Best Practices in Preceptor Development

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Learning Objectives

• Develop evaluation tools to identify preceptor skills in need of development
• Identify pre-made resources that can be easily incorporated into your preceptor’s daily practice
• Describe strategies to leverage existing staff and trainees to develop site-specific training opportunities
What Makes a Good Preceptor?
What Makes a Good Preceptor?

- Difficult to identify, quantify and evaluate what makes a good preceptor
- Obligation to trainees to ensure standards are in place
  - At a minimum, a requirement for accreditation and pass-through funding!
- Moving target
# RPD Eligibility

## The 2005 Standard
- PGY1 training with 3 years of experience
- No residency training with 5 years of experience

## The 2014 Standard
- ASHP-accredited PGY1 training with 3 years of experience
- ASHP-accredited PGY1 and PGY2 with 1 year of experience
- No residency training with 5 years of experience
## RPD Qualifications

<table>
<thead>
<tr>
<th>The 2005 Standard</th>
<th>The 2014 Standard</th>
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<tbody>
<tr>
<td>• Ability to direct pharmacy residency</td>
<td>• Leadership within organization through documented record of improvements to pharmacy practice</td>
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<tr>
<td>• Record of improvements to pharmacy practice</td>
<td>• Ongoing professionalism and contribution to profession</td>
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<tr>
<td>• Appointment to appropriate committees</td>
<td>• Represent pharmacy on appropriate committees</td>
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<tr>
<td>• Formal recognition by peers</td>
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<tr>
<td>• Sustained record of contributing to knowledge in pharmacy</td>
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<tr>
<td>• Serve as reviewer of manuscripts</td>
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<tr>
<td>• Active service in pharmacy organizations</td>
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<tr>
<td>• Effectiveness in teaching</td>
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## RPD Responsibilities

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>• Leader of program</td>
<td>• Organization and leadership or RAC</td>
</tr>
<tr>
<td>• Precepting residents</td>
<td>• Oversight of resident progression</td>
</tr>
<tr>
<td>• Evaluation and development of all preceptors</td>
<td>• Appointment and reappointment of preceptors</td>
</tr>
<tr>
<td></td>
<td>• Evaluation, skills assessment and development of preceptors</td>
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<td></td>
<td>• Preceptor development plan</td>
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<td></td>
<td>• Continuous quality improvement</td>
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<td>• Work with pharmacy administration</td>
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## Preceptor Eligibility

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<th><strong>The 2005 Standard</strong></th>
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<tbody>
<tr>
<td>• PGY1 training with 1 year of experience</td>
<td>• ASHP-accredited PGY1 training with 1 year of experience</td>
</tr>
<tr>
<td>• No residency training with demonstration of mastery of knowledge, skills, attitudes and abilities of one who has completed a residency plus 3 years of experience</td>
<td>• ASHP-accredited PGY1 and PGY2 training with 6 months of experience</td>
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<tr>
<td>• Training and experience in the area of practice for which they serve as preceptors</td>
<td>• No residency training with 3 years of experience</td>
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<tr>
<td>• Practice in that area at time residents are being trained</td>
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</tbody>
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<tr>
<td>• Desire and aptitude for teaching (4 preceptor roles and criteria-based feedback)</td>
<td>• Demonstrate ability to precept residents using preceptor roles</td>
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<tr>
<td>• Record of improvements to pharmacy practice</td>
<td>• Ability to assess resident performance</td>
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<tr>
<td>• Appointment to appropriate committees</td>
<td>• Recognition by peers in their area of pharmacy practice</td>
</tr>
<tr>
<td>• Formal recognition by peers</td>
<td>• Established, active practice</td>
</tr>
<tr>
<td>• Record of contributing to knowledge in pharmacy</td>
<td>• Maintenance of continuity of practice during resident experience</td>
</tr>
<tr>
<td>• Serve as reviewer of manuscripts</td>
<td>• Ongoing professionalism and advancement of the profession</td>
</tr>
<tr>
<td>• Active service in pharmacy organizations</td>
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<td>• Effectiveness in teaching</td>
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Preceptor Responsibilities

