

# The Preceptor

Volume 2, Issue 1 April, 2002

## Division of Clinical and Administrative Pharmacy College of Pharmacy, The University of Iowa

### PRECEPTOR ESSENTIALS

by Jay Currie

#### Completing Final Evaluations

No matter what rotation is offered by your practice site, some type of final assessment of the student must be completed and a grade assigned or recommended. No matter what you use, completion of the evaluation and providing feedback to the student regarding their performance on the rotation is essential to help the student continue to develop their knowledge and skills as future practitioners.

For all students on a rotation other than General Community or General Hospital, you also need to complete a more generic evaluation of the student's clinical performance. Some rotations currently use this form for the final assessment of the student. This evaluation is completed over the WWW. You can get to it by going to the following WWW address:

<http://www.uiowa.edu/~cap/pep/pepevalindex.htm>

This site has moved over the last year. **Please reset any old bookmarks you may be using.**

Select the type of rotation you offer and follow the directions regarding logging on. The form can also be used to give feedback to the student earlier in the cycle (a two week evaluation).

The form is easy to complete with pull down lists of preceptor and student names and rotation and evaluation type. Use the radio buttons to select the appropriate cycle. Complete the evaluation using the rating scheme and offer any comments you desire. We would appreciate comments for any

ratings of 3 or less you assign any item. After you have completed the evaluation,

you must click on the **Submit** button at the bottom of the page to send it to the College.

After you submit the form, you will receive an email containing the entries you made on the evaluation. Use this for your records and for review with the student.

Thank you for helping us evaluate the clinical skills of our students by completing this evaluation of clinical performance for your rotation.



### Editors

#### William Miller

phone: (319) 335-8695  
e-mail: william-a-miller@uiowa.edu

#### Jay Currie

phone: (319) 335-8875  
e-mail: jay-currie@uiowa.edu

#### Sandra Johnson

phone: (319) 335-8835  
e-mail: sandra-j-johnson@uiowa.edu

#### Christine Catney

phone: (319) 335-8795  
e-mail: christine-catney@uiowa.edu

#### Gary Milavetz

phone: (319) 335-8877  
e-mail: gary-milavetz@uiowa.edu

## Student Solicitation of Rotation Sites

Students at the College of Pharmacy are allowed to set up arranged clinical rotations with practices that are not affiliated with the College. They are also allowed to set up special research rotations with faculty in the College that are not included on the available rotation schedule. Many students take advantage of this opportunity to individualize an experiential program to meet their needs.

This year we had a number of students wanting to set up additional clinical rotations with preceptors that are already committed to taking students on experiential rotations for the College. These requested rotations would be in addition to the students that the preceptor has already agreed to take on rotation. While students are attempting to get the best rotation schedule possible, solicitation of preceptors for additional rotation assignments creates a problem for fairness within the rotation selection system and puts preceptors under pressure to expand rotations at their practice site. After you complete your commitment form, we provide the students with a listing of the times you have agreed to take students. Using a lottery procedure, students then select their rotations for the coming year. This system allows us to schedule the approximately 1000 rotations that are delivered each year in an equitable manner for all students.

Students have informed that faculty preceptors for the College of Pharmacy should not be

asked to add extra students to their agreed upon teaching commitment. We bring this to your attention as we wanted you to know the message we have delivered to students and remind you that you are under no obligation to add additional students to your rotation teaching commitment.

## PRACTICE-BASED TEACHING

### Effective Clinical Teaching: Assessing One's Teaching Practice, Part 2

by Christine Catney

In the last issue of this newsletter, I began a 3-part series devoted to helping preceptors answer the question: "How do I know whether I'm a good teacher?" Part 1 briefly described general kinds of knowledge available about clinical teaching: knowledge about roles, instructional activities that preceptors perform, and behaviors associated with clinical teaching. Part 1 concluded with a list of specific teaching behaviors that have been found to be associated with effective clinical teaching by pharmacy educators. In this issue I will describe the major kinds of instructional activities that clinical preceptors perform.

