Meeting Accreditation Requirements for Principle 4: Residency Learning System

New England RLS
Portland, Maine
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Introductions

Introduce yourselves at your table:
- Area of practice
- Previous experience: New to RLS, Used RLS
- Setting: University, Community, Industry, Government, etc.

WORKSHOP ORGANIZATION

- Objectives
- Work through the 9-step decision process with time to work on each step for your own program
- 2 breaks
- Lunch
- Short lectures; discussion; individual, small, & whole group working sessions; lots of feedback

RLS Meets the Principle 4 PGY1 and PGY2 Standards Requirements?

- 4.1 Program Design
- 4.2 Program Delivery
- 4.3 Program Evaluation and Improvement
- 4.4 Tracking of Graduates
Residency Learning System (RLS) Workshop

**RLS Decision Process**

1. Identify the program’s purpose & outcomes
2. Establish program structure
3. Assign goals & objectives to learning experiences
4. Designate learning activities & write descriptions
5. Design assessment strategy
6. Establish customized plan for each resident
7. Precept the learning experiences
8. Monitor resident progress
9. Conduct quality improvement activities

**Principles of Systems**

- **Containment**: all systems likely to be subsystems of other systems
- **Ripple Effect of Change**: a change in one piece in a system affects all other components of the system
- **Synergy**: whole is greater than the sum of its parts
- **Rule of the Weakest Link**: system only as good as its weakest part

**Active Learning Using Case or Own Program Materials**

- Workbook case and sample materials will show how to complete each RLS step (Case Overview Page 3-4)
- Then you’ll complete each step for your program using workbook materials or your own materials.

*Take a minute to read the case overview to discuss the readiness of the site to initiate a residency program.*

**Step 1: Identify The Residency Program’s Purpose & Desired Outcomes**
“If you don’t know where you’re going, how will you know when you get there?”

Purpose and broad outcome statements for a residency program tell you where you’re going and can be used to assess whether you get there.

Purpose Statement

The Program Purpose Statement:
Describes type of position the resident is qualified to accept following the residency program.

A good Purpose Statement . . .

- Clearly Outlined
- Brief/Concise
  - 1-2 Sentences
- Appropriate for Site
  - Site able to ensure resident can achieve purpose statement
- Supported by Program Design
  - Basis of program must be supported by design (adequate preceptors and preceptors)

Critique this Purpose Statement

- The purpose of the PGY1 Pharmacy Residency is to provide the learning environment, instruction, mentoring and evaluation necessary for the resident to develop high level pharmaceutical care skills. This 12 month residency program strives to develop a pharmacy practitioner who is able to apply the unique skills that pharmacists possess in innovative settings in order to meet health care needs that are not adequately met by other professions and add to the body of knowledge of the clinical, financial and humanistic value of pharmaceutical care.
Critique this Purpose Statement

Residents will be able to provide patient care services in a community pharmacy setting, operate an independent community pharmacy, and conduct practice-based research.

Critique this Purpose Statement

The purpose of the University Medical Center’s PGY1 pharmacy residency is to prepare pharmacist clinicians for acute and ambulatory care positions, adjunct faculty positions or to pursue PGY2 training in a focused area of practice.

Program Outcomes

- Definition: Broad categories of residency graduates’ capabilities
  - Example: Provide evidence-based medication therapy.
- Must match to the program’s purpose
- PGY1 and PGY2 required outcomes
  - Must use all of them
- PGY1 and PGY2 elective outcomes
  - What’s special about our program?

How can your program be unique?

- Variation in the amount of required learning experiences related to required outcomes
- Variation in the amount of elective experiences
- Addition of additional goals and objectives under existing required outcomes
- Addition of required outcomes from elective outcomes list or new outcomes
### Example Program Outcomes
- **PGY1 Program**
  - All 6 required outcomes are included
  - One elective selected: Participate in the management of medical emergencies (E5)

### Surveyors’ Observations For Step 1
- Programs may select too many outcomes for the program (i.e. required plus all elective outcomes)
- Programs may select too many required goals and objectives for some learning experiences
- DON’T TRY TO DO TOO MUCH!

