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Teaching Skills for Pharmacy Practice Educators

OEE Office of Experiential Education

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INTRODUCTION

As members of a profession, we are entrusted with a responsibility to continuously renew our ranks by educating the next generation of pharmacists. Despite many adverse circumstances, we have a professional duty to help students' transition to the work place, to develop their confidence and refine their skills.

If you are practicing pharmacists you may have the opportunity to accept a student pharmacist into your practice environment. (See Appendix 1: Preceptor Criteria and Appendix 2: Site Criteria).

Naturally, this raises a number of questions such as:

- » Why me?
- » What can I teach?
- » How do I teach it?
- » How can I learn to teach it?

Relax. You have not been asked to deliver lectures or grade exams. You have been asked to share what you do every day in your clinical practice with a learner – to serve as a preceptor or practice educator. A preceptor or practice educator is a role model who can supervise, guide and facilitate the learning of a student.

Whether you have been working as preceptor for many years, or just contemplating trying it out, you may have some questions about your role as a preceptor. It is our hope that this booklet addresses some of those questions.

The original material was developed by physicians, in the Office for Faculty Development and Educational Support, UBC Faculty of Medicine. We gratefully acknowledge the generous support of the UBC Faculty of Medicine in allowing us to adapt the materials to assist our pharmacy practice educators to teach effectively.

Please note that the terms preceptor, practice educator and clinical instructor will be used interchangeably throughout this booklet.

Good luck and enjoy!

Dr. Angela Kim-Sing, Lecturer & Director

QUICK TIP

This booklet will introduce you to key concepts in teaching and learning and help you prepare for your role as a clinical instructor. If you are pressed for time, try flipping through the Quick Tips that are highlighted throughout the booklet for a brief overview of important teaching points and practices.

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A. WHAT IS AN EFFECTIVE CLINICAL INSTRUCTOR?

Can you recall someone who had a significant impact on your clinical training? How would you describe that person and why do they stand out in your memory? Effective clinical instructors have well identified roles and characteristics.

Let's start by looking at the roles and the characteristics of excellent teachers.

1. PHARMACISTS

Great clinical teachers are role models as pharmacists. They are knowledgeable and competent in their fields, demonstrate strong interpersonal communication skills, work effectively in a team and serve as role models. Such a teacher demonstrates a positive attitude to patients and to their own career.

2. TEACHER

Excellent clinical teachers are those who are interested in teaching and learning. They spend time with learners, explain things and answer questions. They are well organized and prepared to have learners in their clinical setting. They facilitate the students' learning and focus on the students' clinical reasoning skills.

3. SUPERVISOR

As a supervisor, an excellent clinical teacher provides direction and feedback and he or she delegates responsibility and involves learners in management of patient care. The learner feels like they are part of a health care team.

4. PERSON

Finally, outstanding clinical teachers are accessible, enthusiastic, supportive and positive individuals. Learners look forward to working with these teachers because they value and respect learners as individuals and they create an enjoyable and positive work environment.

QUICK TIP

EFFECTIVE CLINICAL TEACHERS:

- Provide opportunities for learners to participate in patient care;
- Teach specific content and skills;
- Delegate specific tasks to the learner;
- Are available to answer questions;
- Observe the learner;
- Provide timely, constructive feedback;
- Provide a friendly supportive learning environment;
- Influence and inspire.

What makes these types of teachers effective is that they motivate learners to learn and to improve their clinical performance.

Effective teachers inspire rather than inform!

"Who" they are and "how" they teach is often more important than "what" they teach.

B. How do we learn?

Adapted from Teaching and Learning in Medical Practice. Peyton, J.W. 1998.

It may help to understand why "how" we teach is more important than "what" we teach if we explore a model on how adults learn in the clinical setting. In the same way that pharmacists apply knowledge to solve medication related issues, understanding the basic principles of adult learning may be helpful to preceptors.

1. The learning cycle

The following is a competency-based model of learning that has been applied to many learning situations. It helps to outline the different stages adults move through as they gain mastery in a subject or a skill.

Let's take an example to demonstrate how this can be used in clinical teaching – conducting a smoking cessation assessment.

1. A learner observes the pharmacists performing a procedure or process - in this case conducting a patient interview to determine pharmacotherapy for smoking cessation – and begins to feel confident about the process. At this point the learner is unconsciously incompetent.



2. Given the opportunity to try the process, the learner realizes it may not be as easy as initially seemed, to interview the patient and do an assessment. How do I introduce myself? What questions do I need to ask about tobacco use? How do I approach each question with the patient? The learner is now consciously incompetent and more motivated to learn so as to properly conduct the interview process.

3. With practice (repeated patient interviews), the learner refines their process until competent. At this state the learner is focused on the steps – first the introduction and then the sequence of questions when inquiring about tobacco use. Mentally rehearsing the interview before conducting it is helpful. The learner may engage in background reading, and review the literature on smoking cessation. The learner is now consciously competent. Observation of the learner by a teacher with timely and appropriate feedback will help the learner reach this state more easily than if the learner is left to learn on their own.