Recall, for a moment, a classroom teacher—perhaps a teacher that you admire or one who influenced you positively. Your memories are likely to include instances when your former teacher engaged in common instructional activities such as communicating essential information, motivating you, capturing your attention, conducting classes, and testing and grading you. All of your former teacher's instructional activities can be classified in one of the following categories: setting instructional goals, identifying learning needs, determining objectives, selecting and implementing methods of instruction, and evaluating the learner's performance. Like your former teacher, you engage in all these activities related to goals, needs, objectives, methods, and

## Info Box

### Preceptor Web Applications:

<https://tron.pharmacy.uiowa.edu/~database/login>

### CAP Web Pages:

<http://www.uiowa.edu/~cap/>

Questions about how to access the on-line PDF version of this document can be sent to Nicholas Roy, via e-mail at [nicholas-roy@uiowa.edu](mailto:nicholas-roy@uiowa.edu)

evaluation in your interactions with students. In fact, an effective clinical teaching encounter includes all of these 5 major categories of instructional activities to some extent.

Let's look at each of these categories in more detail. Examples that follow relate to an ambulatory care setting; however, both the examples and the information can be generalized to any clinical teaching setting.

#### Goals

In general, teachers have 2 kinds of goals: those that the teacher wants to achieve during his/her interactions with students and learning goals that the teacher wants students to achieve. Both of these kinds of goals are general in nature. Here is an example of an instructional goal in an ambulatory care setting: "During this clerkship, I want to model how a pharmacist communicates drug therapy problems to patients and physicians." Notice that this goal is framed from the preceptor's point of view. It states what the preceptor wants to accomplish as a teacher. This preceptor might also have a goal like this one: "The purpose of this clerkship is to help students develop their abilities to communicate drug therapy problems to patients and physicians." This goal describes, in general terms, what students should achieve during the clerkship.

#### Needs

This instructional activity refers to diagnosing students' learning needs related to specific practice abilities or in any of the domains of learning: Knowledge, attitudes, and skills. Knowing geriatric starting doses for each of the top 200 drugs is an example of learning in the knowledge domain. Abilities can be characterized as learning that involves mastery of combinations of knowledge, attitudes and skills. Effectively counseling a person with diabetes about diet and lifestyle modifications can be described as an ability that requires students to master specific knowledge, to acquire specific psychomotor skills, and to demonstrate attitudes and skills conducive to establishing a pharmacist-patient relationship.

A preceptor engages in this instructional activity when he or she identifies specific learning needs and modifies learning objectives or activities to help students meet these needs. A preceptor is likely to form an opinion about a student's specific learning needs during the first few encounters with the student. In the ambulatory care setting, for example, a preceptor may listen as a student counsels a patient about a newly marketed medication and find that although the student is a skillful active listener, he or she lacks knowledge about the drug and is unable to counsel the patient meaningfully about its use. Explicitly identifying the learning need (i.e. in this example, specific information about the new drug) allows the preceptor to specify or modify appropriate learning objectives or to guide the student toward specific activities to help him/her meet the learning need.

#### Objectives

Learning objectives help teachers frame the general learning goals in ways that enable students to understand how to achieve them. Effective learning objectives identify what the student must learn in behavioral terms and, when appropriate, they specify conditions or performance criteria that indicate success. An example of an *instructional goal* for an ambulatory care pediatric clerkship might be stated like this: "The purpose of this clerkship is to help students learn the most common pediatric conditions and associated treatment options." In contrast, a *learning objective* for this goal might be stated like this: "By the end of this clerkship, the student will be able to counsel parents and patients about the top 3 treatment options for the 25 most common pediatric conditions treated in the ambulatory care setting." Notice that the learning objective is stated from the student's point of view, and it focuses the student's attention not only on what to learn (conditions and treatments) but also on how that learning must be put into practice (counsel). In addition, it specifies performance conditions (top 3 treatment options, 25 most common conditions) that enable both stu-

dent and preceptor to evaluate whether the learning goal has been achieved.

All clerkships must have a set of core learning objectives for all students. These objectives may be part of a syllabus or manual that is created by the college or may be created by you. However, regardless of the source, your assessment of the student's learning needs should determine how objectives should be modified or supplemented with additional objectives, if needed, to help students meet their learning needs.

#### Methods

An important instructional activity is determining the methods by which to provide the learning experience. When you recalled your classroom teacher, you may have pictured the teacher presenting a lecture, demonstrating a skill or laboratory technique, or organizing students for a discussion. All of these are examples of the methods that might be used in the classroom to convey information or to engage students in learning.

