

# Prompt & Productive: Actionable Strategies to Increase Precepting Efficiency - Part I

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# Disclosure/Conflicts of Interest



We have no potential conflicts of interest to disclose

# Learning Objectives



- Develop a rotation syllabus that outlines the rotation structure and preceptor expectations to facilitate learner onboarding.
- Define three key expectations that should be addressed with your learner at the beginning of the rotation.
- Identify the advantages of a system for “learner handover” on a rotation experience.
- Design a learner handover template to continuously evaluate a learner’s progress and achievements on a rotation experience.

# Must balance precepting time with other commitments



Precepting

Clinical  
service/  
rounds

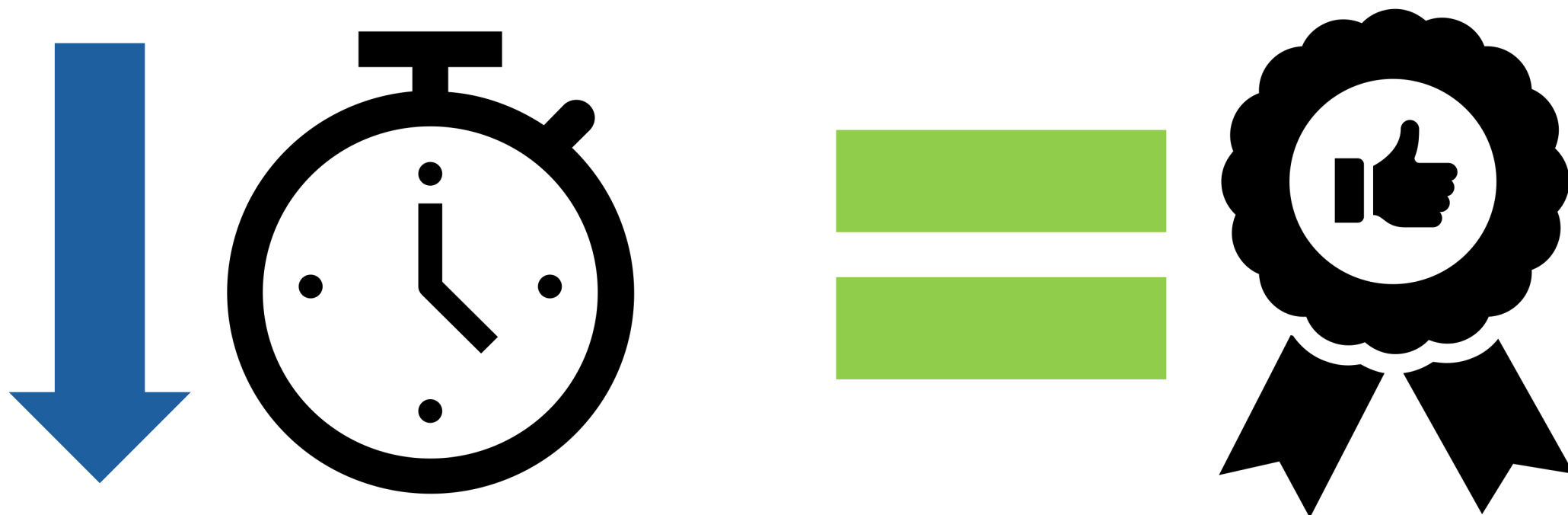
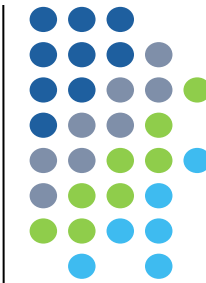
Committee  
work

Patient  
education/  
counseling

Administrative  
tasks

Research

# Series Focus





# Section 1: Onboarding and Setting Expectations

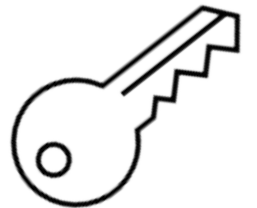
# What is Orientation?