### Individual Work Step 1
**Purpose and Outcomes:** Page 5-6
What Is Program Structure?

Structure: Designation of types, lengths and sequence of learning experiences

Learning Experience: Focused area of training organized into appropriate time blocks structured to meet assigned program goals and objectives.

Factors to consider for structure:
• What are to be the learning experiences?
• What are their lengths?
• How are they to be arranged?

Structure should facilitate achievement of the selected outcomes and their corresponding educational goals

Criteria for Program Structure

- Facilitate clearly the achievement of program purpose, outcomes, goals and objectives
- Include a documented, planned schedule
- Offer sufficient opportunity for diversity, variety, and complexity that characterize a generalist's practice
- Include sufficient educational goals that are assigned to a sufficient number and variety of learning experiences to facilitate attainment of program purpose and outcomes
- Contain activities that are repeated a sufficient number of times to give residents practice to improve skills
The structure of residency should:
- Enable residents to emulate practice model of site
- Contain learning activities directed toward best practice
- Balance of needs of practice site, preceptor and resident
- Enable development of independence and accountability

Lengths of Learning Experiences
- Four, five, or six week rotations
- Extended learning experiences
- Longitudinal learning experiences
- Concentrated learning experiences

Group Exercise
- Name the learning experiences that should be included in a PGY1 residency
- Name the learning experiences that should be included in a PGY2 residency
- Keep in mind that the mix of learning experiences should be driven by the purpose of the program

Types of learning experiences typically found in PGY1 residencies:
- Orientation
- Clinical learning experiences – requirements and elective opportunities
- Practice management
- Medication policy and patient safety
- Formal presentations and teaching
- Project
- Staffing
Residency Learning System (RLS) Workshop

Process for Determining Program Structure

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1: Manage</td>
<td>Improve and assess process</td>
</tr>
<tr>
<td>R2: Prepare Clinical for PT care for PGY1</td>
<td></td>
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<tr>
<td>R3: Exercise leadership and practice management skills</td>
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<tr>
<td>R4: Demonstrate project management skills</td>
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<tr>
<td>R5: Provide medication and practice-related education/training</td>
<td></td>
</tr>
<tr>
<td>R6: Utilize medical informatics</td>
<td></td>
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<tr>
<td>E1: Conduct Research</td>
<td></td>
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</tbody>
</table>

| Drug Info | PGY2 |
| Direct pt care long/ext |
| Direct pt care short/long |
| Direct pt care short/long |

Program Structure for “Patients Come First Hospital”

See Workbook: Pages 7-9

What should be the learning experiences for the case PGY1 residency programs?

“Patients Come First Hospital”

Program Structure Issues

- What issues, if any, are you having related to the structure of your programs?
- Does your program structure support the purpose of your program?
- Are the strengths of your organization matched to the purpose of your program?

<table>
<thead>
<tr>
<th>July</th>
<th>Orientation</th>
<th>August – February Required (6 weeks)</th>
<th>December Transition</th>
<th>March – June Electives (4 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospital</td>
<td>• MICU</td>
<td></td>
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<tr>
<td>• RLS</td>
<td>• SICU</td>
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<tr>
<td>• Hospital Practice</td>
<td>• ID</td>
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<td>• Cardiology</td>
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<td>• Amb care</td>
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<tr>
<td>• Repeat required experience</td>
<td></td>
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</tr>
</tbody>
</table>

Longitudinal

- Management
- Drug Info
- Project
- Service

Program Structure Issues

- What issues, if any, are you having related to the structure of your programs?
- Does your program structure support the purpose of your program?
- Are the strengths of your organization matched to the purpose of your program?
Surveyor Observations

- Does purpose and structure reflect strengths of program?
- Does structure support what you are trying to achieve?
- Are there too many “pull outs” that hinders resident learning in a particular rotation?

Step 3: Assign Goals to Learning Experience

- Which goals and objectives will you teach for your learning experience?
- How much can you achieve in your learning experience?
- Will the assigned goals and objectives be different for PGY1 and PGY2 residents and for residents who repeat the experience?