4. Finally, the learner stops thinking about every step and every question and performs the interview based primarily on their practical experience. The learner is now unconsciously competent and can conduct an interview for smoking cessation without thinking. All independent pharmacists should reach this stage!

Over time, pharmacists tend to forget the theoretical principles and steps behind each procedure or process – they just do it. At this point, they may find it difficult to explain the process to someone at the early stages of the learning cycle. Learners who are consciously competent are often very good

teachers because they are able to explain the steps involved to learners still struggling with the skill.

2. Using the Learning Cycle to your advantage

Learners need to do things!

Mistakes will and should occur. Learners must feel okay about acknowledging they lack knowledge or skill. A learner must feel comfortable discussing mistakes. If mistakes occur in a supportive learning environment, the learner will be able to acknowledge their limitations and be receptive to constructive feedback. In an unsupportive learning environment, the learner is likely to conceal mistakes. Unsupportive learning environments hinder further learning. Precepting takes time. Pharmacists need to observe learners and

QUICK TIP

ADULT LEARNING

- Active Adult learners need to be actively involved in their learning in order for them to develop their learning needs.
- In context Adults are motivated to obtain the necessary knowledge and skills to solve specific problems.
- Reflective Adults learn from prior experience and generalize these experiences to new situations.
- Practical Adults learn by doing.

provide constructive feedback so that the learner can continue to improve clinical performance.

C. PREPARING TO TEACH

1. PREPARE THE PHARMACY STAFF

Your colleagues and pharmacy staff will need to be aware that you will have a learner. Notify others well in advance and ask for their active participation in orienting and teaching the student. Explain why it is important for you to have a learner and ask for their support. The learner's first day at your practice site should not begin with surprise or confusion from the other pharmacy staff.

2. PREPARE YOUR PATIENTS

Notify your patients beforehand if possible that a learner will be training with you. Have a sign in the pharmacy announcing the presence of a learner. Below is an example of a plaque available from the

Office of Experiential Education. Ask patients for permission to involve a student in their care and thank patients at the end of their visit.

If a learner will be in your practice setting for several weeks, consider having the student prepare a brief letter of introduction for your patients. This letter can be handed to patients prior to their visit with the learner, or posted in the pharmacy.

Most patients are quite happy to be involved when students are present. Some patients



appreciate the extra attention or fresh approach to their concerns.

Patients need to be reassured that you are still in charge of their care, aware of their health concerns and available to them directly.

3. PREPARE YOURSELF

What is the reason you have been asked to have a learner in your clinical setting?

What specific knowledge and skills are they expected to obtain through working with you? The course objectives and materials for each clerkship can be found on the OEE website at http://cpd. pharmacy.ubc.ca/content/oee-precetors.

The course coordinators can assist you in preparing an educational plan.

4. PREPARE AN EDUCATIONAL PLAN

Take a few minutes to meet with the learner and together develop an educational plan. An educational plan will outline aims and expectations, identify learning opportunities and establish the basis for ongoing review.



Preparing a plan, either formally or informally, can be incorporated into the leaners' orientation to your practice. The pharmacy preceptor or designate should complete the 72-Hour Checklist (Appendix 3) with the learner within the first 72 hours of the start of the clerkship.

What are the expectations?

The first step is to clarify what the learner, the preceptor and the faculty expect from the clinical experience.

You will need to find out about the learner. The learner will come to you with a completed Learner Introduction form that outlines his/her background knowledge and clinical experience. Ask specifically about their clinical skills – what have they had the opportunity to do and how comfortable do they feel with their skill level. Review their Learning Contract and clarify their specific wants and needs in their upcoming experience with you. Learners should articulate specific learning goals that they would like to focus on, for example, renal pharmacotherapy and dosage adjustment of medications, or natural health products.

QUICK TIP

INVOLVE YOUR PATIENTS

- Don't surprise a patient with a learner.
- Introduce learners to your patients formally.
- Select patients that are appropriate and receptive to involving a learner. Appropriate patients for new learners are those with straightforward and/or common problems, and friendly patients who are good communicators.
- Involve the patient in teaching by encouraging the patient to provide feedback to the student on their knowledge and communication skills.
- Thank patients for involving learners in their care.

Then describe your practice environment and outline your professional expectations with regard to professionalism, time commitment and learner participation. Review the educational objectives provided by the course coordinator. The instructional objectives are described in terms of knowledge, skills and attitude. Both preceptor and learner can review the assessment criteria for these objectives, found on the Preceptor Evaluation of the Student form.

How will these expectations be met?

These learning objectives can be met through a number of formal and informal activities available to the learner. In the clinical environment many of these objectives will be met by the student participating in direct patient care activities. Other learning opportunities may include patient care rounds, directed reading, research, and participation in small group learning or seminars. Some preceptors have found it helpful to develop a list of potential learning experiences as a guide.

Based on your educational plan, you can outline whom the learners will see, what they will do, and what they should focus on with each patient encounter. Be specific, for example:

"Today we are seeing an elderly diabetes patient who is partially sighted. I would like you to learn how to interview an elderly patient and assess her medication needs, and learn how to assist the patient in identifying her medications."