*Orientation is a well-recognized strategy for creating a positive learning experience and communicating goals, objectives, and minimal competencies for the experiential training rotation.*

- Your opportunity to welcome your learner to your rotation and their environment for next 4-6 weeks

Invest in creating & updating orientation & reference materials to provide critical information, reference, & reuse



# Breakout Rooms #1



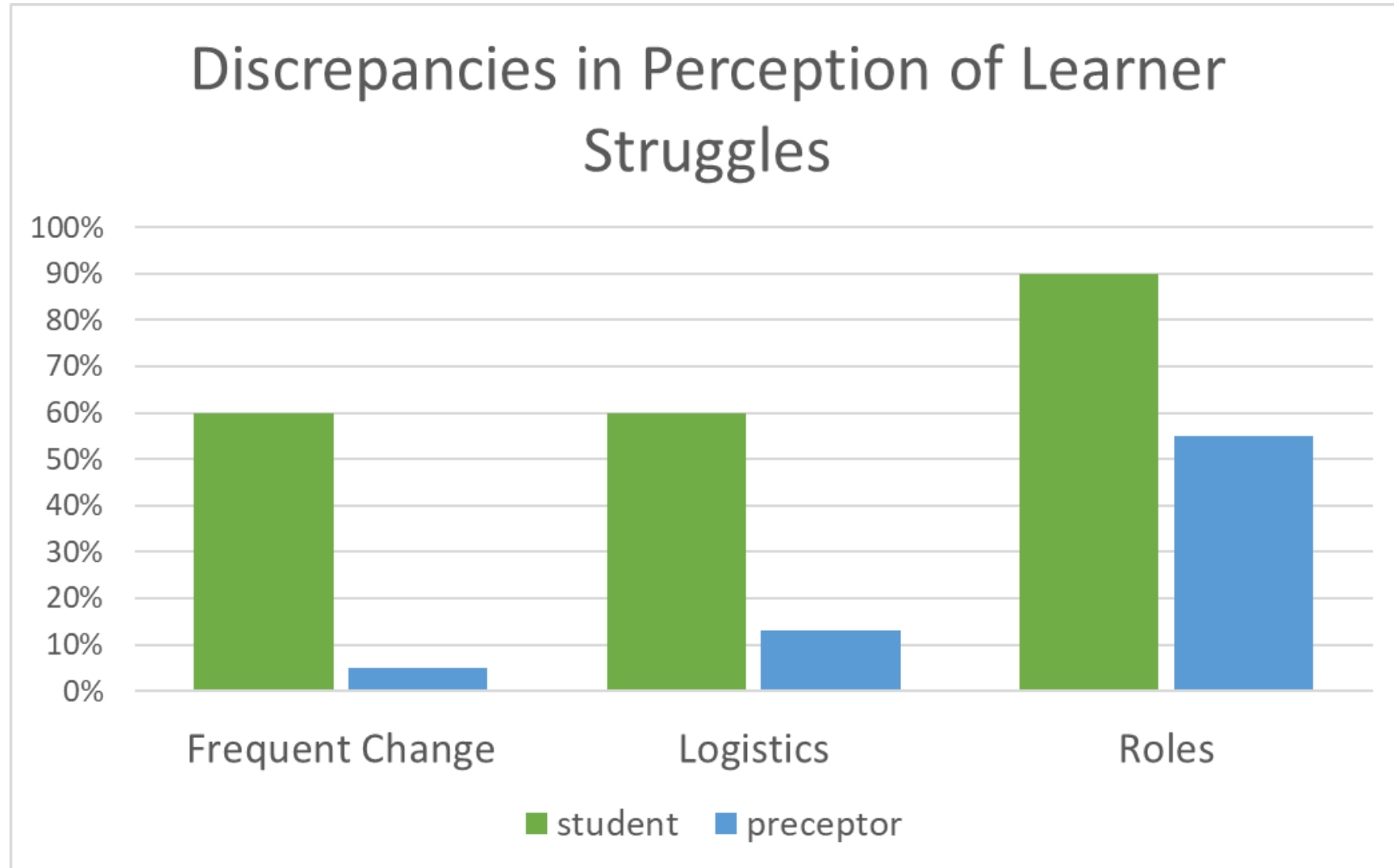
Share:

- What is your practice setting?
- Which rotation(s) do you precept?

Discuss:

- Which part of orienting/onboarding takes the longest?
- Prior to day 1...
  - What do you do to prepare for the learner?
  - Do you assign the learner things to do?

