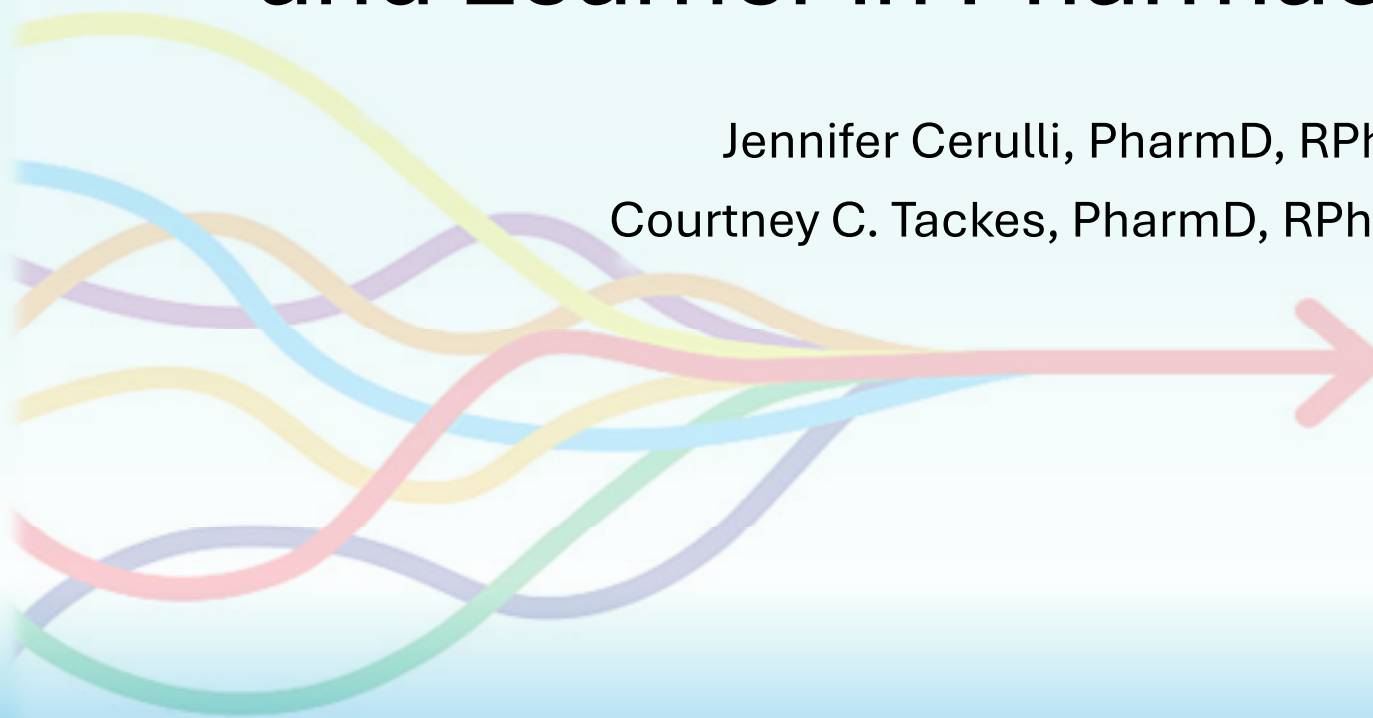


From Oath to Action: Converging the Paths of Preceptor and Learner in Pharmacy Practice

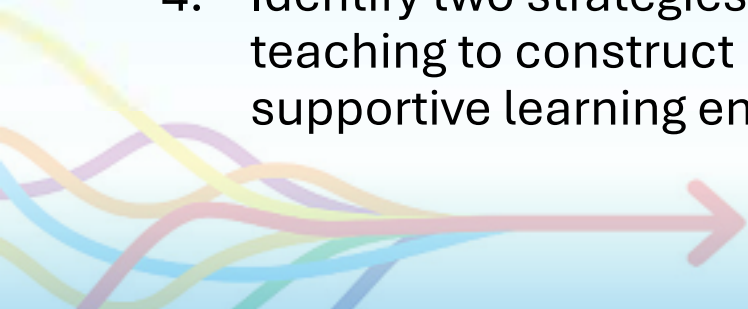
Jennifer Cerulli, PharmD, RPh

Courtney C. Tackes, PharmD, RPh, MBA



Objectives

1. Identify how the Oath of a Pharmacist can serve as a guiding compass for internal motivation as you engage with the next generation of pharmacists.
2. Outline the teaching-learning continuum for both preceptor and learner experiences, including factors that contribute to engagement, imbalance, and burnout.
3. Describe evidence-informed strategies that apply principles of autonomy-supportive learning to promote balance and resilience within the teaching-learning continuum.
4. Identify two strategies that can be implemented into your experiential teaching to construct a more fulfilling, sustainable, and autonomy-supportive learning environment.