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<tr>
<td>• Model pharmacy practice skills</td>
<td>• Contribute to success of residents and program</td>
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<tr>
<td>• Provide regular criteria-based feedback</td>
<td>• Provide learning experience</td>
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<td></td>
<td>• Participate in program’s quality improvement</td>
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<td></td>
<td>• Demonstrate practice expertise and precepting skills</td>
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<td></td>
<td>• Adhere to program and department policies</td>
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<td></td>
<td>• Commitment to advancing residency program and services</td>
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The residency program must provide a sufficient complement of professional and technical pharmacy staff to ensure appropriate supervision and preceptor guidance to all residents.
How are we doing?

• Each year, ASHP releases statistics on the most common areas of partial and non-compliance
• Statistics from 2014 Commission on Credentialing Spring Meeting (n=267 programs)
Preceptors complete all aspects of the assessment plan

- Full Compliance 39%
- Partial or Non-Compliance 61%
All programs learning experiences include sufficient practice to achieve goals and objectives.
Preceptors have adequately developed & documented descriptions of learning experiences to meet objectives.

- Full Compliance: 24%
- Partial or Non Compliance: 76%
Preceptors have made adequate contributions to the total body of pharmacy knowledge & meet 4/7 preceptor criteria.

- Full Compliance: 23%
- Partial or Non Compliance: 77%
Preceptor development is the core issue with 4 of the top 5 most prevalent areas of partial compliance!
Evaluating Your Preceptors
Finding the Gaps

• It is awfully difficult to improve weaknesses of which you are unaware
• A systematic, multi-pronged approach should be in place to allow the RPD and RAC to evaluate preceptors for deficiencies
  ▫ Relying on only a single approach for assessment can further increase the risk of overlooking gaps
Preceptor Self-Evaluation

- Can be collected with a simple annual survey
  - May be automated with the help of survey software and Excel
- Serial data collection allows for documentation of preceptor development over time
- Will not detect preceptor “blind spots”
- May be prone to over- or under-exaggeration, depending on the pharmacist completing the survey
# UHGMC Residency Preceptor Self Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1. How do you rate your performance as a pharmacy practice role model for residents?</td>
<td>Poor: 1, 2, 3, 4, 5</td>
<td>Superb: 1, 2, 3, 4, 5</td>
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<tr>
<td>2. How do you rate your performance of providing regular formative and summative feedback to residents in a timely manner?</td>
<td>Poor: 1, 2, 3, 4, 5</td>
<td>Superb: 1, 2, 3, 4, 5</td>
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<tr>
<td>3. Do you make yourself available for resident interaction on a regular basis?</td>
<td>Never: 1, 2, 3, 4, 5</td>
<td>Always: 1, 2, 3, 4, 5</td>
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<td>4. Do you arrange necessary opportunities to allow residents to complete all learning objectives listed for your rotation?</td>
<td>Never: 1, 2, 3, 4, 5</td>
<td>Always: 1, 2, 3, 4, 5</td>
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<td></td>
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<td>5. How well do you display enthusiasm for teaching?</td>
<td>Poor: 1, 2, 3, 4, 5</td>
<td>Superb: 1, 2, 3, 4, 5</td>
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<td></td>
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<tr>
<td>6. How well do you answer questions clearly and give clear explanations to the resident?</td>
<td>Poor: 1, 2, 3, 4, 5</td>
<td>Superb: 1, 2, 3, 4, 5</td>
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<td>7. Do you ask questions of the resident that cause self-directed learning?</td>
<td>Never: 1, 2, 3, 4, 5</td>
<td>Always: 1, 2, 3, 4, 5</td>
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<td></td>
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<tr>
<td>8. How well do you perform the 4 preceptor roles of direct instruction, modeling, coaching and facilitating?</td>
<td>Poor: 1, 2, 3, 4, 5</td>
<td>Superb: 1, 2, 3, 4, 5</td>
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<td></td>
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<tr>
<td>9. How well do you display interest in the resident?</td>
<td>Never: 1, 2, 3, 4, 5</td>
<td>Always: 1, 2, 3, 4, 5</td>
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<td></td>
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<tr>
<td>10. How would you rate your participation in departmental meetings (e.g. staff meetings, morning huddles, RAC meetings, continuing education events)</td>
<td>Rarely</td>
<td>Regularly</td>
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Preceptor Accomplishments Documentation