When & Where Will You Evaluate Each Goal and Objective? (RPD and RAC)

- Evaluated at least once
- Evaluated several times

Review examples

Step 3 Discussion Questions

- What issues are you having, if any, with the way goals and objectives are assigned to learning experiences in your program?
- What are possible solutions?
Small Group Activity: Page 11-17

- Review the way goals and objectives are assigned to learning experiences (see workbook).
- How could these assignments be improved?

Learning Experience Description

Content

Must be developed for all learning experiences (e.g., orientation, management, staffing)
May be integrated with other learners (e.g., student, PGY1, PGY2) or separate
General description of the experience
  - Setting, types and numbers of patients
  - Interdisciplinary team
  - Role and services provided by the pharmacist on the team
  - Disease states and/or professional/leadership topics
- Goals and objectives for the learning experience
- Activities to achieve assigned goals and objectives
Content of Learning Experience Descriptions
- Preceptor-resident interactions
- Resident expectations
  - Progression of resident responsibilities throughout experience and for any repeated experiences (e.g., Cardiology I and II)
  - Differentiate activities and level of involvement between student, PGY1 and PGY2 resident
- Evaluation strategy
- Other requirements
  - Readings for common disease states
  - Rounds, conferences, meetings, inservices, presentations
  - Teaching of PGY1, Pharm.D. students

How to Develop Learning Activities
- Criteria for Good Activities:
  - Qualitative: Specific and detailed enough to assure resident will achieve linked objectives and competence
  - Quantitative: Need for repetition should be considered to achieve objective and competence
  - Assessment of the performance of activities by residents is the basis for you to provide formative feedback and summative evaluation of the resident’s progress towards achievement of objectives and goals of the program (Competence).
  - Activities should be designed (i.e., sufficient scope, depth and type) to assure that the resident will achieve the required learning level for each assigned objective.

Educational Outcomes, Goals, Objectives and Instructional Objectives Flowchart

Taxonomies of Educational Objectives

Cognitive domain

- Abstrct
  - Synthesis / Creating
  - Evaluation / Evaluating
  - Analysis / Analyzing
  - Application / Applying
  - Comprehension / Understanding
  - Knowledge / Remembering
Cognitive Learning Level and Activities for Achievement of a Learning Objective

- What is the learning level for the following objectives?
  - Explain the effect of accreditation, legal, regulatory, and safety requirements on practice (R3.2.2)
  - Participate in the identification of need for, development of, implementation of, and evaluation of an evidence-based treatment guideline/protocol (R1.2.3)
  - Using an organized collection of patient-specific information, summarize patients' health care needs (R2.4.3)
  - Design evidence-based therapeutic regimens (R2.6)

- Which of the following activities will facilitate residents' achievement of an objective?
  - Explain the effect of accreditation, legal, regulatory, and safety requirements on practice (R3.2.2)
    - Read ASHP Accreditation Standards for a PGY1 program?
    - Read CMS requirements hospitals to receive funding for a PGY1 residency program?

- Participate in the identification of need for, development of, implementation of, and evaluation of an evidence-based treatment guideline/protocol (R1.2.3)
  - Attending a P&T Committee meeting where a guideline is reviewed and approved?
  - Modifying an existing guideline and presenting revision to the P&T Committee for review and approval?
Cognitive Learning Level and Activities for Achievement of a Learning Objective

Which of the following activities will facilitate residents’ achievement of an objective?

- Using an organized collection of patient-specific information, summarize patients’ health care needs (R2.4.3)
  - Making a recommendation for a drug dosage change based upon a blood level?
  - Using a pharmaceutical care documentation system to review and make recommendations?

- Design evidence-based therapeutic regimens (R2.6)
  - Answering physician questions about the normal dose ranges for a drug?
  - Completing a Electronic Medical Record template for a therapeutic recommendation?

Activities for Achievement of a Learning Objective

Which of the following activities will facilitate residents’ achievement of an objective?