Disclosure

- No conflicts of interest to disclose.





Personal Life

Engagement

Workload

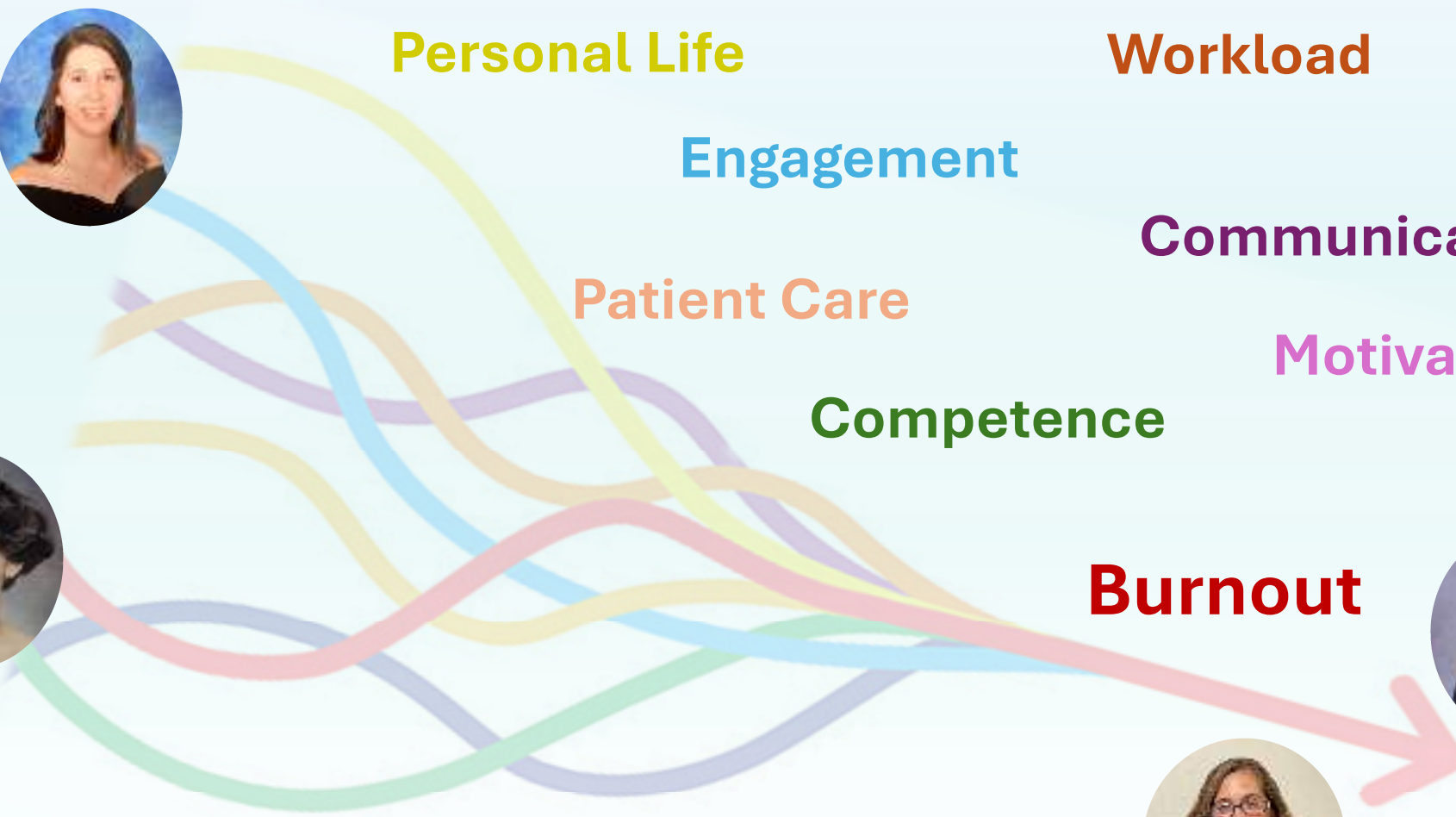
Communication

Patient Care

Motivation

Competence

Burnout



Oath of the Pharmacist

Our professional responsibility



Oath of a Pharmacist

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

- I will consider the welfare of humanity and relief of suffering my primary concerns.
- I will promote inclusion and belonging, respect differences in all individuals, and address health disparities to advance health equity for all people.
- I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for all patients.
- I will respect and protect all personal and health information entrusted to me.
- I will accept the responsibility to improve my professional knowledge, expertise, and self-awareness.
- I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.
- I will embrace and advocate changes that improve patient care.
- I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

