Best Practices in Preceptor Development

Mate Soric, Pharm.D., BCPS
University Hospitals Geauga Medical Center/NEOMED

Steve Smith, M.S., R.Ph., BCACP
Jobst Vascular Anticoagulation Service

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?

- 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

<table>
<thead>
<tr>
<th>The 2005 Standard</th>
<th>The 2014 Standard</th>
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<tbody>
<tr>
<td>PGY1 training with 3 years of experience</td>
<td>ASHP-accredited PGY1 training with 3 years of experience</td>
</tr>
<tr>
<td>No residency training with 5 years of experience</td>
<td>ASHP-accredited PGY1 and PGY2 with 1 year of experience</td>
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RPD Qualifications

<table>
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<td>Ability to direct pharmacy residency</td>
<td>Leadership within organization through documented record of improvements to pharmacy practice</td>
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<td>Ongoing professionalism and contribution to profession</td>
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<td>Appointment to appropriate committees</td>
<td>Represent pharmacy on appropriate committees</td>
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<td>Formal recognition by peers</td>
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<td>Sustained record of contributing to knowledge in pharmacy</td>
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<td>Serve as reviewer of manuscripts</td>
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<td>Effectiveness in teaching</td>
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</table>
**RPD Responsibilities**

**The 2005 Standard**
- Leader of program
- Precepting residents
- Evaluation and development of all preceptors

**The 2014 Standard**
- Organization and leadership or RAC
- Oversight of resident progression
- Appointment and reappointment of preceptors
- Evaluation, skills assessment and development of preceptors
- Preceptor development plan
- Continuous quality improvement
- Work with pharmacy administration

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**Preceptor Eligibility**

**The 2005 Standard**
- PGY1 training with 1 year of experience
- 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
- Training and experience in the area of practice for which they serve as preceptors
- Practice in that area at time residents are being trained

**The 2014 Standard**
- ASHP-accredited PGY1 training with 1 year of experience
- ASHP-accredited PGY1 and PGY2 training with 6 months of experience
- No residency training with 3 years of experience

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**Preceptor Qualifications**

**The 2005 Standard**
- Desire and aptitude for teaching (4 preceptor roles and criteria-based feedback)
- Record of improvements to pharmacy practice
- Appointment to appropriate committees
- Formal recognition by peers
- Record of contributing to knowledge in pharmacy
- Serve as reviewer of manuscripts
- Active service in pharmacy organizations
- Effectiveness in teaching

**The 2014 Standard**
- Demonstrate ability to precept residents using preceptor roles
- Ability to assess resident performance
- Recognition by peers in their area of pharmacy practice
- Established, active practice
- Maintenance of continuity of practice during resident experience
- Ongoing professionalism and advancement of the profession

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**Preceptor Responsibilities**

**The 2005 Standard**
- Model pharmacy practice skills
- Provide regular criteria-based feedback

**The 2014 Standard**
- Contribute to success of residents and program
- Provide learning experience
- Participate in program’s quality improvement
- Demonstrate practice expertise and precepting skills
- Adhere to program and department policies
- Commitment to advancing residency program and services

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**Preceptor Development**

**The 2005 and 2014 Standard**
- The residency program must provide a sufficient complement of professional and technical pharmacy staff to ensure appropriate supervision and preceptor guidance to all residents

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**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)
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

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
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?

“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

- 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

- 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

• If you don’t document it, it didn’t happen
  ▫ CE attendance sheets
  ▫ Competency completion reports
  ▫ RAC meeting minutes
  ▫ Action plans for underperforming preceptors

Discussion

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

References


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