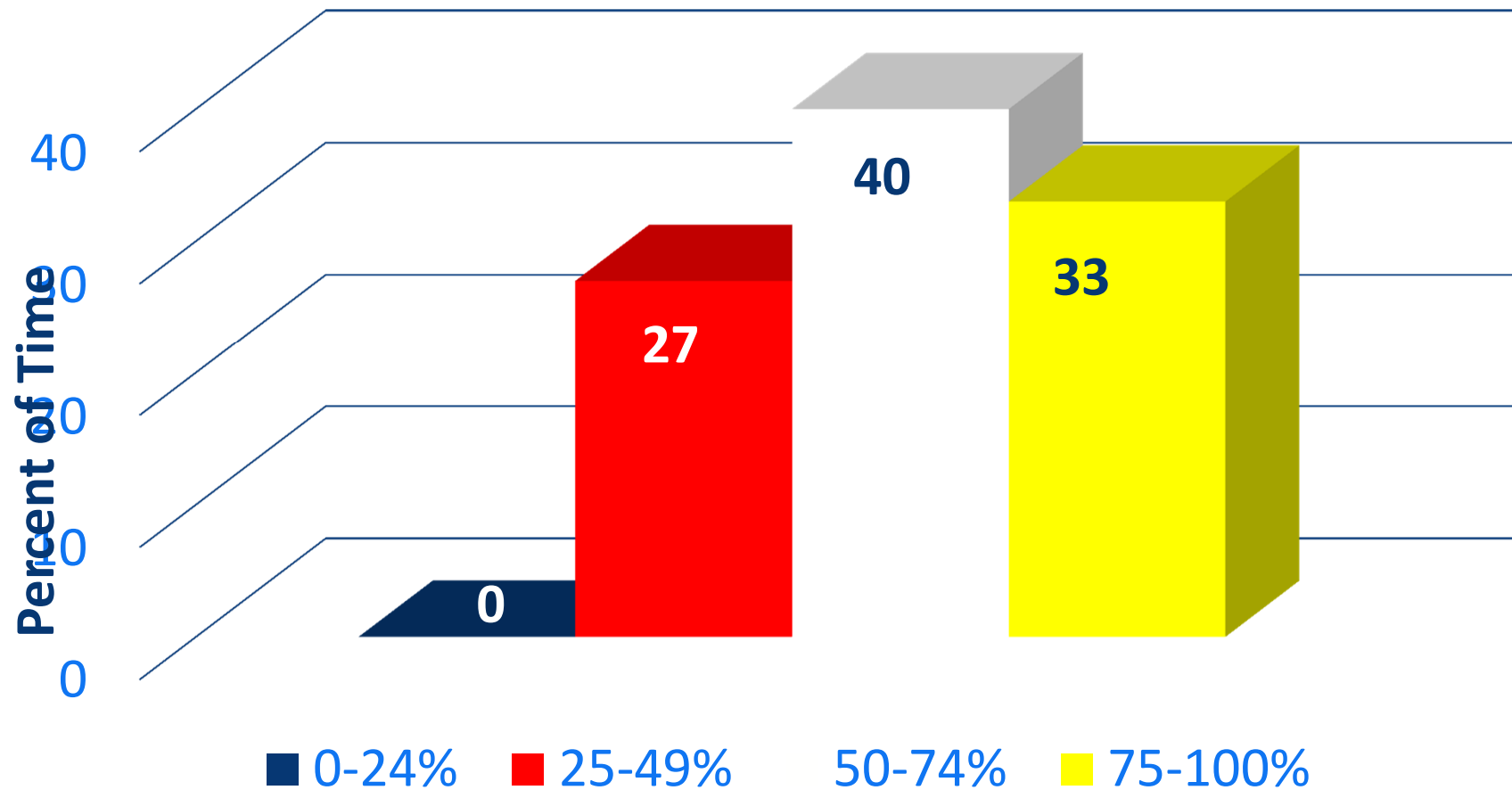
Overcoming the Barriers

3) Mismatch between self and preceptor & 4) Unclear expectations

- Review the learning description objectives

- Are your objectives appropriate for the activities?

- Discuss with the resident what "achieved" looks like
  - ❖ Expectations for students, PGY1, PGY2

- Utilize formative self-assessment and feedback
  - ❖ Model & Coach self-assessment

Evaluating the Self-Assessment

Before discussing with the resident

- Review the self-assessment

- Evaluate appropriateness and depth
  - ❖ Are the comments answering the criteria?
  - ❖ Are specific examples provided?
  - ❖ Does the resident explain why something is good/needs improvement?
  - ❖ Does the resident comment on plans to improve?
  - ❖ Does the resident relate it to future experiences (same assignment and/or other assignments)?