Oath of a Pharmacist

- Pharmacists pledge to use their knowledge, skills, experiences and values to train the next generation of pharmacists.
- “see one, do one, teach one” is foundation of centuries old tradition of apprenticeship.
- Preceptors serve the vital roles providing instruction, mentorship, coaching, facilitation, assessment and feedback to learners.
- This facilitates students’ knowledge/skill development, professional identity formation, and influence students career trajectories (our own data shows this for career plans).
- What is that impact of precepting on patients?

Reflection

Reflect on your professional goals, passions, and values.

- How does the Oath of a Pharmacist align with these?
- How can you share these with learners to inspire them and connect with their learning?



Exploring the Experiential Teaching Learning Continuum

Factors that contribute to engagement, imbalance,
and burnout



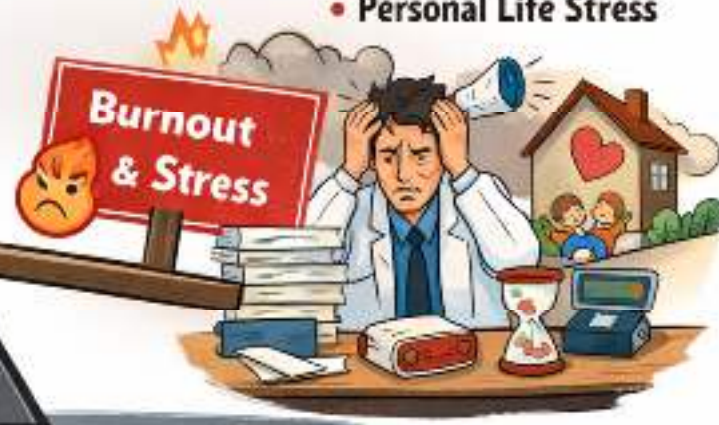
BALANCE

- Engaged Preceptor
- Good Patient Care
- Strong Student Performance



IMBALANCE

- Work Conflicts
- Decreased Motivation
- Poor Communication
- Personal Life Stress



Audience Participation: Tapping into your Motivation to Precept

- Share your rewards of serving as a “preceptor” to learners
- Identify intrinsic vs extrinsic rewards of precepting
- Reflect on a learning situation you were in as the “learner” – what preceptor factors made that rewarding (or challenging)



Factors Impacting Preceptor Experiences

Survey of 429 preceptors from 4 schools/colleges of pharmacy (SOP/COP) examining motivation to precept, understanding of precepting role and support for precepting.

○ Engagement:

- High intrinsic benefits scores indicating preceptors are motivated to assist students and contribute to the profession.
- Less motivated by extrinsic benefits (ability to screen potential employees, improve own advancement)
- Most had autonomy in decision to precept (number, type, frequency of students) with support from immediate supervisors.

○ Imbalance/Burnout:

- Precepting stressful, draining, can increase workload
- Scores lower for hospital vs community or ambulatory care preceptors

“... Dichotomy of strong commitment to precepting balanced with a cautious reality of the demands of precepting.”

Factors Impacting Preceptor Experiences

Survey of 113 preceptors in Northern California

○ **Engagement:**

- Higher % difficult or unmotivated students requiring additional coaching and lower institutional incentives and appreciation for precepting by institution, were independent predictors of burnout.

○ **Imbalance/Burnout:**

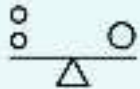
- Burnout = high emotional exhaustion score plus either a high depersonalization or a low personal accomplishment score
- Imbalance: higher hours worked per week, higher weekend work associated with higher burnout

Factors Impacting Preceptor Experiences



Engagement

- Learner motivation



Balance

- Workload of precepting vs workload contribution of learners



Burnout

- Students requiring extra coaching
- Support/appreciation from students, immediate supervisors, administration, SOP/COP

Note practice site: Community/Amb Care > Institutional

Factors Impacting Teaching and Learning Experiences

Three schools of pharmacy, 740 APPE rotations

Reported by **Preceptors** (n=156):

- Professionalism:
 - Communication
 - Student reliability/responsibility
 - relationships/respect
- Academic Performance:
 - Knowledge deficits

Reported by **Students** (n=65):

- Professionalism:
 - Communication
 - Relationships/respect
- Learning environment:
 - Site learning opportunities
 - Preceptor accessibility/time
 - Feedback

Factors Impacting Teaching and Learning Experiences

Survey of preceptors and residents reporting types of conflicts from perspective of preceptor (49), learner (12) or both (4).

