Precepting skills for precepting challenges

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Abstract

Objectives: To guide pharmacy preceptors in developing a systematic approach to students who have performance or behavioral issues and to provide advice on how to proceed if a failing grade or student dismissal is being considered.

Data sources: Relevant medical and pharmacy education literature as selected by the authors.

Summary: When a student performs poorly on a rotation, a preceptor must reflect upon the circumstances surrounding the situation. Examining the approach to precepting is key in identifying and preventing performance issues. Many problems can be easily addressed by delineating rotation expectations, refining feedback delivery methods, capturing proper documentation, and seeking additional assistance as needed. A successful rotation can be assured if both the student and preceptor are adequately prepared for the experience.

Conclusion: Developing a consistent and systematic approach to precepting challenges can minimize the potential for a negative experience for both the preceptor and student.

Keywords: Experiential education, advanced pharmacy practice experiences, introductory pharmacy practice experiences, pharmacy education, precepting.


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Watching a student succeed under your professional guidance as a preceptor can be a highly rewarding experience. A preceptor's approach to an individual learning experience can set the student up for such success. A full review of how to approach a rotation is beyond the scope of this commentary but is discussed in Preceptor's Handbook for Pharmacists from the American Society of Health-System Pharmacists. Regardless of the overall approach, unexpected challenges occasionally arise and must be overcome to succeed in improving practice skills and abilities. Examples of such challenges include tardiness, inappropriate dress, plagiarism, poor performance, and much more. Addressing these situations can become time intensive and invoke a strong sense of discomfort, particularly for those with limited experience in this role. The purpose of this article is to share advice and strategies to help preceptors effectively prevent and manage these challenges.

Setting expectations

A learning experience that does not go as planned certainly has the potential to cause frustration, disappointment, anger, tears, and more for both student and preceptor. Before drawing any conclusions about perceived negative performance during an experience, one should examine their approach as a preceptor. An important initial step in this is to assess each party's expectations.

One cannot assume that students will inherently know what is expected of them on a given experience. Expectations for students often change with each new situation. Despite an individual school's experiential guidance, the uniqueness of each practice site and preceptor can lead to misunderstanding expectations. In addition, misinterpretation or miscommunication about expectations can cause confusion between student and preceptor. Providing a written set of expectations to review with students on the first day of a rotation will set the tone for performance on the rotation. Such a list can include objectives, student responsibilities, evaluation methods, and even the preceptor's responsibilities. In addition, preceptors should ask students about their individual expectations and goals for the rotation to ensure that a mutual understanding is established. Identifying what constitutes performing at a grade level of A, B, C, etc., during the initial discussion is also prudent. Reestablishing rotation expectations may be needed if their importance was not emphasized at the outset or if the student does not appear to be working towards them. Setting clearly established written expectations is an imperative first step in preventing negative performance outcomes.

Feedback

If concerns over performance evolve despite mutual understanding of expectations, next examine the approach taken to providing feedback. While the entire spectrum of problems with feedback is beyond the scope of this article, data from one study suggest that student expectations of feedback were not met by preceptors. In addition, "high-quality" feedback is a key factor in a student's perception of "high-quality" teaching. The One-Minute Preceptor method details five skills that collectively improve a preceptor's ability to provide effective and efficient feedback. These steps include (1) having the student commit to an assessment or plan, (2) requiring the student to provide support or evidence for that decision, (3) teaching general rules that can be applied in this and other situations, (4) reinforcing what the student has done well, and (5) providing constructive feedback on any errors or areas for improvement.

Preceptors should avoid the urge and tendency to "sugar coat" feedback. This practice often leaves the student confused or believing that they are performing well, contradictory to actual assessment of their performance. Rather, focus on giving straightforward feedback that is specific to a task, assignment, or directly observed performance. This approach parallels the One-Minute Preceptor skills and reduces subjectivity in the assessment. Student self-evaluation can be a valuable approach as well for initiating these sessions. Ask, for example, "If the task were repeated, what could be changed?" This encourages feedback sessions to be a two-way dialogue.