QUICK TIP

GIVE THE LEARNER (& YOURSELF) A BREAK

- You do not need to be the only clinical teacher.
- A learner at different stages in her/his training can learn from other health care professionals.
- These activities can present general and specific learning opportunities.
- In the outpatient setting, learners can spend time with a public health nurse to gain general exposure in health promotion and disease prevention.
- In the inpatient setting, learners can spend time with a dietician to learn more about nutrition.

Advanced students may be more autonomous or self-directed than more junior students. However it is still important to observe and monitor the advanced student as well, especially in the early part of their rotation, and delegate an increasing level of responsibility when appropriate.

How will we know when these expectations are met?

The educational plan will evolve over time, as expectations are met and new goals established. See Part E – Observation, Feedback and Assessment, starting on page 25.

D. TEACHING WITH PATIENTS

As stated before, most of the learning activities will involve teaching with patients. What can you do to optimize these patient encounters?

1. PROVIDE A VARIETY OF ACTIVE LEARNING OPPORTUNITIES

Learners will want to see and interact with patients and feel like they are a legitimate part of the health care team. There are different ways to involve students and you should strive towards giving the student more responsibility as their experience increases. Try any of the following techniques:

Shadowing or Sitting-In

Limit the use of this as the learner progresses, unless there is something very specific you wish to demonstrate.

"This patient requires counseling on metformin. I would like you to see how I interact with her and incorporate instructions on how to use her glucometer at home to monitor blood glucose".

Joint consultation

"This patient has a complicated medical history and is on a lot of medications. Why don't we interview her together and review her drug related needs?"

Independent consultation with joint review

"This gentleman isn't sure of his allergy to penicillin as it occurred when he was a child. Take 5 to 10 minutes to complete his allergy assessment. I will review your findings and assessment with you, and then we can see the patient together."

Observed consultation - all or part

"Mr. Smith is here with chronic back pain. I would like to observe you interviewing the patient and conducting a pain assessment".

2. Focus on clinical reasoning

Medical knowledge and clinical reasoning are two interdependent essentials in the development of clinical judgment. Clinical preceptors have the unparalleled opportunity to guide students through the thinking process of decision-making. A framework for decision-making can be built around the basic steps involved in the clinical reasoning process.

First, the learner systematically gathers information, the clinical and medication history, patient's signs and symptoms, and then analyzes this information in a logical manner. The preceptor can use questions to guide the student through the pharmaceutical care thinking process.

For example, a patient inquires about an antihistamine for allergic rhinitis, the guiding questions may look like the following:

STEPS IN DIAGNOSTIC REASONING	GUIDING QUESTIONS
Is a drug <i>Necessary</i> ? The student attempts to define the natural history of the condition. What is likely to happen without treatment?	Is this acute or chronic? What are the patient symptoms? How long have they had the symptoms? What medications is the patient taking for the allergic rhinitis? Are they taking any other medications that may be causal or contributing to rhinitis? Do they have any drug/food allergies or intolerances? Any comorbid medical conditions?

The Rationale or therapeutic reasoning is also an important part of decision making. The steps involved are the same ones that we as pharmacists use in recommending drug therapy. When we ask a learner to recommend a course of drug management for a patient (Plan Care) they should be able to provide options for treatment, and weigh the risk/benefit for each treatment option best suited to the patient.

For the treatment option that the student recommends, they should be able to answer the following:

STEPS IN DIAGNOSTIC REASONING	GUIDING QUESTIONS
Is the drug <i>Effective?</i>	What dose for this patient? What dosing interval? How quickly will it take to relieve symptoms? How long can the patient keep taking the medication? Is there a maximum dose in a 24hr period? When should the patient be referred to a physician? What are the desired endpoints, target values and timeframe for medication efficacy?
Is the drug Safe?	Are there any drug interactions? What are the side effects of the medications? What are the monitoring parameters for potential adverse effects?
Is Adherence an Issue?	What is the cost of the medication? Can the patient afford it? Does the patient have a preference for oral or inhaler? Were allergen triggers and avoidance strategies discussed?

Clinical reasoning is the fundamental skill of clinical practice and clinical teaching.

3. Use a variety of teaching techniques

There are many different teaching techniques and styles. Effective teachers use techniques that engage the learner in the thinking and reasoning process. You may already do some of these unconsciously. By familiarizing yourself with several other techniques, you can apply the most appropriate method to the learning situation.

Ask questions

Effective use of questions is the requisite skill of teaching and provides many opportunities for learning. The structure (open vs. closed) and type of question used by the teacher can stimulate different levels of understanding by the student.

Types of questions

1. What does the learner know?

Knowledge-based questions determine the level of knowledge and stimulate recall and activation

QUICK TIP

ASKING QUESTIONS

- Ask the right type of questions for the learning objective – basic knowledge, application and/or clinical reasoning.
- Application and reasoning questions facilitate a deeper level of understanding in the learner.
- Take advantage of the clinical setting by encouraging use of knowledge rather than testing knowledge itself.

of previous information. They can usually be answered with a single word, a phrase or lists.