- Collect and organize all patient specific information needed to make evidence-based patient-centered recommendations (AC R2.4.2)
  - Review patient data (medications, lab and other data) and provide oral recommendations
  - Review and organize data using a standardized pharmaceutical care record system
  - Use a SOAP format to collect subjective and objective data

Activities for Achievement of a Learning Objective

- Develop a proposal for a collaborative interdisciplinary practice agreement that could be used in ambulatory care (AC R1.1.2)
  - Review existing practice agreements?
  - Revise an existing practice agreement?
  - Develop a new practice agreement for use in ambulatory care?

Activities for Achievement of a Learning Objective

- Design a MUE on a medication use in the care of individuals with psychiatric disorders (PSY R5.3.2)
  - Attend a P&T Committee meeting where results of a MUE are presented
  - Obtain a MUE from central VA and collect data and present results at a P&T Committee meeting
  - Create criteria for a MUE and present for review at a P&T Committee
How many repetitions are required to achieve competence for the following objectives?

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Disease State or Condition Tracking for PGY2 Programs

- Requirements listed in outcomes, goals and objectives documents for each PGY2 program vary.
- Some require patient experiences with specific diseases or conditions
- Other allow other methods to learn about patient populations (e.g., topic discussions)
- Required number of patients with a disease state or condition is being established and tracked by some programs

Small Group Activity

(See workbook: Pages 24-40)

- Page 24-38:
  - Review the two learning experience examples
  - Determine the advantages and disadvantages of each sample learning experience
- Page 39-40:
  - Review the section from a learning experience description.
  - Determine if the activities are appropriate for teaching the objectives to which they are assigned.
  - If not, suggest an appropriate activity for teaching the specified objective
Surveyor Observation

- Learning activities are often at a cognitive learning level that is too low to achieve the objective (e.g., discussing/reading/observing vs “doing”: designing a regimen, counseling a patient).
- Number of repetitions may be too few or many. Consider program focus, cognitive level, number of learning experiences where objectives can be achieved.

Step 5: Assessment Strategy

Importance of Assessment

- Assessment tells us if we have been successful
  - Is resident achieving the purpose, outcomes, goals & objectives?
  - How can resident improve performance?
  - How well do our residents self-evaluate?
  - Are preceptors effective?
  - How can the program be improved?

Assessment Requirements from the Standards

- Preceptor summative evaluations of the resident
- Preceptor formative evaluations of the resident
- Resident summative self-evaluation
- Resident evaluations of preceptors
- Resident evaluations of learning experiences
- Residency program assessment
Two Types of Required Assessments

1. Formative
   
   Purpose: To give the resident feedback to help them improve throughout a learning experience and prior to the summative evaluation.

2. Summative
   
   Purpose: To evaluate the resident’s achievement of objectives at the end of a learning experience.

Assessment Strategy

- Defines
  - In writing, the roles and responsibilities of the RPD, preceptors and residents
  - Types and frequency of evaluations to be performed by residents, preceptors and program directors

- Includes 3 parts:
  - Preceptor evaluation of resident
  - Residency self-evaluation
  - Resident evaluation of preceptor and learning experience

Assessment Strategy: Preceptor Responsibilities

- Orienting residents
- Providing formative assessment
- Providing summative assessment at the end of each learning experience (quarterly if longitudinal)
- Face-to-face discussions with resident for all evaluations
Assessment Strategy: Resident Responsibilities

- **Self-Evaluation**
  - Identifies resident’s role in self-evaluation of learning experience activities
  - Indicates that comments are criteria-based
  - Indicates resident is to ask for feedback when necessary
  - Indicates that completed evaluations are forwarded appropriately to the RPD for review and comment

Assessment Strategy: Resident Responsibilities

- **Preceptor & Learning Experience**
  - End of learning experience (quarterly for longitudinal)
  - Share completed evaluations with preceptor to allow for appropriate changes to learning experience and methods of teaching as necessary

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Assessment Strategy

- Critique the example assessment strategy (Pages 42-45)
- What criteria does it meet or not meet?

Preceptor Evaluation of Resident

*Formative Summative*
Assessment as Teaching Tool

- Why do we complete evaluations?
  - To help the resident get closer to the ideal!