# Why: Let learners focus on learning



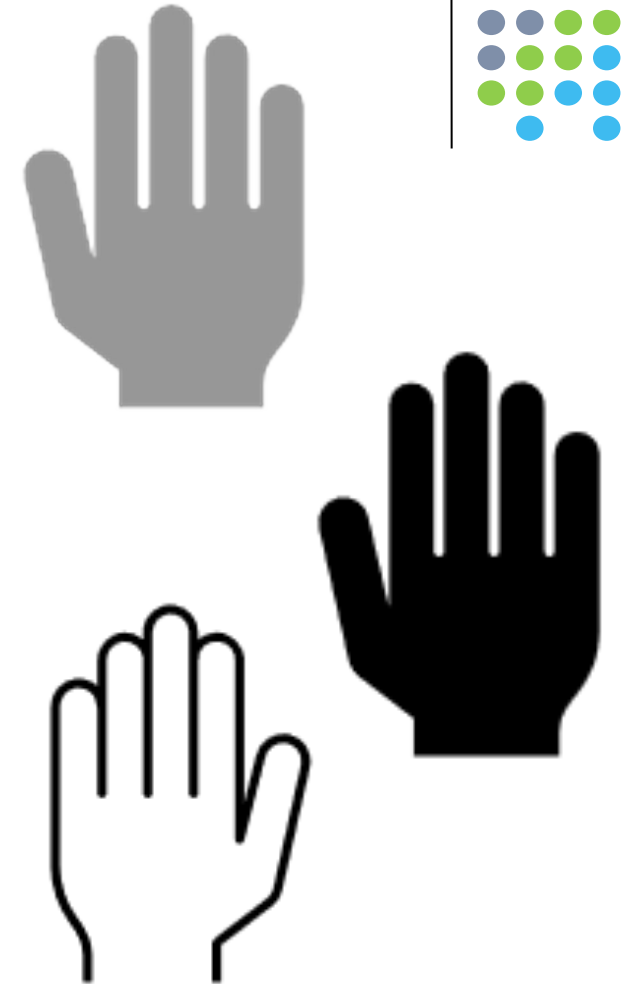
# Why: Organization & Direction = Precepting Excellence



APPE Preceptor Qualities	P value
The goals and objectives of the rotation were outlined and/or explained at the beginning of the rotation	0.82
<b>Good direction</b> and feedback were provided	< 0.01
Rotation activities were <b>well-organized</b> and <b>structured</b>	< 0.01
The preceptor is interested in teaching this rotation	< 0.001

## Raise your hand if....

- The rotation you precept has a syllabus
- Your rotation syllabus has been reviewed/updated in the past year
- You have an intro email template for learners
- Your orientation/onboarding documents are stored in one accessible location



# Tips for preparing orientation materials



## Do...

- Collaborate
- Review often

## Don't...

- Reinvent the wheel
- Let perfect be the enemy of good

Syllabus

Intro  
Email

Rotation  
resources

# Questions your materials should answer:



- How do you communicate with coworkers and team members?
- What institutional resources do you use? How do you access them?
- Where do you work up patients? Where do you round? Where is the restroom?
- What are your institution's per pharmacist protocols? (ex. Renal dosing, vancomycin, IV to PO)
- What does a typical rotation day look like? When/where are learners expected to work up their patients?
- How does network/EMR access work?

# Pework: The Intro Email



- **Who** will the student be meeting (& contact)
- **What** will you do first? (tour, orientation, etc)
- **When/Where** to meet on day 1
- **How** to get there
- Attachments: syllabus, campus map, pre-test



## Pework: Learner Objectives

- Rotation objectives that can be tailored based on skill and progression

By the end of week one...

- APPE: Masters pt presentation
- PGY1: Follows 3 patients
- PGY2 ID: Follows the entire consult team

By the end of rotation...

- APPE: Presents 3 complete pts
- PGY1: Follows most of the team, makes recs on ID rounds
- PGY2 ID: Rounds independently

# Expectations: upfront, clear, often



Differences in expectations = conflict between learner & preceptor

**REINFORCE** in writing & discuss on day 1:

- Patient presentation content/structure
- Communication on and off-hours
- Supervision when making recommendations
- Anticipated progression of learner responsibilities



# Orientation material organization/storage

- Box, SharePoint, Google Drive, etc
- Accessible to all preceptors & learners
- Review/update on a regular basis
- **Back your materials up securely**

# Summary



- Starting a new rotation = new rules, logistics, roles for learners
- Learners benefit & appreciate when time is invested into orientation materials
- Investing time into generating orientation materials pays dividends going forward



## Section 2: Learner Handover

# Breakout



- If you share a rotation with multiple preceptors:
  - How do you share information about a learner with other preceptors?
  - What are your challenges when co-precepting a learner with multiple preceptors?
- If you are the only preceptor for a rotation:
  - How do you learn information about a learner when they first start?
  - How do you track their progression?