In the practice site, teaching methods are strongly related to routine practice site activities. In a busy ambulatory care setting, the student is likely to be engaged in the activities and problems of the day. However, the preceptor often has an opportunity that is usually unavailable to the classroom teacher removed from the practice site: the opportunity to work closely with one student and to individualize the learning experience, according to the student's learning needs, in ways that are directly related to practice activities. By teaching in the practice site, a preceptor has the opportunity to use the practice site environment in creative ways to facilitate student learning.

#### Evaluation

Teachers engage in 2 kinds of evaluation processes: summative and formative. If you remembered a final exam or final course grade when you recalled your former teacher, you recalled an example of summative evaluation. In contrast, formative evaluation can be described as the process of obtaining or providing perfor-

mance information for the purpose of helping a student improve. The feedback that a preceptor provides to students is an example of formative evaluation that is extremely important to students and the learning process. More information about feedback as formative evaluation can be found in *The Preceptor* in the June 2001 issue (<http://www.uiowa.edu/~cap/preceptor/preceptor.htm>). However, formative evaluation also has value to the teacher. A student's responses to the learning environment or whether the student is learning successfully is feedback that should guide a preceptor's instructional goals, the learning objectives for the student and the preceptor's choices of learning activities (methods).

Setting instructional goals, identifying learning needs, determining objectives, selecting and implementing methods of instruction, and evaluating the learner's performance. How can you use knowledge of these 5 major kinds of instructional activities to assess your teaching practice? The first step is to be able to recognize when and how you engage in each of these activities as a preceptor. Begin by considering how you would complete each of the following statements:

- (Goals) I know my teaching is successful when...
- (Goals) My instructional goals for my students are...
- (Needs) I identify students' learning needs when I...
- (Objectives) I communicate learning objectives to students when I...
- (Objectives) I modify students' learning objectives when...
- (Methods) The resources in my practice site that I can incorporate into teaching

activities include...

- (Methods) My rationale for selecting teaching activities can be described...
- (Evaluation) I modify my teaching practice when students...
- My goals for improving my teaching practice are...

- Poor academic performance
- Repeated absences from class, internship, or externship
- Neglect of self, children, or household
- Operating an automobile or other machinery while impaired
- Arrests for substance abuse (i.e. public intoxication, disorderly conduct, OWI)
- Arguments with significant other or friends about consequences of intoxication
- Involvement in recurrent physical fights
- The presence of unusual behavior, which might lead others to suspect dependence (i.e., alcohol smell on breath, ataxic gait)

## POLICY & PROCEDURE

### New Collegiate Substance Abuse Policy Approved

by Lucinda Harms, Vicki Ellingrod and Bruce Alexander

The University of Iowa College of Pharmacy with approval from UI administration has approved a new substance abuse policy to promote the treatment of chemical dependency as a disease. The policy was developed to assure appropriate and confidential treatment of substance abuse problems for students within the COP. A copy of the new policy is available from Dean Sorofman's office.

#### Drug use facts

- Health care professionals, which include pharmacists, are among the highest risk occupational categories for the development of drug dependence.
- The prevalence of drug dependence among health care professionals, including pharmacists, is between 10-15%.
- Substance abuse is a maladaptive pattern of substance use, resulting in significant adverse consequences, which reoccur and are related to the repeated use of substances. These consequences may be manifested in many different ways which may include:

- Diversion of controlled substances

The CAGE, a 4-question screening tool may be used to indicate if there is a substance abuse problem. Answering affirmatively to two or more of the following questions is a strong indicator of alcohol abuse, possibly leading to dependence.

- Have you ever felt the need to **C**ut down on your drinking?
- Have people ever **A**nnoyed you by criticism of your drinking?
- Have you ever felt **G**uilty about your drinking?
- Have you ever taken a morning **E**ye opener to steady your nerves or get rid of a hangover?

The College of Pharmacy utilizes the Iowa Pharmacy Recovery Network, Inc. (IPRN) to aid in

the treatment of students with substance abuse problems. This peer group of pharmacists, technicians, pharmacy students from Iowa and Drake was formed in 1984 and is dedicated to helping members of the pharmacy profession in Iowa maintain their health and pharmacy practice. Referrals to IPRN can come from the impaired individual (self-referral), or from any College of Pharmacy Faculty, Staff, or Student. IPRN may be contacted by calling their toll free number at 1-877-890-IPRN (4776), or by email at [iprn@iarx.org](mailto:iprn@iarx.org). Additionally, IPRN has a web page ([www.iowarecovery.org](http://www.iowarecovery.org)) with more information. All calls to IPRN are confidential.