"What is allopurinol?"

"What is dimenhydrinate used for?"

2. How does the learner use their knowledge?

Application/integration questions stimulate application of knowledge.

" Describe how allopurinol works in gout?"

"Tell me what antinauseant would you recommend for a 70 y.o. female with chemotherapy induced nausea and vomiting?"

3. How does the learner solve a problem?

Reasoning/problem-solving questions stimulate thinking and reasoning. Questions are asked as a case scenario and are often introduced by the prefix "what if". The preceptor can use her/his experience to bring in practical issues.

"What if your patient with gout has renal insufficiency, would you still recommend the same dose of allopurinol?"

"What if the patient receiving chemotherapy had severe hepatic impairment, would that change the antinauseant you recommend?

Clinical teachers are the experts at integration and reasoning, so use these questions to your advantage. The clinical setting is the perfect environment to demonstrate how clinical knowledge is

used to solve clinical problems. It may not be the best place to teach clinical knowledge in itself.

4. Try the "One Minute Preceptor"

Adapted from Neher et al, A Five-Step "Microskills" Model of Clinical Teaching (J Am Board Fam Pract 1992; 5:419-24)

The One Minute Preceptor is a model for clinical teaching, which was developed by family practice preceptors. It is designed to promote clinical reasoning and decision making skills. It also reminds the teacher to teach around patients and provide feedback to learners.

Following the presentation of a patient's case by the learner, the preceptor guides the learner through these five steps:

1. Engage and get a commitment

Ask the learner to give his/her opinion of the case. This requires the preceptor to ensure a safe, trusting learning climate.

"What do you think is happening with the patient? What is the diagnosis?"

"What do you think about the recommended treatment?"

2. Probe for reasoning and supporting evidence

The learner should be able to give reasons for her/his opinion.

"What factors in the patient assessment led you to that opinion?"

"What do you expect the outcome of drug treatment to be?"

3. Teach general rules

Avoid lengthy discussions about atypical or individual cases. Try to pull out the key message from each case and avoid trying to teach an entire topic. For example, if you have just seen an elderly patient with osteoporosis you may choose to limit your discussion to medication-related falls. Teach around any knowledge gaps and allow the learner to extrapolate to other situations.

"In general, I find that several elevated BP levels are necessary for a diagnosis of hypertension."

"In general, we do drug levels on the third dose as it takes three half-lives to reach steady state."

4. Reinforce what was done right

Focus on specific skills or behaviour, not just general praise.

"Your presentation to the patient was well organized. You described both the expectations and risks of treatment."

"Your patient teaching went very well. You listened attentively, you didn't interrupt, you repeated the information to make sure she understood, and you addressed all of her questions."

5. Correct mistakes

Ask the learner to evaluate her/his performance and then provide specific, constructive feedback.

"I agree, you overwhelmed the patient by presenting too much information. Next time don't list off all the side effects, but consider the patient and the side effects that are most likely to occur and how to manage them."

5. TEACH PROCEDURAL SKILL

Teaching students procedural skills (e.g. injection administration) can be enjoyable. Teaching procedures requires some planning, even for straightforward tasks. All procedures are made up of a series of sequential steps that have a start and an end point. The instructor can identify these steps before starting to teach the procedure.

Effective teaching can follow three basic steps:

QUICK TIP

TEACHABLE MOMENT

Each patient's case discussion is a stepping stone for sharing practical tips and advice about medication management and patient outcomes.

1. Cognitive

- » EXPLAIN to the learner why and when (indication) the procedure is done
- » DEMONSTRATE with a step-by-step, talk-aloud description
- » Have the learner ARTICULATE a cognitive rehearsal of the steps of the procedure

2. Guided practice (supervision)

- » REVIEW the procedure beforehand
- » OBSERVE the procedure
- » Provide GUIDANCE and feedback
- » Allow the learner to PRACTICE the procedure

3. Independent practice

- » Provide opportunities for the learner to PRACTICE the procedure
- » ENCOURAGE self-assessment
- » Be available for SUPPORT

Educational circumstances and venues vary widely from a formal teaching environment to the opportunistic, patient-based one-time encounter. Wherever necessary, both learner and instructor can adapt these key principles to ensure that procedures are learned and practiced with efficiency and to ensure minimum risk to patients.

QUICK TIP

Supervise progress, but avoid taking over when the learner is still comfortable completing a task unless you feel patient safety is in jeopardy.

E. Observation, feedback and assessment

QUICK TIP

OBSERVATION

- Allow the learner to complete their task uninterrupted.
- Keep observations short and focused.
- Try and spread out your observations over different times and different patients.

Preceptors often report that they feel ill prepared and uncomfortable providing feedback and assessing learners. This is particularly so when a close working relationship has developed with the student, and/or when learning problems have arisen that need to be addressed.