Evaluating the Self-Assessment
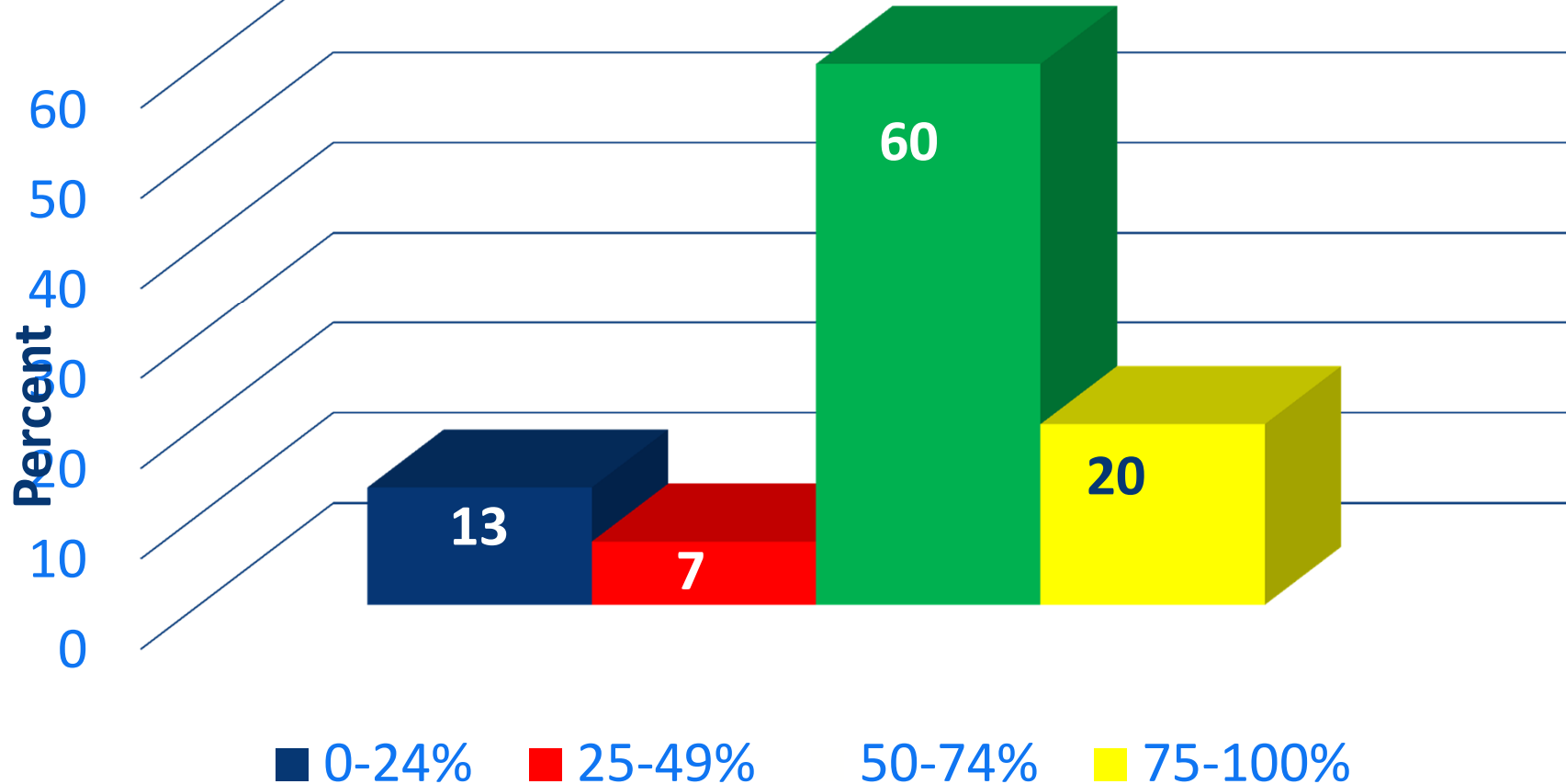
Discussion with the resident

- Review the self-assessment with the resident
  - ❖ Side by Side feature
- Review expectations/goal performance
- Ask probing questions
  - ❖ Especially on areas when expert and self differ
- Model/Coach improved self-assessment
- Return the self-assessment to update
- Document feedback and plan

Question

- Do you regularly perform written self-assessment?

    A. Yes

    B. No

Overcoming the Barriers

5) Lack of Importance and 6) Time

- Discuss with your resident
  - ❖ Model
  - ❖ Specific Examples
- Prioritize assessments
- Set aside a certain amount of time
  - ❖ Completing
  - ❖ Reviewing
  - ❖ Revising

Wasserman J et al. Available at:http://www.webpages.uidaho.edu/ele/scholars/practices/Assessment/Resources/SII_Method.pdf

Overcoming the Barriers

- Only assessing items on the evaluation tool required for experience
- Last chance to receive expert feedback

RPD/Preceptor Time

- Evaluating, Feedback, and Sending back
- In-depth discussion

Utilizing the Evaluation to Your Advantage

- Utilize snapshots and evaluation criteria

- Review self and expert evaluation side by side

- Document
  - ❖ Reviewed side by side, discussed areas of improvement of …
  - ❖ Method to meet standards

Summary

- Use the 4 preceptor roles

- Review evaluations, probe, and send back if needed

- Document discussions and plans
  - ❖ Potential area for the customized training plan

- Make it impactful

<u>My residents feedback…</u>
-Knew we'd discuss and question
-Impact in my career
-Last chance for in-depth feedback and future was up to self-assessment

"The most fundamental aggression to ourselves, the most fundamental harm we can do to ourselves, is to remain ignorant by not having the courage and the respect to look at ourselves honestly and gently."
— Pema Chödrön