Preceptor Development: Preceptor Roles and Resident Perspectives

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Objectives

- Define the 4 preceptor roles defined by ASHP.
- Given a brief scenario, determine the resident’s learning stage and the most appropriate role of the preceptor.
- Discuss factors that contribute to or detract from the learning experience for a resident.
- Develop a plan to incorporate residents into daily practice considering experiences contributing to a successful or difficult rotation from a resident’s viewpoint.
Learning Assessment Question #1

Which of the following is the preceptor role associated with direct instruction?

a. Facilitating
b. Coaching
c. Foundation skills
d. Practical application
Learning Assessment Question #2

A PGY 2 critical care resident is on their last ICU rotation and will be rounding alone with a preceptor available by pager/phone. The expected learning level of this resident is:

a. Facilitating application
b. Practical facilitation
c. Knowledge application
d. Culminating integration
A PGY 1 resident interested in an infectious disease PGY 2 is starting their first ID rotation. Which of the following is most likely to help the resident succeed on rotation?

a. Letting the resident round on their own starting the first day so they are the go-to pharmacist for the team.

b. Doing an assessment of the resident’s current knowledge, then determining rotation goals jointly with the preceptor.

c. Assigning the resident an in-service for the ID fellows to be presented on Friday of the first week to establish credibility with those physicians.

d. Making the resident the primary “go-to” person for a student on the rotation so the resident understands the expectations that will go with PGY 2 residency.
Learning Assessment Question #4

From a resident’s perspective, which of the following would be most conducive to creating a good learning experience?

a. Honest discussion with the preceptor related to areas where the resident needs to improve

b. Developing a strong friendship with the preceptor

c. Being “grilled” by the preceptor daily to assure vigilance in patient monitoring and assigned reading

d. Appointing the resident as sole preceptor for students on the rotation
Philosophy - Foundations

- Residents are in a training program; therefore, you must be prepared to train them
- Training requires time and commitment
- Residents generally have great enthusiasm that must be balanced with their limited experience
- Residents are professionals; however, they are also humans with all the attendant frailties
- Respect is integral to the residency program
RESPECT

- Responsibility (shared)
- Empathy
- Sensitivity
- Professionalism
- Encouragement
- Commitment
- Trust

There is no “I” for intimidation
There is no “F” for friend
Nimmo CM. Developing training materials and programs: facilitating learning in staff development. In: Nimmo CM, et al. Staff Development for Pharmacy Practice, ASHP; 2000
Assessment

- Necessary to determine where the resident is on the learning pyramid
- Each resident must be assessed as an individual regardless of similarities in background
- Consider the resident’s “style of learning”
  - Visual, auditory, kinesthetic
  - See it first versus “muddle” through then sort it out
Foundation Skills and Knowledge

- Background knowledge
  - Disease process
  - Treatment choices
- Level of experience
  - Information and distribution systems
  - Population differences
  - Confounding co-morbidities
- Orient resident
- Provide basic reading materials or references
Practical Application

- Gather information and select/apply “guidelines” for therapy
- Present plan to preceptor
  - Discuss special or unusual considerations
- Follow up with recommendation to team
- Document intervention
  - Written note (preceptor to sign initially)
  - Tracking system for interventions
  - ADRs
Culminating Integration

- Resident can function independently
- Resident knows when they need help
- Preceptor facilitates
  - Confirms resident decisions
  - Allows independent practice
    - Resident rounds alone
    - Review complex patients only
- Available for questions
Preceptor Roles

- Direct instruction
- Modeling
- Coaching
- Facilitating
- Not isolated roles – resident at different stages
  - Various steps in care
  - Levels of patient complexity
  - Different populations
Scenario One

EM is tentative in answering questions and cannot “think aloud” when prompted with questions. She seems uncertain of how to develop a treatment plan or interpret guidelines related to diagnostic or treatment decisions. EM consistently reports on time for rounds/meetings and is very collegial with everyone at the site. Assigned responsibilities are done, although quality is poor.
Scenario One

- What learning stage is PD currently at?
- What preceptor role is most appropriate?
- Remediation plan?
  - Is this needed?
  - Other info?

Learning Pyramid

Nimmo CM. Staff Development for Pharmacy Practice, ASHP; 2000
Scenario Two

PD appears bright and interested in clinical practice, and has an academic record that demonstrates a strong knowledge base. When asked a question, PD answers you concisely and accurately. Enthusiasm for patient care is demonstrated and patient monitoring skills appear to be excellent. While on the floor, you observe rounds and notice that PD never speaks up and seems to “hang back” from the group.
Scenario Two

- What learning stage is PD currently at?
- What preceptor role is most appropriate?
- Remediation plan?
  - Is this needed?
  - Other info?

Learning Pyramid

- Direct Instruction
- Coaching
- Facilitating
- Modeling
- Culinminating Integration
- Practical Application
- Foundation Skills and Knowledge

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Resident’s Perspective
Foundation Assessment

Dependent  Independent
Foundation Assessment

- Knowledge base
- Comfort level with team interactions
- Familiarity with hospital/pharmacy system
Starting a residency
Experiences that help residents succeed

• Welcoming you to the rotation

• Baseline assessment:
  – Preceptor and resident expectations for the rotation
  – Logistics
  – Outside rotation duties
  – Calendar
Experiences that help residents succeed

• Organized:
  – Scheduled topic discussions
• Flexible
• Case based
• Preceptor is readily available and willing to help
Experiences that make residency rotations difficult

• Too much independence up front
• Disorganized
• Being sole preceptor of students*
• Over burdened
• Feeling like a burden
• Getting grilled

• End result:
  – Less learning opportunities, more busy work and possible harm to patients
Example: Internal Medicine

- Foundation skills and knowledge acceptable
  - Many disease states covered in school
  - Common student rotation
  - Drug monitoring, renal dosing
- Resident rounds independently
  - Time to look up answers
- Modeling
- Coaching
- Facilitating
Example: ICU

- Foundation skills and knowledge weak
  - Readings
  - Focused discussions (requires time); consider sharing responsibility with other preceptors
- Preceptor rounds with resident initially
  - Models role, explains thought process
  - Resident can help with documentation tasks
- Resident rounds with preceptor available on floor but not with resident
- PGY1 resident may not function independently unless multiple rotations – preceptor coaches and facilitates
Example: Nutrition Support

- Foundation skills and knowledge weak

- Preceptor reviews patients with resident and explains decisions
  - Resident follows up with team, writes order, orders necessary labs, check catheter tip location

- Preceptor reviews patients; however, resident expected to suggest options which can then be discussed

- Resident presents plan to preceptor
Summary

- ASHP defines 4 roles of residency preceptors that represent a continuum of learning:
  1. Direct instruction
  2. Modeling
  3. Coaching
  4. Facilitating

- Assessment is vital to determine the learning stage of a resident and appropriate preceptor role to successfully incorporate the resident into practice.
Summary

• Continual reassessment is important
  • Different residents move through the stages of learning at different rates
  • An individual resident moves through the stages of learning at different rates for different rotations

• Consider the resident’s perspective

• Remember RESPECT
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- Sensitivity
- Professionalism
- Encouragement
- Commitment
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