Overall, feedback should be a collaborative session between the preceptor and student, involving some self-reflection. Feedback should be timely relative to the specific performance being assessed and should focus on the performance, not the performer (avoid "you" statements when possible). Assessment should be based on objective measurements or firsthand observations while providing specific examples of how im-
provenments can be achieved. Furthermore, assessment should focus on elements that can be changed, with sensitivity to the individual student, so that together student and preceptor work through a mutual understanding of a desire to improve.2

Keep in mind that both formal and informal feedback are essential to the student’s growth. Scheduling time for formal feedback on a weekly basis is recommended; ongoing informal assessment is suggested for daily feedback.3 Make certain the final assessment for the experience is not based on a single event or incident, unless that one event warrants dismissal from the rotation. It truly takes time and a little courage initially to learn how to provide high-quality, effective feedback. This is a skill that can be learned, and when executed properly, preceptor skill will help prevent performance issues from developing.

Documentation
Assuming that well-defined expectations were set and quality feedback was furnished, the next element to examine is documentation. Performance improvement is a gradual process. Preceptors have opportunities to help students recognize their strengths and weaknesses and modify behaviors by providing quality feedback. Swift action is required, however, when the student continuously does not meet the defined expectations or displays unprofessionalism despite verbal feedback. Documentation serves multiple purposes at this point. First, it is a critical means of providing formal feedback and helps to ensure that the student is aware of their current standing. Second, it outlines the actions needed or planned for the student to improve their performance. Third, it serves as a record and imparts a degree of seriousness to the developed plan.

Midpoint evaluations are a great opportunity to specifically document any skills that require improvement, steps that will be taken to cultivate those skills, and means that will be used to measure progress. However, if serious issues are identified sooner, improvement plans should not be delayed. Documentation need not be limited to a midpoint or final evaluation. Other instances warranting written records include expectations reviewed, evaluations of observed practices, examples of the student’s work and feedback provided, and performance improvement plans.

An additional resource, someone who may be helpful at any point, is the experiential director at the affiliated college or university. They may be able to provide you with expertise in methods to approach a specific issue. They may also have insight into the student’s history and help you better identify a feasible solution. If a potential issue is suspected, contacting the experiential director is advised to ensure you are providing appropriate guidance to the student. Documenting a plan for improvement can create a sense of formality, driving change and averting a negative overall experience for the preceptor and the student.

Getting help
Assuming reasonable, clear expectations were set, quality feedback was provided, improvement plans were adequately documented and reviewed with the student, and the school of pharmacy was notified, then the student should progress. However, situations may arise that warrant dismissal or failure of a student on the rotation. “Preceptors do not assign failing grades. Students earn them based on not meeting the requirements of the program or meeting an element of automatic failure.”

Reasons cited by medical school preceptors for unwillingness to report negative grades include a lack of confidence in their assessment ability, fear of the time required if the grade is appealed, and fear of legal repercussions.3 Similar concerns have been cited by pharmacy preceptors.2 Once more, close contact with the college or school of pharmacy can help alleviate these concerns and guide a preceptor in pursuing the correct course of action. Moreover, discussion with experienced peers can help determine if your assessment of the situation or student’s performance is valid.

Dealing with dismissal or failing of a student is a task that should be neither advertised nor undertaken alone. If the student has performed or behaved in a way that warrants immediate dismissal, contact the college or school for the appropriate procedures. Examples of this may include but are not limited to theft of drugs, arriving intoxicated, patient abuse, and blatant disregard of patient privacy laws.

When it comes time to notify the student that they are either dismissed or have earned a failing grade, if you have followed an appropriate process, it should not be a surprise to the student. Involving a pharmacy supervisor, clinical director, or education director in the discussion with the student can be helpful. This third person can help mediate the discussion if needed and provide witness to the conversation. Prior to the meeting, gather and review all documentation pertinent to the student’s performance, improvement plans, and/or inappropriate action or behavior. Notify the student’s experiential director of the time when the talk will be held, so they can aptly follow up.

There is no easy or comfortable way to have this conversation. The points discussed should be as objective as possible and demonstrated with examples where applicable. The reason(s) cited should be clear and understood by everyone involved. Having ground rules for this type of discussion may help avoid unnecessarily aggravating the situation. Suggested ground rules include: ensuring that neither party interrupts the other while speaking, providing all parties with ample opportunity to speak about the issue(s), and keeping the discussion focused on the topic at hand. The presence of a third party who is skilled in conflict management can also help to maintain any ground rules and prevent the situation from escalating.

Final thoughts
In addressing what are hopefully infrequent performance issues with students, preceptors should always self-assess their approach. Establishing a mutual understanding of expectations, providing consistent quality feedback, documenting plans for improvement, and seeking additional help when warranted can help ensure that the preceptor has done their best to prevent a negative experience. As preceptors we have a major stake in the final outcome of the student; they will learn to teach others as they have been taught.
References