## Imagine this...



Jessica is an APPE student on her third week of liver transplant rotation and it's your first day precepting her. You ask her to interpret LFTs for one of her patients, but she struggles to give a clear assessment. Your co-preceptor is off and did not give you any signout about Jessica. You start thinking...

- Was this topic already discussed?
- Are there potentially other issues going on?

# Learner Handover: What is it?



- Shared information about a learner between preceptors
  - Within a rotation
  - Between rotations
  - Transition from student to resident/career position



# Learner Handover: Advantages

- Benefits learners, preceptors, and patients
  - Longitudinal observation and growth
  - Individualized learner progression
  - Efficiently support learner improvement



# Learner Handover: How?



- Formal
  - Customized template for your learning experience (e.g., shared Microsoft Word document)
  - Web-based evaluation system (e.g., E\*Value, PharmAcademic)
- Informal
  - Email communication
  - Verbal signout

**Consider involving the learner in the handover (e.g., “Feedback Friday”)**

# Learner Handover: Key Elements



- CLASS model

## Competency

Description of  
attained  
competencies

## Learner performance

Summary of  
performance  
on the  
rotation

## Action list

List of items  
still to be  
completed

## Situational awareness

Statement  
of the  
learner's  
skills and  
behaviors

## Synthesis

Summary of  
the learner's  
current  
abilities by  
the receiving  
preceptor

# Learner Handover: Make It Yours!



- Customize the learner handover to your learning experience
  - Required skills or competencies
  - Narrative comments about strengths and areas of improvement
  - Checklist of rotation requirements (e.g., topic discussions, journal clubs, presentations)
  - Consider SMART goals
- Add a learner profile section to give background
- Provide instructions on how to utilize the learner handover

# Example: Learner Profile



## **Learner Profile**

Welcome to the liver transplant service! We would like you to take a moment to answer a few questions. This will allow us to get to know you better and help tailor the learning experience.

Can you tell us a little bit about yourself:

Past rotations (in chronological order) and previous pharmacy work experience:

What are your goals for this learning experience?

- 1.
- 2.
- 3.

What are some of your strong points?

- 1.
- 2.
- 3.

What are some areas that you would like to work on?

- 1.
- 2.
- 3.

What are your professional goal(s)?

- 1.
- 2.
- 3.

Is there anything that you would like for us to assist you with?

# Example: Learner Handover

## Leaner Handover

### Purpose:

- The following is a tool designed to help you track your weekly progression throughout the rotation
- Use this handover to record the feedback provided to you during the week
- Rotation preceptors will refer to this tool to allow more seamless switch between preceptors and ensure feedback is provided clearly. More specifically, when a new preceptor comes on to service this tool helps quickly focus his/her time to individualize your learning
- This handover tool will be used to submit a formal evaluation for you.

### Expectations:

- It is your responsibility to update this handover in a timely manner (ideally throughout the week after activities are completed, but at the minimum before “Feedback Fridays” and before new preceptor) so that the tool reflects your rotation experience at the time and thus be useful to you and the preceptors.
- The preceptors will review this tool with you on a weekly basis.

### Instructions:

- Mark “x” in open brackets “[ ]” when activity is completed (like this “[x]”)
- In the first week, for shadowed activities please make a comment next to the activity when you shadow somebody and only mark the date in “[ ]” when completed on your own (i.e., if only shadowing completed then fill in as “[ ] Counseling – shadowed Althea 4/9 and David 4/10” and later when you complete the activity on your own then fill in as “[4/13] Counseling – shadowed Althea 4/9 and David 4/10”)
- For strengths and areas for improvement, record a brief summary of feedback provided by your preceptors throughout the week. Preceptors may also add to these fields if clarification is needed.
- At the end of the week, for next week's goals try to develop SMART goals (SMART= Specific, Measurable, Actionable, Relevant, Time-Bound). For example, “counsel at least 1 new transplant patient on new medication regimen to improve counseling skills”