Nevertheless, the assessment of learner performance as future pharmacists and potential colleagues is an important

professional responsibility. Identification of learners who require improvement in any aspect of their clinical performance often initiates a positive and constructive process of assistance and remediation.

1. Observation and providing effective feedback

One of the most important things you can do as an effective teacher is to observe your learner

QUICK TIP

AVOID COLLUSION

This is a special risk with advanced learners who share your practice for a longer period of time.

Honest and thoughtful evaluation of the learner will engender more respect than avoidance of difficult but necessary feedback. with your patients. Observing what the learner does right and wrong and providing immediate feedback will help the learner to increase her/his confidence and improve more quickly.

Natural opportunities to observe learners occur in both inpatient and outpatient settings, such as observing the learner interact with patients and other staff. Allot some time in the day to observe one learner

activity, for example, taking the medication history of the presenting complaint or counseling a patient. Explain to both the patient and learner that you are there to observe that specific activity.

Keep observations short. Observing different parts of the clinical encounter (introduction, patient interview, patient education) at different times and with different patients is more time-efficient and provides more focused feedback than observing a learner perform a complete interview and patient education on the same patient.

Skills such as allergy assessment, taking a medication history, asking about signs and symptoms, and patient teaching can all be observed.

Feedback and Assessment (Evaluation) are ways to convey your observation back to the learner.

	FEEDBACK	ASSESSMENT (EVALUATION)
Timing	Timely	Scheduled
Setting	Informal	Formal
Basis	Observation	Observation
Content	Objective	Objective
Scope	Specific behaviour	Overall performance
Purpose	Improvement	Certifying competence

The difference between feedback and assessment is outlined in the following table.

Adapted from: Mountain Area Health Evaluation Centre. Evaluation: Making it Work. http://www.mtn.ncahec.org/pdp/e-Learning_Tools.asp

We are always providing feedback to learners about their clinical performance. We can choose to verbalize this feedback in an effective manner or do nothing and let the learner assume unspoken feedback by observing our body language and tone of voice.

Verbal feedback is obviously more desired than silence! Verbal feedback is needed by ALL learners in order to reinforce or improve their clinical performance. Everyone, not only learners who are struggling, needs feedback.

Giving and receiving feedback is an expected role of preceptors. It is helpful to identify this role early on in the rotation, during the first 72 hours. An example of how to initiate the conversation:

> "My role as a preceptor is to provide you with feedback to help you grow as a health care professional. I will be giving you informal feedback every day and more formal written feedback every two weeks. In the same way that I give you feedback, I would like you to provide me with feedback on how the clerkship is going and how I am doing as a preceptor."

QUICK TIP

FEEDBACK TO THE LEARNER SHOULD BE:

- Timely ideally immediate;
- Constructive as part of a supportive learning environment where students are encouraged to learn from their mistakes;
- Objective and accurate;
- Specific and relevant to the task or situation. A useful way to provide feedback is to include:
 - What was done right
 - What needs improving
 - What to do next time.

It is important to make "giving feedback" a habit and balance the number of positive and constructive comments over time.

It is essential to schedule regular feedback or review sessions, avoiding the assumption that "all is well" until actually seeing evidence that the learner is doing well.

Effective feedback is timely, informal, based on observation, focused on a specific action and meant to improve performance. It is not a judgment statement. It is accepted by the learner if it is part of a supportive learning environment, from a credible source and felt to be valid. The purpose of feedback is to help learners to change their behaviors. Learners can be overwhelmed by a long list of things that need to be changed so try to prioritize and focus on only 2-3 key points at time. Providing helpful feedback can be broken down into three essential steps.

1. Listen to the learners' perspective

The learners start first in the feedback process. Learners need to be encouraged to reflect on what they did well, what needs improving and how they will make these improvements.

"Let's talk about that patient assessment and interview. What specific aspects of the interview went well? Were there other parts that need improving?"

"Let's talk about the patient care presentation. What worked well for you? Is there anything you missed or would do differently next time?

2. Share your perspective

Next share your perspective with the learners about what they did right and what needs improving. Most of the time the learners will have already identified many of the same strengths and weaknesses that you want to discuss. Provide specific, objective observations and focus on a limited number of key issues only.

First, validate what was done well:

"I agree with you; I thought you asked all the important questions to assess her pain before recommending an analgesic."

"The patient seemed at ease and comfortable with your injection technique"

Next, identify specific actions that could be improved:

"She was clearly irritated that you kept her waiting, an acknowledgement that you knew she was waiting and an apology, may have helped to diffuse the situation."

3. Always develop a plan for next time

Ask the learners to come up with strategies for improving their performance and provide guidance if they are unsure as to how to improve their performance.

"I know it's been a very busy day but you do need to manage your time and priorities. Try keeping a "to do" list so that you don't forget to follow up with the lab values".

"There are a lot of risk factors for heart disease. Review your notes and we can discuss them tomorrow"

2. Assessment (Evaluation)

At some point you may be asked by the course coordinator to reflect on your observation and feedback in order to make a judgment of the learner's clinical performance and competency.