• Completed in conjunction with the Preceptor Self Evaluation
• Improves the RPD’s ability to collect “artifacts” to back up preceptor’s comments, aptitude and performance
• Can be used to track preceptor’s growth over time
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<tr>
<td>11. Please indicate which of the following preceptor requirements you have met this year (include specific examples):</td>
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<tr>
<td>• Record of improvements in and contributions to the respective area of advanced pharmacy practice. (e.g. new service, committee participation, guideline/protocol development)</td>
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<td>• Appointments to appropriate drug policy and other committees of the department/organization.</td>
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<td>• Formal recognition by peers as a model. (Board certification, fellow status)</td>
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<tr>
<td>• A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.</td>
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<tr>
<td>• Serves regularly as a reviewer of contributed papers or manuscripts submitted for publication.</td>
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<tr>
<td>• Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels.</td>
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<tr>
<td>• Demonstrated effectiveness in teaching. (e.g. through student and/or resident evaluations, teaching awards)</td>
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<tr>
<td>Preceptor</td>
<td>Improvements/Contributions to Pharmacy Practice</td>
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<tr>
<td>Mate Soric</td>
<td>Designed and implemented a PGY1 pharmacy Residency</td>
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<td></td>
<td>Established Hospital Rounding</td>
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<td></td>
<td>Designed and Implemented a Pain Consult Service</td>
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<td></td>
<td>Established an Antimicrobial Stewardship Program along with Empiric Antimicrobial Guidelines for UHGMC</td>
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<td></td>
<td>Implemented a pharmacist- and pharmacy student-led Medication Education Service to improve patient satisfaction scores</td>
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Learner Evaluations

- Built into the Resident Learning System
  - Two-part evaluation occurs after each learning experience
  - Preceptor and Learning Experience Evaluation
- Outside perspective on preceptor performance
- Fear of retaliation may lead to rosy evaluations
- “Evaluation Burnout” may lead to lots of empty comment boxes
Exit Interviews

- Extensive interviews with graduating residents
  - Comprehensive topic list including
    - Recruitment, rotations, staffing, preceptors, salary, benefits, stipend, career preparation, research project, office space, and more
- Since residency is completed, may lead to more honest critiques
  - No fear of retaliation
- Only occur once annually per resident
Other Evaluation Techniques

- Direct observation
- Simulation
- Peer Review
- Preceptor-in-training designation
- RAC Retreats
- Many more
Anticipate the Challenges

• Have a plan for common preceptor issues
  ▫ Giving feedback
  ▫ Receiving feedback
  ▫ Clear communication of expectations/orientation
  ▫ The 4 preceptor roles
  ▫ Difficult learners and difficult situations
  ▫ Case-based teaching
  ▫ Documenting performance
Filling the Gaps
Core Competencies

- Baseline training for all preceptors can help avoid common preceptor issues
- Ideally, completed for all preceptors at the onset of the program
- All new preceptors should complete baseline training before creating a learning experience
ResiTrak/PharmAcademic Training

- Most programs will utilize one of these free programs for resident assessment
- All preceptors should be familiarized with how to evaluate residents, run reports, and edit their learning experience
- Tutorials (including videos) available within ResiTrack under “Help and Support” menu
Evaluation of Residents

• Within ResiTrak, programs typically use 4 different assessment terms
  ▫ Needs Improvement
  ▫ Progressing Satisfactorily
  ▫ Achieved
  ▫ Achieved for Residency

• All preceptors should be trained on the definition and appropriate use of each term
Evaluation of Residents

- Expectations for preceptor comments within evaluations should also be included in baseline training
  - When are comments required?
  - What content should be included in comments?
  - What goes in the co-signature comment box?

