The Challenge: to Learn, UnLearn, & ReLearn

I do NOT have, nor does my family have, financial interests to disclose.

Vision

Prepare UNM Student Pharmacists to be Leaders in Pharmacy Practice Today & Tomorrow

Vision

Design experiences that benefit both the preceptor and student pharmacist.

Organization of Discussion

Vision

External Forces

Strategies

Vision

External Forces

Strategies
Converging Forces

- Health Care Environment
- ACPE 2016 Standards
- ASHP Residency Standards
- NAPLEX Blueprint
- EPAs

Forces on Education: ACPE Outcomes: 2016

The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. Team exposure includes prescribers as well as other healthcare professionals.

Changes in Health Care Environment

- Expanding role of Pharmacists on Health Care Team
- Reimbursement Changes
- Patient expectations & access to information
- Aging of the population
- Bottom line

The ACPE Outcomes: 2016

- Practice-ready
  - Provide direct patient care in a variety of healthcare settings
- Team-ready
  - Contribute as a member of an interprofessional collaborative patient care team

Changes in Health Care Environment

- Expanding role of Pharmacists on Health Care Team
- Reimbursement Changes
- Patient expectations & access to information
- Aging of the population
- All doing more with less

Focus on Experiential learning

Doing is primary focus
IPPEs: Pre-Advanced Pharmacy Experience Curriculum

Prepares for APPE

IPPE exposure to contemporary practice models:

• Interprofessional shared patient care decision making
• Professional ethics
• Expected behaviors
• Intentionally structured sequenced “...purposely integrated into didactic curriculum”

Design and Conduct of the Residency Program

• NEW statement: 3.3.a.(6)
• “Residents must spend two thirds or more of the program in direct patient care activities”
  • NEW preceptor qualifications (“6 of 6” vs. “4 of 7”)
  • NEW designation of “Preceptors-in-Training”

IPPEs: Pre-Advanced Pharmacy Experience Curriculum

P1: Community in Summer
P2: Institutional in Summer
P3: Concurrent Transitions of Care 2016

NAPLEX Blueprint: 2 Areas

Ensure Safe & Effective Pharmacotherapy & Outcomes

Safe & Accurate Preparation, Compounding, Dispensing, & Admin of Meds & Provision of Health Care Products

New Postgraduate Year One (PGY1) Residency Accreditation Standards

• Purpose of revision:
  • Align standards to current pharmacy practice trends
• Global changes:
  • Terminology

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NAPLEX Blueprint

Area 2
33%

Area 1
67%
Ensure Safe & Effective Pharmacotherapy & Outcomes
NAPLEX Exam November 2016

• Increase in length for clinical cases
  • 185 to 250 items
  • 4.25 to 6 hours time

What are EPAs?

• EPAs for New Pharmacy Graduates
  • discreet, essential activities & tasks
  • that ALL new graduates Must be able to perform without direct supervision upon entering practice or graduation.

Which of the following most closely matches your knowledge of EPAs?

• I am Well-versed about what EPAs are & how to use them?
• I have some understanding of what EPAs are and & how to use
• I have very minimal understanding of what EPAs are or how to use them
• This is my first time learning about EPAs

What are EPAs?

• Entrustable Professional Activities
• EPAs -- units of practice or descriptors of work.
• Defined as specific task or responsibilities that trainees are “trusted” to perform with direct supervision
• Independently executable, observable & measurable in their process & outcome

Entrustable Professional Activities

1. Patient Care Provider Domain
2. Population Health Promoter Domain
3. Information Master Domain
4. Practice Manager Domain
5. Self-Developer Domain

EPA Example: Patient Care Provider Domain

- Collect information to identify a patient's medication related problem
- Analyze info. to determine effects of med therapy, identify med-related problems, & prioritize health-related needs.
- Establish patient-centered goals, create a plan for a patient with patient, caregiver(s), & other hps that is evidence-based & cost-effective.
- Implement care plan in collaboration with the patient, caregivers, & other health professionals.
Converging Forces

- Health Care Environment
- ACPE 2016 Standards
- ASHP Residency Standards
- NABPLEX Blueprint
- EPAs

How many Preceptor roles & Responsibilities can you name?