- » Have the learners met your expectations?
- » Have the learners met the expectations for their clinical experience with you?

It is helpful to review the Preceptor Evaluation of the Student form with the learners at the start of the rotation so that you are both aware of the criteria being used to judge their performance. If you have been engaging in regular observation and feedback you should not have any problems completing the forms, and the information that you write down on the evaluation form will be no surprise to the learners.

Assessment of student performance by preceptors as future practicing pharmacists and potential colleagues is an important professional responsibility. A constructive process of assistance and remediation is available to students who require improvement in any aspect of their learning. At the UBC Faculty of Pharmaceutical Sciences, entry to practice students in need of assistance, are also referred to the faculty's Student Support Program.

F. What do you do with a learner with problems?

QUICK TIP

LEARNER WITH PROBLEMS

- Learning problems can arise secondarily to personal problems.
- If you think something is amiss, something probably is. Go with your gut and have a low threshold for contacting the course coordinator.
- When a learner is having difficulty, it is important that both the preceptor and student are supported. Involve OEE early in the rotation while there is still time for the student to improve.

Adapted from Handling Problems. PEP2 Workbook, Society of Teachers of Family Medicine 1999.

Learning problems exist whenever performance does not meet expectations. They can take a variety of forms and may be brought to your attention by a specific incident, a series of incidents or sometimes just a feeling that something isn't quite right.

A simple and practical approach to learning problems can help to diagnose their cause and suggest some possible solutions.

Even if you are only seeing the learner on a limited number of occasions, you may

still make important observations. Your observations could be part of a pattern of behavior. Even if you don't feel capable of dealing with the learning problem yourself, record your observations and bring them to the attention of the course coordinator. Learners who could benefit from additional assistance may fall between the cracks when supervised by a large number of sporadic preceptors.

Put the problem in context.

ls it real? ls it important?

Perhaps this was just a misunderstanding, a rumor or a bad day. Nevertheless, some behaviors are potentially serious; such as learners who assume too much responsibility or fail to recognize the limitations and boundaries of their knowledge, skills and abilities.

While you may wish to overlook smaller problems, remember that what you see could be part of pattern and could indicate a more serious problem.

If the problem is both real and important, then you need to pursue the issue further:

1. Is it a problem of knowledge or skill?

Learners may not have the requisite knowledge or skills for a particular situation. The situation may be new or the knowledge or skills may have been forgotten. These problems are the easiest to address – the answer is education – the student needs to read to activate their knowledge. Ultimately, the students are responsible for engaging in self-directed learning activities (textbook, primary literature) that will improve their knowledge base but you may be able to provide some

suggestions. In addition, you may need to adjust your expectations, for example by reigning in some of the responsibility the learners have been given until you are again comfortable with their knowledge and skills.

If a learner has the knowledge and skills to perform, but still fails to meet expectations, the preceptor should consider other reasons for the problems.

If the problem is both real and important, then you need to pursue the issue further:

2. Is there something that is influencing their behavior?

Learners can perform poorly due to illness, stress, or misunderstanding what was expected of them. Review your expectations with the learner and clarify any differences.

3. Finally, is the problem primarily one of attitude?

Does this learner exhibit behavior that is interfering with his or her education?

You may find it difficult to deal with problems of behavior or attitude, especially if you have developed a close relationship with the learner. If you are concerned about a student complete the Early Alert form (Appendix 4) and fax it to 604.822.3035 attention OEE or call the office at 604.822.8077 and request to speak with the course coordinator or director. The UBC Early Alert program assists us in providing more comprehensive support for students who are facing difficulties that put their academic success at risk. Do not wait to involve our office and get assistance from the course coordinator or director who know the students and have experience dealing with these situations.

G. PRACTICE EDUCATOR AWARD

A Pharmacy Practice Educator Award is presented annually to one Practice Educator in each of the four clerkship courses in pharmacy. The award recognizes outstanding and exemplary pharmacists who have distinguished themselves as educators in the entry to practice program. (Appendix 5)

H. For more information

There are many sources of additional information for preceptors interested in furthering their knowledge and skills in clinical teaching. Please go to our online preceptor resource at http://cpd.pharmacy.ubc.ca/content/oee-preceptors.

CLINICAL TEACHING SURVIVAL GUIDE

- Activate their knowledge before they get to you. Let them know what disease states are common to your practice so that they can do pre-readings. Learning should happen on DAY 1 of the rotation.
- » Involve them as active participants as much as possible.
- » Put them to work let them look up the answers to drug information questions you have.
- » Let them observe you initially with the first 2-3 patients to put them at ease, gain confidence and get a feel for your style.
- » The learner does not need to see every patient.
- » The learner does not need to do the assessment and counseling for each patient.
- » Involve them in the selection of patients they are to see.
- » Have the learner see one patient while you see another.
- » Teach with patients rather than in between patients.
- » Take time off from teaching! Allow the learner to participate in other learning opportunities at the site that are suitable for their level of training.
- » Try different teaching techniques such as the One Minute Preceptor.
- » Find time to observe them, even if it is for a three-minute window.
- » The preceptor does not need to be an expert in everything! One of the greatest processes you can role model as an instructor, is what you do when you are challenged with a problem and encounter new information.
- » Share your experiences and story with them.
- » Make them feel valued.