20% experienced conflict

Preceptor Cited:

- Learner's professionalism (74%)
- Knowledge/skills (59%)
- Communication issues (59%)
- Personal issues (56%)
- Punctuality/attendance (52%)

Learner cited:

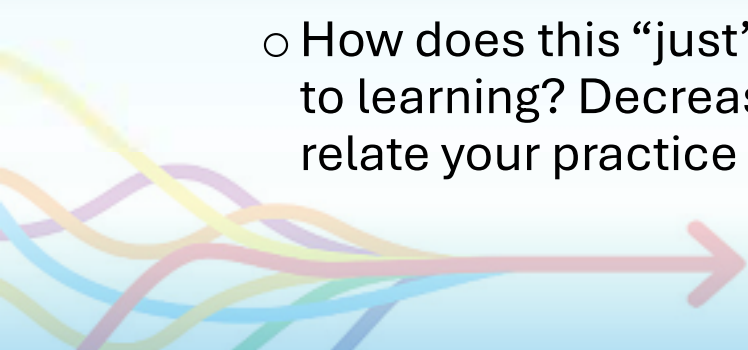
- Differing expectations (67%)
- Teaching versus learning style preferences (50%)
- Communication issues (67%)

Factors Impacting Teaching and Learning Experiences

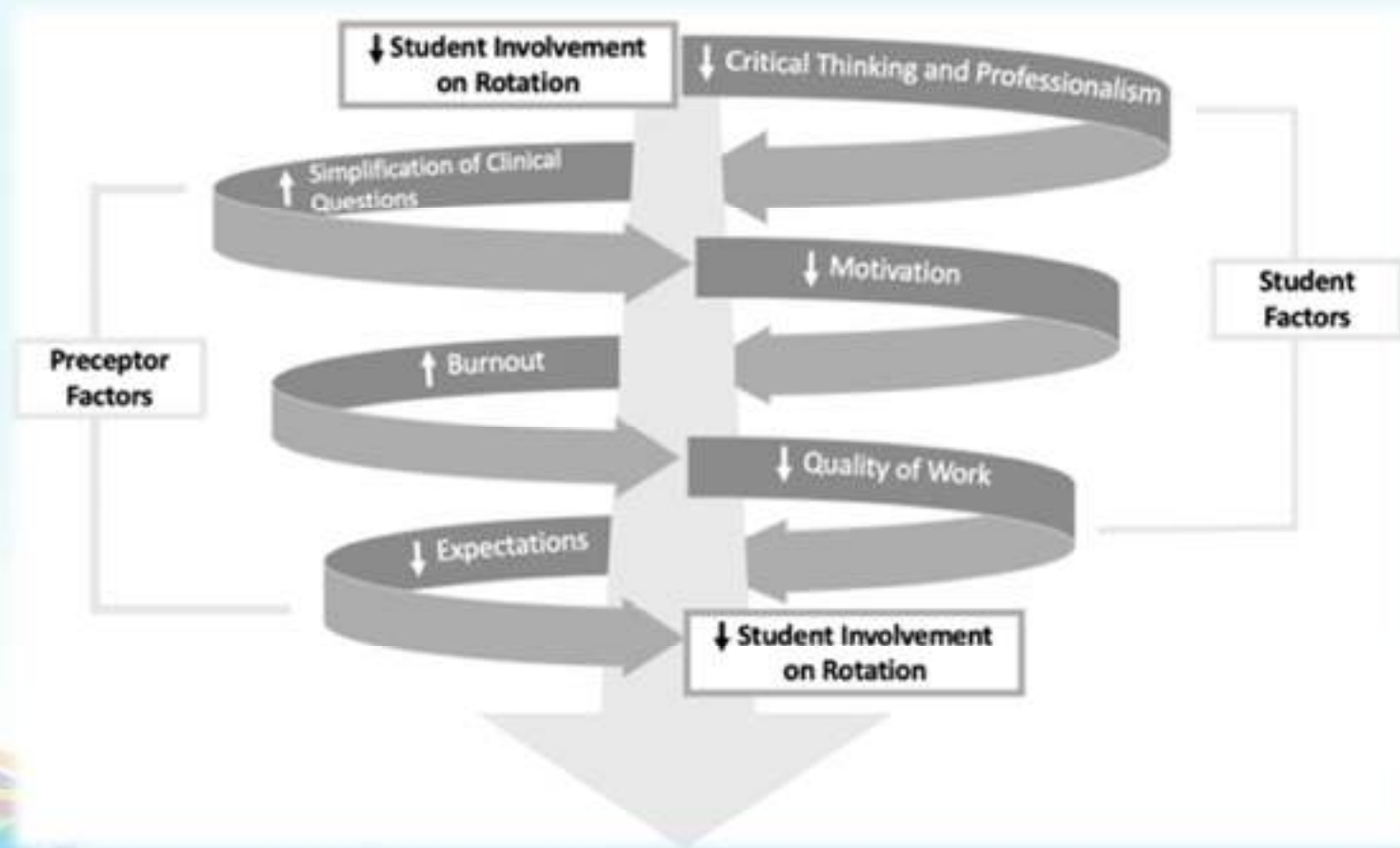
- Implicit Bias
- Imposter Syndrome
- Competence concerns