Organization of Discussion

- Vision
- External Forces
- Strategies

Preceptor Roles & Responsibilities

- Teacher/educator
- Skilled Communicator
- Facilitator -- Motivator
- Socializer
- Role Model
- Expert patient care provider

Qualified Preceptors

- Demonstrate expertise
- Enthusiastic for Teaching
- Strong communication skills
- Willingness to provide feedback
- Willingness to receive feedback

Teacher educator roles

- Assessor
- Planner
- Implementer
- Evaluator
Assessor Role
- Determine current level
- Determine Learning needs
- Assess early: EDOC
- Listen

Assessment Activities
- Diagnose Student deficits and strengths
- Determine what works well or not for you
- Develop & implement an assessment system for competency development over the experiences
- Chart student progress

Planner: Preventative Care
- Design Orientation
- Select learning activities
- Create learning contract

Concrete Steps: The preceptor’s role & tasks
- Setting suitable experiences
- Posing problems to solve
- Setting boundaries
- Supporting learners
- Insuring physical & emotional safety
- Facilitating the learning process

Striving to be aware of our:
- Biases
- Judgments
- Pre-conceptions &
- How these influence the learner.
### The preceptor’s role & tasks

- **Recognize & encourage spontaneous opportunities for learning**
- **Design of experience to include the possibility to learn from natural consequences, mistakes & successes**


### Concrete Tasks: Preceptor development

- **Increase sense of worth & confidence**
- **Competent in at least one model**
- **Common models include**
  - The one-minute preceptor
  - Pimping

### Steps to Making Precepting a joy

- **The Teachable moment**
- **One-minute Preceptor**
- **SNAPPS**
- **Aunt Minnie**
- **2-minute Observation**
- **Activated Demonstration**
- **See One, Do One, Teach One**
- **Teaching Scripts**
- **Ask-tell ask**
- **“Pimping”**

### How would you apply this in your practice?

- **JS**, a 48 yo woman with a history of T2D, obesity, HPT, & migraine headaches is admitted for Syncope workup. Her recent A1c is 7.4%.
- She was diagnosed with microalbuminuria (1945mg/dl) [Jan. 2015].
- Last 3 reading: BP 154/86 mmHg pulse 78bpm
- Med list: Metformin 1000 BID
  - Glyburide 10 mg BID
  - Lisinopril 20 QD
  - Ibuprofen 200mg prn

### One Minute Preceptor

- **GET A COMMITMENT**
  - Ask: “What do you think is going on with this patient?”
  - Reassess development of patient’s understanding; data, relevant interpretations of data.

- **PROVE FOR SUPPORTING EVIDENCE**
  - Ask: “What led you to this conclusion?” or “What else did you consider?”
  - Clarify student’s thought process and identify knowledge gaps.

- **TEACH GENERAL M. & A.**
  - Ask: “What else could this be?” or “What specific problem could this be?”
  - Teach student, which may be remembered.

- **REINFORCE WHAT WAS DONE RIGHT**
  - Say: “You did an excellent job…”
  - Offer positive reinforcement.

- **CORRECT MISTAKES**
  - Say: “Next time, try to consider this…”
  - Comment on circumstances and mis/misunderstandings to correct errors in judgment or actions.

[https://www.youtube.com/watch?v=hmKvei3thwQ](https://www.youtube.com/watch?v=hmKvei3thwQ)
SNAPPS

• S Summarize the client history & current status
• N Narrow the hypotheses to 2-3 relevant possibilities
• A Analyze the issues by comparing & contrasting possible hypotheses
• P Probe preceptor -- ask questions about uncertainties, difficulties or alternative approaches
• P Plan intervention approach
• S Select a case-related issue for self-directed learning

SNAPPS: Learner-Centered Model

• Facilitates active learning conversation
• Research proven
• Shared responsibility
• Described as “cognitive dance”
• Learner initiates - not passive
• Focus on “Learnable Moments”
• Student probes preceptor for relevant information

Rounding with the Team

“I must say that pimping accomplished only four things for me:
1. Establishment of a pecking order among the medical staff;
2. Suppression of any honest and spontaneous intellectual question or pursuit;
3. Creation of an atmosphere of hostility and anger;
4. Perpetuation of the dehumanization for which medical education has been criticized.”

Pimping: Rounding with the Team

“Rounded with Osler today. Riddles house officers with questions. Like a Gatling gun. Welch says students call it ‘pimping.’ Delightful.”
Abraham Flexner

Practice Reflection

What key ideas did you encounter that build on, or conflict with your practice?
What ideas do you commit to implementing?
What connections with others can you develop to help you accountable to change?”
Key Takeaways

What are your key Takeaways?

- Prepare early
- Set expectations early
- Assess early
- Give feedback early & often
- Evaluate and document
- Find techniques that work for you

References

### Objectives

At the end of this presentation, pharmacists will be able to:

- Identify best practices and approaches to your clinical teaching environment – One Minute Preceptor model
- Articulate learning expectations – EPAs and ACPE Standards – in clinical teaching
- Define significance of Entrustable Professional Activities (EPA)
- Discuss ways to implement 1 Minute Preceptor model
- Constructively address ways to prevent, identify, & address KSA issues in experiential education

### Objectives for Technicians

At the end of this presentation, technicians will be able to:

- Explain the benefits of a Preceptor program to your career and your place of practice
- Define Entrustable Professional Activities (EPA)
- List the process of One Minute Preceptor model