→ START HERE

COMPETENCY TEACHING CHECKLIST FOR PRACTICE EDUCATORS

└── →	END HERE
→	Follow up and Evaluate.
	Document well organized, clear, concise notes to support continuity of care.
	Plan Care - Generate and prioritize a list of drug therapy problems. Make recommendations to resolve drug therapy problems with sound therapeutic reasoning/rationale.
	Interpret data (laboratory tests/signs and symptoms/diagnostic assessments) to determine appropriate medication therapy.
	Interview the patient to determine the patient's medication-related and other relevant health needs.

to

Appendix 1: Preceptor Criteria

The FoPS UBC will strive to identify preceptors who will be positive role models for students and who, in general, demonstrate the following behaviour, qualities, and values (as applicable to their area of practice):

- » Practice ethically and with compassion for patients
- » Accept personal responsibility for patient outcomes
- » Have professional training, experience, and competence commensurate with their position
- » Utilize clinical and scientific publications in clinical care decision making and evidencebased practice
- » Have a desire to educate others (patients, care givers, other health care professionals, students, pharmacy residents)
- » Have an aptitude to facilitate learning
- » Be able to document and assess student performance
- » Have a systematic, self-directed approach to their own continuing professional development
- » Collaborate with other health care professionals as a member of a team
- » Be committed to their organization, professional societies, and the community

In selecting and assigning preceptors the Office of Experiential Education will preferentially assign students to pharmacists who:

- » Are in good standing with the CPBC
- » Demonstrate mentorship, professionalism, empathy and caring for patients
- » Ensure adequate individualized instruction, guidance, supervision and assessment of student at each site
- » Have exceptional teaching skills
- » Have exceptional clinical skills
- » Have a minimum of six months experience in direct patient care activities
- » Provide students with opportunities to provide comprehensive patient care
- » Spend at least 30% of their time in direct patient care activities
- » Primary preceptor must spend at least 50% of their time with the student
- Provide formative and summative feedback on student performance using the Preceptor
 Evaluation of the Student form
- » Be committed to their organization, professional societies, and the community

Appendix 2: Site Criteria

The FoPS UBC will strive for all sites to have the potential for excellence. Students will be placed preferentially at sites that demonstrate excellence and advance the profession.

- » The site should maintain adequate staffing to allow the student a meaningful educational experience.
- » The site should meet all standards set by accrediting bodies.
- » The site and its staff should be free of any violations of provincial and/or federal laws.
- » The site should be clean and reflect a professional image.
- » All preceptors at the site must maintain an outstanding ethical and legal compliance record.
- » One primary preceptor for each rotation should supervise student learning at the site. All pharmacists at a site willing to precept students may become co-preceptors if they meet the minimal requirements.
- » For experiences where it applies, the scope of pharmaceutical services provided and the volume and variety of activities should be suitable to provide a rich learning environment.
- » Sufficient reference materials and Internet access should be available for the provision of information to patients, pharmacists, and other health professionals.

Appendix 3: 72-Hour Checklist

(Adapted with Permission, College of Pharmacy, Dalhousie University 2012)

STUDENT INTRODUCTION

- Learner Introduction Form
- Learning Contract
- College of Pharmacists of BC Confidentiality Agreement (must be kept on site for CPBC inspection)

SITE INTRODUCTION & CONTACT INFORMATION

- A warm welcome
- □ Introduction to pharmacy staff/ front store/ other health care providers
- Introduction to patients
- Pharmacy phone number:
- Pharmacy fax number:
- Preceptor's email:
- Other important numbers student should know:

TOUR OF PRACTICE SITE

- Fridge for food
- □ Coat and shoe storage/ Locker (if available)
- Personal area to work, store books and other materials
- □ Lunch/Staff Room/Microwave for food
- Cafeteria
- Washrooms
- Pharmacy department layout/ Pharmacy workflow
- Academic resources and references

ROTATION SCHEDULING AND PLANNING

- Pharmacy operation hours
- **D** Student permitted access beyond shift hours
- Daily schedule reviewed (i.e. student schedule including lunch break, preceptor shift)
- Tentative 4-week or 8-week plan for the rotation
- Time management strategies and assignment deadlines
- Tentative date for mid-point evaluation: ______
- Tentative date for final evaluation: _____
- Expectations for meeting deadlines and preparedness for patient activities (i.e. for patient interviews, organizing a clinic, assignments and projects etc.)
- **U** Upcoming CE events or other education related events (if applicable)