- Assessments should be:
  - Collegial
  - Helpful with suggestions on how to improve or action plans
  - Criteria based and specific

Formative Evaluation

- On-going, during the learning experience
- Relevant
- Qualitative
- Verbal
- Written when resident is having difficulty and verbal feedback alone is not effective and/or when preceptor has limited contact with resident
- Criteria-based comments

“SHAPING” THROUGH FEEDBACK

- Perform Activity
- Feedback Received
- Feedback Related
- Modify Performance

Examples of Formative Evaluation

- Snapshots (pages 51-55)
- Written products
  - Prepared monitoring plan
  - Draft handout for presentations
  - Draft monograph
- Other tools normally used in patient care
- Condensed versions of criteria
Snapshots:
How to Choose?
- Emphasize an important concept in your learning experience
  - Ex. R2.6.1 Specify therapeutic goals
- Areas needing improvement
- Resident not progressing

Summative Evaluations
- Describes resident performance at the end of the learning experience
  - Quarterly for longitudinal experiences
- Must include assessment of each goal & objective assigned to the learning experience
- Focus on progress towards achieving the goal
  - ResiTrak uses level of achievement on objectives
- Can refer to snapshots done during the experience for reference, but not as a cumulative view
- Comments must be criteria-based

Summative Evaluations
- Review 3 completed examples: Pages 46-50
- Compare the quality of the comments
- Are the comments criteria based?
- Do the evaluations provide information to help the residents improve their performance?

Resident Self-Evaluation
PG1 Objective on Self-Evaluation

**OBJ R3.1.1 (Characterization):**
Practice self-managed continuing professional development with the goal of improving the quality of one’s own performance through self-assessment and personal change.

Formative Self-Evaluation

- Snapshots are the RLS tools to help residents know what criteria they are being evaluated against
  - Criteria-based
  - Enables resident to evaluate own performance based on one case

Summative Self-Evaluation

- Resident completes self-evaluation form
  - Checking appropriate rating for each goal & objectives
  - Providing narrative commentary explaining how their performance met expectations, what they learned, what they could have done to improve their performance, and what actions they will take to improve their performance
- Forms completed independently before the end of the learning experience, saved in Resitrak as draft, and discussed face-to-face at the end of the learning experience

Summative Self-Evaluation

- **Preceptors:**
  - Provide additional verbal feedback on the resident’s ability to self-evaluate, making specific suggestions or actions to improve his/her performance.
  - Completes summative evaluation form providing specific written feedback on the summative evaluation form related to strengths and areas for improvement
- **RPD:**
  - Monitor the progress of the residents ability to self-evaluate during the year
  - Share this element of resident performance the in Residency Committee quarterly meetings
  - The progress of each resident’s ability to self-evaluate will be tracked through the resident’s customized plan.
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Summative Self-Evaluation Exercise
- Review side-by-side summative evaluation example from Resitrak. Pages 56-58
- Discuss what feedback you would give resident

Step 6: Design Customized Training Plan For Each Resident

Customized Residency Plans
- What is it?
  - Written training plan that is individualized for each resident
  - Based on the site’s generic program plan for all residents
- Components
  - Baseline Evaluation
  - Initial Customized Plan
  - Quarterly Review and Update
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Resident’s self assessment
- Career goals
- Strengths and weaknesses
- Specific interests including potential electives or areas of preferred emphasis

Initial preceptor evaluation of the resident.
(Note: If available before the initial written customized plan for a resident is written)

Methods to gather baseline information
- Resident
  - Completed questionnaire prior to program entry
  - Self-evaluation against program goals/objectives
- RPD/Preceptor
  - Initial evaluation against program goals/objectives
  - RPD/preceptor evaluation and discussion with resident during orientation

Baseline Evaluation -> Initial Customized Plan -> Quarterly Review and Update

Minor variation of site’s generic program plan
Modification of program plan to:
- Address career goals and interests
- Address resident’s weaknesses
- Consider resident’s strengths

Components of plan that may be modified to meet resident’s needs:
- Structure (schedule)
- Assessment strategy
- Projects and assignments
- Educational goals & objectives

Serves to monitor resident’s overall progress
Committed at least quarterly
Evaluates effectiveness of previous customized plan
Contains modifications of previous plan as appropriate
Addresses new strengths, weaknesses and interests as appropriate
Includes review of resident progress in achieving required program goals and objectives
A Good Customized Plan Should . . .