“I'm just going to practice in . . .”

- How does this “just” feeling in one of your students impact their approach to learning? Decrease motivation? Decrease engagement? Inability to relate your practice to their future practice?



Cycle of Precepting Challenges



What Are Common Factors Impacting Experiential Learning?

- From our experiences . . .
- From the preceptor factors in the literature . . .
- From students and preceptors learning experiences . . .



Personal Life

Motivation

Balance

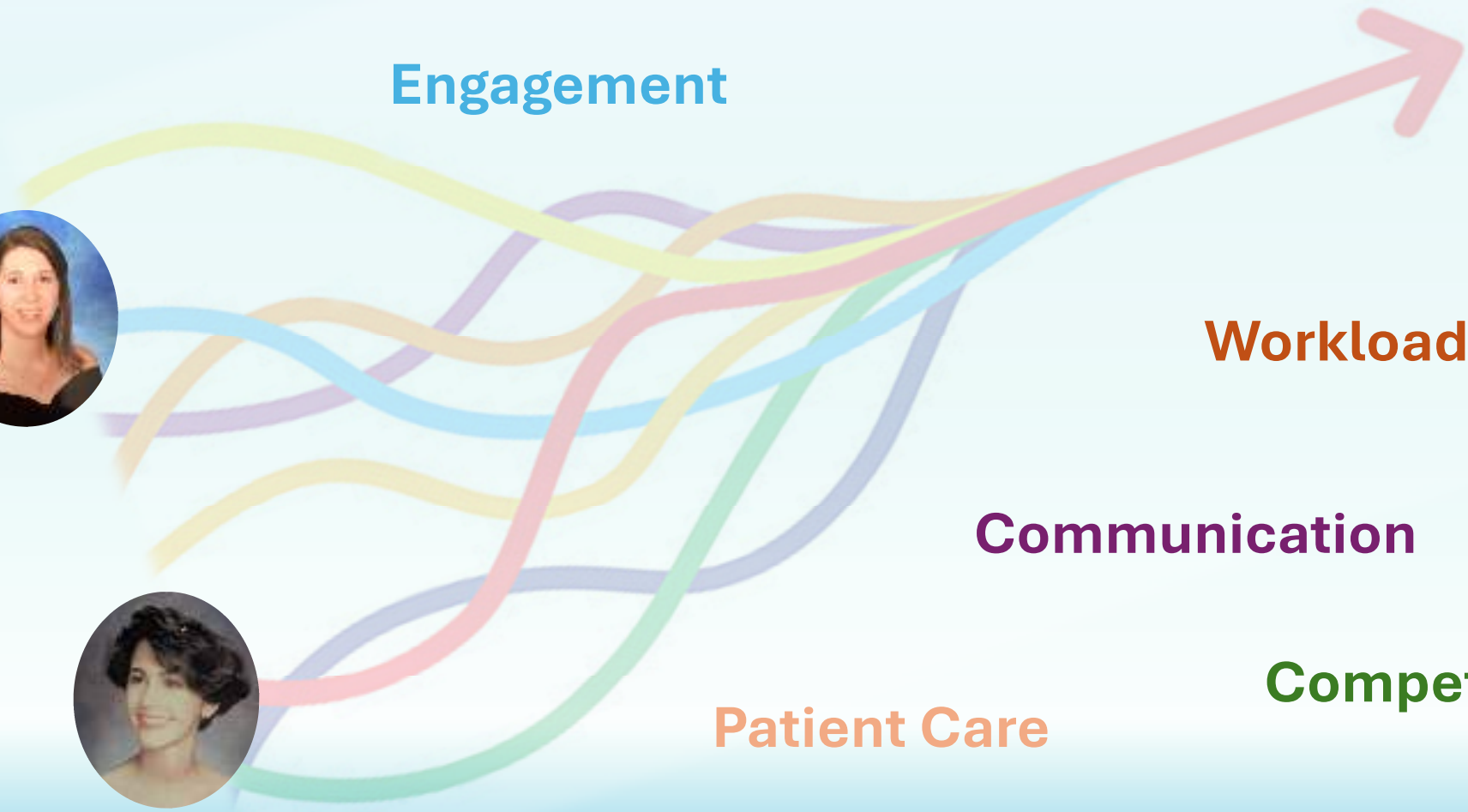
Engagement

Workload

Communication

Competence

Patient Care



Autonomy Supportive Learning Environments



Self Determination Theory (SDT) of Motivation

Humans have natural tendency for autonomous self-regulation and are intrinsically motivated (IM) to learn, integrate into social structures and take on challenges if 3 basic psychological needs are satisfied.

1. **Autonomy** – choice based on needs and values
2. **Competence** – desire to feel effective/capable, make an impact in the clinical environment
3. **Relatedness** – care for other/by others, connection and belonging to a significant community, feeling valued

Autonomy supportive clinical training helps learner achieve

intrinsic motivation and self-regulation,

which are associated with academic performance and well-being.

Ryan & Deci 2000, Ten Cate 2011, Orsini 2015, Mylrea 2019

SDT Motivation

- Amotivation – lack of motivation.
- Extrinsic – driven by external control, demands, rewards, punishments.
- Intrinsic – free engagement out of interest or inherent satisfaction following fulfillment of the three basic needs.



SDT: Application to Experiential Learning

Autonomy supportive learning environment



Learner self-regulation, competence, interest, well being



Autonomy supportive health care providers



Better patient outcomes!



SDT: Application to Experiential Learning