TECH	INOLOGY
	Software used for patient management, prescription processing etc. PharmaNet Access Computer student can use for word processing, online searching etc. Student Password access and login Automated prescription filling equipment (if applicable)
SITE	POLICIES AND PROCEDURES
	Patient ConfidentialitySite policy on hand-washingAppropriate phone/fax/photocopier useAppropriate use of hand held electronic devices e.g. cell phones, i-pad, smartphonesProcedure to follow for sharps injury (contact OEE - UBC incident form to be completed)Procedure to follow if sick or student has a personal emergencyProcedure to follow if the student will be late arriving to the siteProcedure to follow in the event of a pharmacy robberyEmergency evacuation plan/ designated safe area to meetDress code (including footwear)Lab Coat requirementFragrance policy (i.e. perfume and cologne)"UBC Student Pharmacist" nametag to be worn at all times (CPBC Bylaw)Site ID badge (if applicable)Other
PATI	ENT SAFETY
	Describe medication error prevention strategies Describe pharmacy department's medication incident documentation procedures and reporting system Review preceptor expectations and level of preceptor supervision required for patient care activities Review process for student to follow if the student is asked a question and is unsure of the advice to provide to the patient or other health care provider Other
STUE	DENT SAFETY
	Parking Public transit locations Neighborhood safety e.g. walking in pairs if late shift

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COMMUNITY PRACTICE SPECIFICS

- Patient care services (i.e. methadone dispensing, delivery services, blister-packing, LTC, specialty compounding etc.)
- Patient products (i.e. ostomy supplies, wound care, assistive devices, home and healthcare products etc.)
- Certified personnel on-site (i.e. Certified Diabetes Educator, Injection)
- □ Inter-professional collaboration
- **D** Specific physician approved protocols (i.e. warfarin dosing, pain management etc.)
- Other

INSTITUTIONAL PRACTICE SPECIFICS

- Patient care services
- Patient products
- Inter-professional collaboration
- Hospital overhead paging codes (i.e. code blue, code yellow etc.)
- Other

Appendix 4: UBC Early Alert Form

UBC Early Alert Process

(http://facultystaff.students.ubc.ca/early-alert)

Supporting student learning and success is a priority for UBC. Early Alert helps achieve this goal by helping faculty and staff provide more comprehensive support for students who are facing difficulties that put their academic success at risk.

What should the preceptor do if they are concerned about a student?

• Complete this form and speak with the Course Coordinator. Do not wait to involve OEE.

Student Name:	Student No:	
Date	Preceptor:	

- Missed Attendance or tardiness
- D Missed deadlines (e.g. late patient care assignments, late Preceptor Approval Forms, not entering preferences to E*Value)
- □ Academic concern knowledge base below expected standard, Not prepared for Preceptor discussions
- Conduct / Behavioural Concern disrupting the learning environment, suspected academic misconduct" etc.
- Any other behaviour that indicates the student might be facing difficulties
- D Mental Health / Emotional Wellbeing Concern marked change in mood or behavior, learner appears unusually withdrawn or distracte
- Physical Health Concern
- □ Safety Concern: Self-harm contact OEE at 604-822-8077 immediately and ask to speak to the Coordinator
- □ Safety Concern: Harm to or from others contact OEE at 604-822-8077 immediately and ask to speak to the Coordinator
- **D** Financial Concern: Student reported or observed to be struggling with finances
- □ Other

Provide details about the concern(s) / situation (include dates, location, context about the concern, and impact on others)

Estimate of your overall Concern Level for the student (please select one)

- Low Level of Concern
- □ Medium Level of Concern
- High Level of Concern

OEE Administration Use only:

Met with the student or have scheduled a mee	eting
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- Provided referral (formal or informal) to resources and / or services, specify:
- Referral to Misconduct process: Non-Academic or Academic
- File note in E*Value
- Letter of Expectation sent to Learner and Preceptor.
- Associate Dean, Academic notified

Other: specify

Outcome (select one):

Green light - one time issue, resolved

] Yellow - ongoing, active intervention or monitoring

Red- high risk for failing, needs very active monitoring and must improve and sustain improved performance.

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Appendix 5: FOPS Pharmacy Practice Educator Award

The Pharmacy Practice Educator Award is presented annually to one Practice Educator in each of the four clerkship courses in pharmacy. The award recognizes outstanding and exemplary pharmacists who have distinguished themselves as educators in the entry to practice program.

The Criteria for the award include:

- » Outstanding dedication to UBC FOPS entry to practice program by regular and ongoing willingness to precept learners throughout the year
- » The individual demonstrates expertise as a Practice Educator:
- » Works with learners to set realistic goals
- » Monitors progress and provides ongoing constructive feedback
- » Understands how to resolve conflicts with learners
- » Stimulates active independent and guided learning with constructive feedback
- » Demonstrates interest in, and enthusiasm for teaching
- » Is accessible to learners and is organized
- » The individual is inspiring and passionate about the profession; demonstrates professionalism, leadership, and management skills; is active in the profession and in professional organizations; and is an excellent communicator and positive role model with well-developed interpersonal skills.
- » The learners nominate pharmacists for the Practice Educator of the Year Award by submitting a written essay of their Practice Educator experience, which includes specific examples of teaching excellence.
- » The recipient is selected by the OEE faculty and receives an Award Plaque in recognition of their practice excellence.

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