**Initial Customized Plan**
- Summarize findings from:
  - Resident self-assessment
  - Discussion with the resident
  - Preliminary preceptor observations if available
- Include in the Summary:
  - Career goals
  - Specific interests
  - Strengths and weaknesses based upon incoming assessment of knowledge, attitudes, skills, and abilities
- Include any initial modifications to the generic program plan
- Be shared with preceptors
- Be completed within first month of the program

**Quarterly Review and Updates**
- Include written comments as needed:
  - Verification of strengths
  - Verification of weaknesses
  - Changes in career goals
  - Changes in interests
- Include changes in the plan:
  - Considering strengths, weaknesses, and interests
  - Combined with findings from the quarterly review of the overall progress of the resident in achieving required program goals/objectives.
- Include a summary of changes planned for the next quarter based upon the customized plan and quarterly assessment of resident progress
- See Pages 66–77, 81–88 for examples of customized plans and tracking of resident progress to achieve goals and objectives. Evaluate the advantages and disadvantages of various examples.

Surveyors’ Observations for Step 6
- Initial assessments generally done
- Initial plan developed, but not documented
- No process to track resident progress
- No updates to plan documented
- Updates to plan are documented, but lack detail
  - What was changed?
  - How were the changes implemented?

Step 7: Precept Learning Experiences
From the Standard: Preceptor Roles (5.10)

“Preceptors must demonstrate a desire and an aptitude for teaching that includes mastery of the four preceptor roles fulfilled when teaching clinical problem solving (instructing, modeling, coaching, facilitating).”

Four Preceptor Roles

- Instructing
- Modeling
- Coaching
- Facilitating

What is it?
Teacher-Centered Approach
Didactic lectures
Demonstration
Structured overview

When is it useful?
Orientation
Provide new information
Teach standard procedures
Develop step-by-step skills

Instructing
Advantages
Efficient
Accelerate learning
May be recorded for later use

Disadvantages
Burden of learning on teacher
Can lead to learner overload
Little emphasis on problem solving

What is it?
Preceptor demonstrates their thinking process
Cognitive apprenticeship

When is it useful?
New learning experience
Participating in administrative/leadership roles

Modeling
Advantages
Authentic experiences
Application of knowledge
Preceptor/Resident interaction

Disadvantages
Subject to misinterpretation
Time consuming
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**Coaching**

**What is it?**
- 2-way process
- Preceptor provides benefit of knowledge & experience
- Resident demonstrates their thinking process

**When is it useful?**
- Improving existing skills
- Getting full potential from resident

**Advantages**
- Individualized
- Formative assessment
- Creates culture where people help each other

**Disadvantages**
- Personality conflicts
- Time consuming

**Facilitating**

**What is it?**
- Preceptors provide structure, process, and support to guide resident to make optimal decisions and solve problems

**When is it useful?**
- Residents who are ready to progress from knowledge and understanding to analyzing, evaluating, and creating

**Advantages**
- Promotes independent thinking and problem solving

**Disadvantages**
- Requires preceptor who can guide process and ask the right questions

The Learning Pyramid: Preceptors Roles

- **Direct Instruction**
- **Modeling**
- **Coaching**
- **Facilitating**

Surveyor Observation

**Direct instruction role is overused.**

For residents, as much as possible, assign independent reading if direct instruction is needed. Move to modeling as soon as possible. Most of residency should be spent in coaching and facilitating roles.
In the end…

- Have I given the resident information they can use to improve their performance?