- Basics of Criteria-Based Feedback
Learning Experience Development and Implementation

- Matching rotation objectives to learning activities
  - Review of Bloom’s Taxonomy
- Orienting the resident to the learning experience
- Summative versus formative evaluation
  - Snapshots, midpoint evaluations, etc.
- The 4 preceptor roles
- Case-based teaching
But how should I deliver these core competencies?
Residency Learning System Training

- Contains most of the vital baseline knowledge needed to develop and conduct a learning experience
- Critical for RPD and Residency Program Coordinators
- Helpful for all preceptors
- Provided at ASHP Midyear Meeting and National Preceptors Conference
  - Larger health systems can have on-site RLS training arranged
Other Strategies for Baseline Training

• New preceptor boot camp
• Exams
• Shadowing
• Any others?
Ongoing Preceptor Development
“Set it and forget it” Development

- Pre-fabricated modules can simplify the preceptor development process
- Can be used as baseline training for all members of the department
  - Even those peripherally involved
- May not be targeted to program needs, but establishes a minimum level of training
Examples of Pre-Made Development

- Pharmacist’s Letter Preceptor Training and Resource Network
  - CE Organizer allows for assignment of required CE for members of your department
  - Assign CE each quarter in the domain of preceptor development for all pharmacists
  - Completion is tracked automatically and reports can be generated for the entire department
Examples of Pre-Made Development

- College of Pharmacy Preceptor Training
  - Many colleges of pharmacy host preceptor training annually
  - Free to attend for preceptors of their program (and may include free food!)
  - Typically include a number of preceptor development CE opportunities
Examples of Pre-Made Development

- Professional Organizations
  - OSHP Meetings
  - Great Lakes Pharmacy Residency Conference and the Ohio Pharmacy Residency Conference
  - ASHP Conferences
  - ASHP Foundation Webinars (Residency Award Recipients)
  - ACCP Academy Programming
  - Collaborative Education Institute
  - Medical School Programs
Leveraging Your Residents and Students
Leveraging Learners

• If you have a residency in place, chances are you have students at your facility, too
• Learners of all levels are required to give presentations throughout the year
• These learners can deliver preceptor development training in addition to the usual journal clubs and case presentations
Leveraging Learners

• Win-win for learners and the department
  ▫ **Learners become familiar with best practices of experiential education**
  ▫ **Simultaneously, your department benefits from additional preceptor development**

• Since topics can be chosen by RPD, allows for targeting of specific deficiencies instead of simply broad general education
Leveraging Learners

• May also be used to help preceptors meet preceptor qualifications
  ▫ Resident research projects can be used to spur dissemination of knowledge
  ▫ BPS study sessions for residents should be open to preceptors seeking certification
  ▫ Residents can serve as catalysts for new services and involvement of preceptors on new committees
Leveraging Learners

- Development should be incorporated into the daily operations of the residency program
  - RAC meeting Preceptor Pearls
  - Newsletter articles on effective precepting
  - Journal clubs on preceptor development topics
  - For far-flung preceptors, can hold “virtual” preceptor development discussions via email or discussion boards
Documentation
Documentation

• If you don’t document it, it didn’t happen
  ▫ CE attendance sheets
  ▫ Competency completion reports
  ▫ RAC meeting minutes
  ▫ Action plans for underperforming preceptors
Any other preceptor development best practices?
Discussion

• What have you done to meet the preceptor development standard?
• What challenges have you encountered?
• How have you overcome them?
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