Week	Rotation Tasks	TOC Activities Completed by the Learner	Topic Discussions Completed	Strengths	Areas for Improvement	Next Week's Goals (try to make it SMART)
Week 1 (4/11-4/15) Patient load:	[ ] Establish topic discussion schedule [ ] Shadow TOC activities from the next column BEFORE completing them on your own (goal is “see 1, do 1” except counseling should see at least 2 and do 1 mock counseling first)	[ ] Admit med rec [ ] Facesheet [ ] Med card [ ] Order meds (use <u>orderset #2103</u> ) [ ] Confirm meds [ ] Counseling [ ] REMS [ ] Discharge med rec [ ] Finalize med card	[ ] Insurance – led by preceptor [ ] Immunosuppression – led by preceptor [ ] LFT interpretation (+Child-Pugh, MELD) [ ] HE [ ] SBP [ ] HRS [ ] Portal HTN and Variceal bleeding [ ] CMV [ ] Rejection [ ] Other: [ ] Other:			
Week 2 (4/18-4/22) Patient load:	[ ] Brainstorm journal club or drug consult topic	Copy and paste incomplete activities from last week	Copy and paste incomplete activities from last week			



# Breakout



- Design a handover for your learning experience
  - Logistics
  - Format
  - Key elements
- Share with your partner or group

# Learner Handover: Challenges



- May take time to develop with co-preceptor(s)
  - Gather feedback
  - Culture change
- Avoid promoting bias against students

# What to do about Jessica?



You talk to Jessica and find out that she didn't formally have a discussion about LFT interpretation at the beginning of the rotation. Jessica further divulges then 5 patients that she's followed so far have had downtrending LFTs after transplant and therefore she hasn't been challenged with interpreting abnormal LFTs.

- What could have been done differently for Jessica?

# Summary



- Learner handover can efficiently promote learner growth and track progression
- Customizing the learner handover is essential
- Include important key elements unique to your learning experience



# Questions?

Feel free to share any thoughts or comments.

## Test Question #1 - ANSWER



- Which of the following is NOT an important component of the rotation syllabus?
  - A. Preceptor contact information
  - B. Structure of typical rotation day
  - C. Evaluations from prior learners
  - D. Learner responsibilities

## Test Question #2 - ANSWER



- Which of the following is FALSE about setting learner expectations?
- A. Discussing expectations upfront increases the risk for misunderstanding later
  - B. Providing examples of a patient workup reduces the time spent editing the learner's presentation
  - C. Expectations should vary based on learner type and skill level
  - D. Differences in expectations is a common cause of conflict between learners and preceptors

## Test Question #3 - ANSWER



- What are advantages of a learner handover? (Select all that apply)
  - A. Improves efficiency for multiple preceptors on a rotation
  - B. Tracks learner progression
  - C. Allows confidential space to gossip about learners
  - D. Creates bias against a learner

## Test Question #4 - ANSWER



- Which of the following is a key element to include in a learner handover?
  - A. Names of patients
  - B. Perceived biases
  - C. Action list
  - D. Pharmacy school GPA

# References



- Humphrey-Murto S, Lingard L, Varpio L, et al. Learner Handover: Who Is It Really For? *Acad Med*. 2021;96:592-598.
- Kendrick J, Beauchesne A, Lee YV, Corrigan S, Carr R. Conflict between Pharmacy Preceptors and Pharmacy Learners in Experiential Education. *Can J Hosp Pharm*. 2021;74(1):36-42.
- Morgan HK, Mejicano GC, Skochelak S, et al. A Responsible Educational Handover: Improving Communication to Improve Learning. *Acad Med*. 2020;95:194-199.
- O'Brien B, Cooke M, Irby DM. Perceptions and Attributions of Third-Year Student Struggles in Clerkships: Do Students and Clerkship Directors Agree? *Academic Medicine*. 2007;82(10):970-978. doi:10.1097/ACM.0b013e31814a4fd5
- Scheaffer SL, DeRemer CE, Yam NT. Precepting Fundamentals. In: *Preceptor's Handbook for Pharmacists*. 3rd ed. ASHP; 2015:2-19.
- Tofade T, Khandoobhai A, Leadon K. Use of SMART Learning Objectives to Introduce Continuing Professional Development Into the Pharmacy Curriculum. *Am J Pharm Edu*. 2012;76(4):68.
- Warm EJ, Englander R, Pereira A, Barach P. Improving Learner Handovers in Medical Education. *Acad Med*. 2017;92:927-931.
- Young S, Vos SS, Cantrell M, Shaw R. Factors Associated With Students' Perception of Preceptor Excellence. *Am J Pharm Educ*. 2014;78(3):53. doi:[10.5688/ajpe78353](https://doi.org/10.5688/ajpe78353)