- **Autonomy:** Acknowledge student interests, enable learner-driven goal setting, choice, give relevance to “uninteresting”, but necessary, activities, use varied approaches, promote active participation, learning responsibility.
- **Competence:** Provide optimal challenges, structured guidance, constructive timely feedback on the task (not the person), value student work.
- **Relatedness:** Create welcoming environment, trusting professional relationship, approachability, promote discussion, open to bi-directional feedback, identify students’ intrinsic motivations, share your professional motivations.

The mortar $\frac{1}{4}$ full
of challenges
(or $\frac{3}{4}$ empty?)



Why Mortar is ¼ full . . .

- **Only 20- 25% students/preceptors experienced challenges**
 - Unclear if autonomy supportive learning environments were present in the challenges
 - Literature supports autonomy supportive learning environments can improve teaching /learning
- Hospital practice is challenging to balance workload/burnout with precepting, however,
 - Teams and immediate supervisors provide support
 - Preceptors are intrinsically motivated
- Preceptor- Learner:
 - Engagement/motivation can be cultivated
 - Communications/expectations can be clarified
 - Knowledge and skills can be developed.
 - Relatedness can be enhanced

Strategies to Align the Teacher and Learner

Primary Prevention

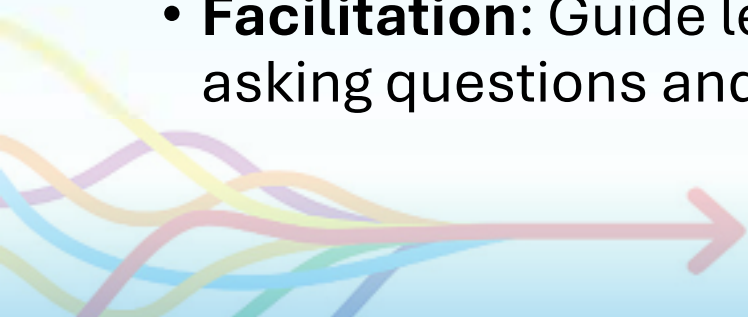


Award-Winning Preceptors

- **Role modeling behavior:** positive interpersonal and team interaction, practice expertise, compassionate patient care, professional enthusiasm.
- **Teaching/Coaching:** interest in student learning, available for questions/guidance, dialogue encourages thinking/problem solving, dedicates teaching time/energy, useful feedback and clear expectations, seeks student input/feedback.
- **Facilitating behaviors:** organize learning activities (flexible), tailor learning to students, create welcoming environment, encourage/build students independence.