Step 8: Monitor resident progress

Elements of Monitoring Resident Progress

- Sources of information on progress
  - Resident evaluations and self-evaluations
  - Other feedback
- Role of quarterly assessment meetings
- Tracking mechanisms
- Revisions of resident plan when needed -- documented & communicated
- Example for discussion

Step 9: Conduct Quality Improvement Activities on the Program
Timing

- Regular monitoring throughout the year of preceptor performance & what residents say about quality of preceptor performance
- Thorough review of everything at least once per year

Sources of Evaluative Information

- Preceptor evaluations of resident performance
- Resident evaluations of preceptor performance & learning experience quality
- Other resident, preceptor, staff, and residency graduate feedback
- Tracking of graduates

4.4 “the RPD should evaluate whether the residency produces the type of practitioner described in the program’s purpose statement. (Information tracked may include initial employment, changes in employment, board certification, etc.)”

Essential Elements of Preceptorship

- Review list of qualifications of an ideal preceptor
  - Experience
  - Training
  - Continuity-of-practice
  - Practice in the area at the time residents being trained
- Mastery of 4 clinical teaching roles

Preceptorship

- How do you choose preceptors
- How do you determine desire/aptitude
Preceptorship

- What does a preceptor do?
- Is precepting part of job description?
- How can training residents be integrated into preceptors work responsibilities?

Preceptor Development Plan

- Who is involved in creating the plan?
- How do you improve your preceptors ability to precept?
- How do you expand number of qualified preceptors?
- Discuss your current preceptor development plan with your small group

Components of a Preceptor Development Plan

- Identify needs based on assessment
  - Preceptor evaluation
  - Resident evaluations of learning experience
  - Resident evaluations of preceptor
  - Preceptor self-evaluations
  - Direct observation
  - Peer review
- Describe opportunities for improvement
  - formal CE programs, lunch and learn, topic discussions during RAC, collaboration with colleges of pharmacy, utilization of mentors

Preceptor Development Topics

- How to write good summative evaluations
- How to provide good formative feedback and evaluation
- How to consistently use evaluation terms (needs improvement, achieved)
- How to role model practices
- How to serve as a mentor for residents
- How to delegate responsibility to residents and facilitate resident development
- How to be an efficient preceptor
Components of a Preceptor Development Plan

- Create plan
  - Group plan
  - Individual plans as needed
- Implement/schedule activities
- Assess effectiveness
- Periodic review

Workshop Summary (1 of 3)

- Watch out for surveyor-identified red flags:
  - Select a reasonably achievable number of outcomes, goals, objectives.
  - Include appropriate amount of repetition of learning experiences/activities.
  - Relate learning experiences/activities to outcomes, goals, objectives.
  - Describe all learning experiences and activities fully and specifically.

Workshop Summary (2 of 3)

- Record and fully implement assessment strategy.
  - Ensure it is understood by all preceptors.
  - Document formative evaluations. Include narrative that addresses how well (not just what) the resident did.
  - Give feedback in a timely manner, making consistent use of terms among different preceptors (NI, SP, ACH).
  - Document and update detailed customized plans
  - Teach resident self-evaluation. Include criteria-based comments on skill development progress.

Workshop Summary (3 of 3)

- Follow the 9 steps to a great residency program!
  - Identify the program’s purpose and outcomes.
  - Establish program structure.
  - Select goals and objectives; Determine learning experiences in which they will be taught.
  - Develop learning activities.
  - Design assessment strategy.
  - Establish customized plan for each resident.
  - Precept the learning experience.
  - Monitor resident progress.
  - Conduct quality improvement activities.

Good luck and thanks for coming!

ASHP Accreditation Services Division
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Residency Learning System (RLS) Workshop

Closing Tasks

- Workshop evaluation form and open discussion and feedback on how to improve the workshop
- CE request form

Preceptor Development

- How to write good summative evaluations.
- How to provide good formative feedback and evaluation
- How to consistently use evaluation terms (needs improvement, achieved)
- How to role model practices
- How to serve as a mentor for residents
- How to delegate responsibility to residents and facilitate resident development
- How to be an efficient preceptor

Systems-Approach Relevance

- Feedback loop between actual program performance and what is desired

Examples of Quality Questions

- Are our residents leaving with the outcome capabilities we describe in our program purpose and outcomes? If not, where are the problems?
- Does information regarding preceptor performance match expectations of quality? If not, where are the weak links?
- Is the program functioning at maximum efficiency and effectiveness? If not, what are the problems?
- Example for discussion
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