4 Precepting Roles

- **Direct Instruction:** Teach concepts or skills, provide clear explanations, guidance, and expectations.
- **Modeling:** Demonstrate professional activity for learner to observe, discuss thought process/clinical reasoning.
- **Coaching:** Observe the learner in professional activity, provide feedback and encouragement to improve performance. Ask open ended questions.
- **Facilitation:** Guide learners to think and act independently by asking questions and being accessible prn.

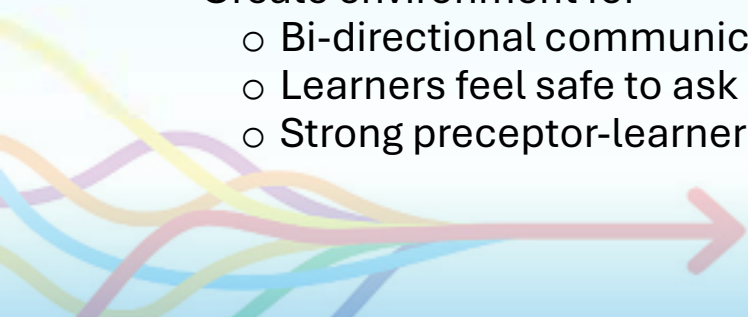


G.R.A.D.E. Strategy for Primary Prevention

- **Get Ready** – prepare yourself and student
 - Orientation (ex ACPHS checklist) to environment, community, tasks
 - Discuss preceptor career path, student career and rotation learning goals
 - Precepting role: direct instruction
- **Review Expectations**
 - Discuss expectations for both preceptor and learner
 - Precepting Role: Model expectations/professional activities
- **Assessments**
 - Precepting Roles: Coaching/facilitation
 - Provide frequent constructive and affirming feedback (Feedback Friday)
 - Midpoint assessment
- **Discussions** – keep “lines of communication open”, bi-directional
- **End with assessment**

Assessment Example: Feedback Friday

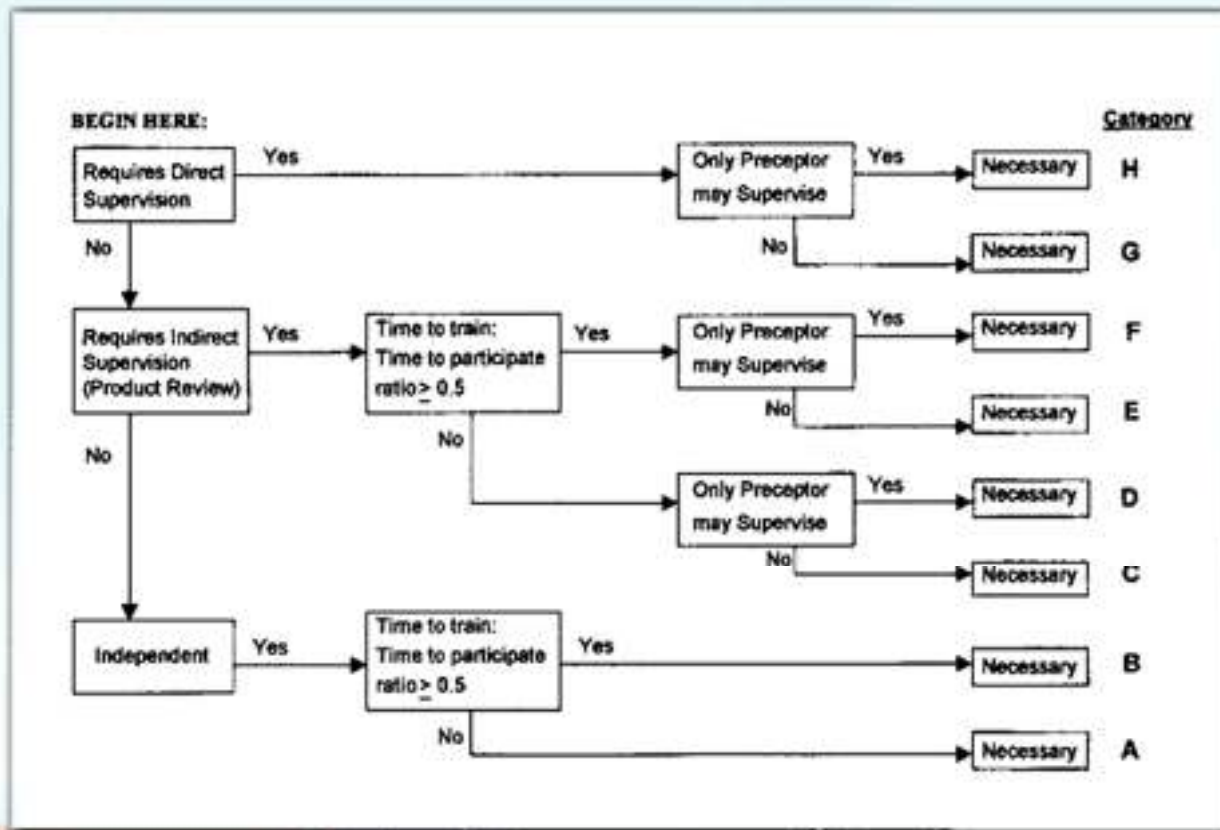
- Learners present accomplishments and wins
- Use logs/reflections to show tangible progress
- Update goals/plans for preceptor and learner
- Open ended prompts
 - Clinical Knowledge: Reflect on an area your knowledge grew this week, what resources helped the growth. What areas would you like to improve upon next week and how will you do this?
 - Communication: Describe an interaction you had with team this week, what went well, what would approach differently.
- Create environment for
 - Bi-directional communication.
 - Learners feel safe to ask questions, admit gaps, and take risks.
 - Strong preceptor-learner relationship increases intrinsic motivation.



Value/Cost of Student Pharmacist to Experiential Practice Site

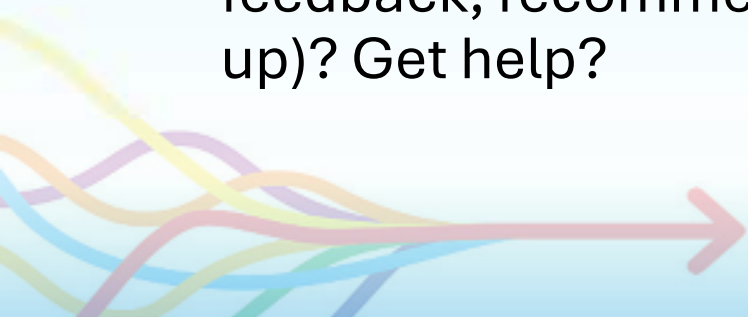
- Activities in literature with value:
 - IV/PO, INR, Cost savings, Med Rec
- Increased # of recommendations per week over the rotation weeks
- Economic impact varied widely with students saving \$500 -\$6000
- What's the “cost” of preceptor time?
 - Most time = orientation to facility, policies, processes
 - Varied estimated 5 – 15 hours per week

Value/Cost Considerations for Student Pharmacist Activities



If Primary Prevention fails, use SOAP

- **Subjective** – What do you/others think?
- **Objective** – What are specific behaviors that are observed?
- **Assessment** – Your differential diagnosis of the problem
- **Plan** – Gather more data (on own, from learner, from school)? Intervene (give feedback, recommend changes, follow-up)? Get help?



Remember When Challenges Arise

- Preceptors viewed the conflict with more positive outlook than the student
- Learners view it as detrimental to their learning and self-esteem with fewer reporting trying to resolve the conflict and “grin and bare it”
- Emotionally intelligent behaviors, such as reflection, reframing, controlling discomfort, and expressing emotions appropriately, have been described by pharmacy and nursing students as helpful in managing conflict during clinical placements.

Crucial Conversations

Retrace

Restore

Reframe

Recommit



Reflection

- Reflect on your own precepting challenges
- Identify two primary prevention strategies you can implement on your learning experience to start a positive rotation trajectory
- Describe how each enhance an autonomy supportive learning environment (autonomy, competence, relatedness)
- What barriers do you anticipate to implementing the strategy?

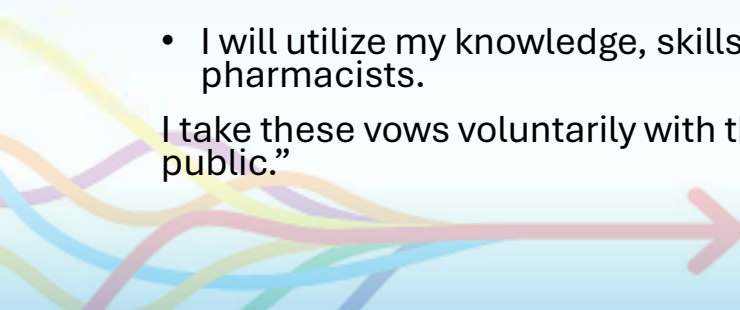


Revisit your Oath of the Pharmacist

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

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