

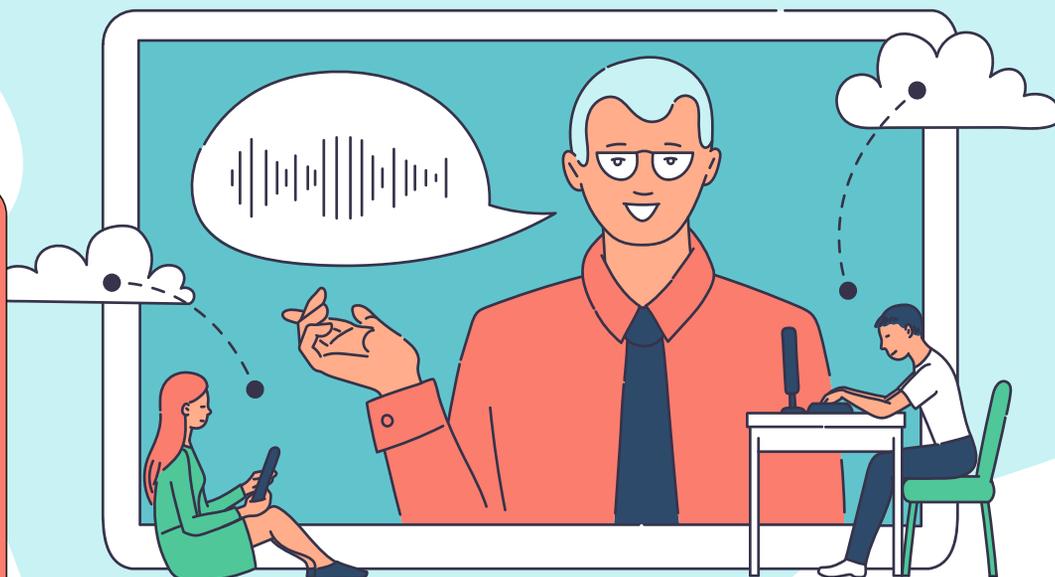
I am a Pharmacy Professional and a...

Virtual Teacher

Nov/Dec 2020
Theme: I am a Pharmacy Professional and I...
Work Remotely

Email your response to mgrant@pswi.org by October 1.

Responses should be <100 words and include a photo.



Kristen Bunnell, PharmD, BCCCP, BCIDP
Assistant Professor of Clinical Sciences
Medical College of Wisconsin School of Pharmacy, Milwaukee

Virtual teaching has uncovered my previous reliance on nonverbal communication as an assessment method, and re-emphasized the critical role of layered learning and peer-to-peer teaching in my instructional design. Through trial and error and the inventive ideas of my colleagues, I've found new ways to gauge comprehension and allow for peer interactions. This involves the tried-and-true methods of gamified learning platforms (Kahoot is always popular!), online videos, and virtual polling, as well as new ideas like electronic breakout rooms, shared documents as a collaboration tool, and word clouds and fill-in-the-blank questions to elicit responses from less outspoken members of the class. My advice to those engaging in virtual teaching is to tap into your creativity, be patient with yourself when technology fails, seek inspiration from other teachers, and never underestimate the power of video conferencing in connecting with your learners.



Erica Conley, PharmD, BCPS

*Pharmacy Clinical Coordinator, Enterprise Population Health
Advocate Aurora Health, Elm Grove*

Over the past year, we have taken advantage of different types of technology to keep opportunities available for learning. Given our team's primarily telephonic outreach, our patient-focused services have transitioned well to fit social distancing guidelines. However, engaging learners has taken more thought and planning. We are fortunate to have many available avenues to instant message, speak and video with one another throughout the day. These multiple platforms allow for convenience in meaningful interaction between the preceptor and learner. When questions arise, technology makes it easy to communicate instantly. Conversely, a more complex situation may lend itself better to a phone call with screen sharing. Proper training is imperative to ensure the learner feels comfortable utilizing these different platforms.



Given the lack of in-person interaction, it is important to leverage these platforms to help learners feel welcome. We have utilized video conference "ice-breaker" questions during introductions as a fun way to learn more about one another. Evaluations are also conducted via video conference to ensure feedback is given and received appropriately. It has helped to set the tone for a more personal rotation and has allowed our learners to feel comfortable and at ease with our team and services.



Matthew Stanton, PharmD, BCPS, DABAT
*Clinical Assistant Professor
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For our emergency medicine pharmacy IPPE rotation, I organized a virtual curriculum utilizing free open access medication (FOAM) resources that are currently available. One source was Academic Life in Emergency Medicine Capsules series (www.aliemu.com/capsules). I constructed multipart patient cases covering emergency management of diseases that coincided with several of the learning modules. Patient cases developed covered common pathology and management including trauma resuscitation, intubation, myocardial infarction, venous thromboembolism, infectious diseases, and toxicology. The student had the opportunity to answer the patient case questions, then we discussed them as if we were at bedside with them in the emergency department. I also sent weekly drug information questions for the student to answer and those were discussed as well. We met almost every Friday throughout the rotation time via Microsoft Teams®.

In reflecting on the experience, I anticipated that spending 8 hours precepting a student on a virtual platform without actual patients was something that myself (now or as a student) would not appreciate. I recognized there were multiple useful, peer-reviewed FOAM sources readily available, so it didn't make sense to reinvent a new curriculum. I believe giving the student many self-directed learning opportunities prior to our weekly meetings made for fruitful conversations on emergency pharmacy patient management.

Kevin Bozymski, PharmD, BCPS, BCCP
*Assistant Professor of Clinical Sciences
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While virtual teaching limits direct patient care assessments, it also provides opportunities to test creative learning methods. During the stay-at-home phase of the COVID-19 pandemic, I was challenged to precept a P3 student on a 10-week inpatient psychiatry IPPE rotation each Friday. My student was unable to access medical records, attend interdisciplinary rounds, and help lead patient education groups. Rather than dwelling on these deficiencies, we made a joint plan to simulate our usual day virtually! I copied deidentified progress notes and labs for several admitted patients into a Microsoft Word file that was emailed to my student on late Thursday afternoons, expecting him to navigate disorganized documentation in time for WebEx rounding with me each Friday morning. For some newly admitted patients, my student was then asked to interview or counsel me (without video) about medications as I roleplayed having cognitive impairment from untreated depression and anxiety. We then ended each afternoon with "crash course" disease state discussions and online education modules from the College of Psychiatric & Neurologic Pharmacists (CPNP), tying content back to that day's patients. Though technology issues inevitably arose, we quickly adapted daily schedules to still achieve our goals. Lifelong learning isn't a straight road – embrace the unexpected detours of virtual rotations with your student, and you just might be pleasantly surprised what you learn in the journey together!

Stephanie Gruber, PharmD, BCACP

Clinical Pharmacy Specialist, PGY2 Ambulatory Care Residency Director
William S. Middleton Memorial VA, Madison

In the past few months, I have had the opportunity to precept advanced pharmacy practice students, residents, and summer interns as a virtual preceptor. It was a bit of an adjustment and took some time to find a rhythm, but the experience has proven to be rewarding. I found that with a little extra preparatory effort, you can still build a robust learning experience regardless of your learner's location. The common threads between my tele-precepting experiences include being proactive and prepared while at the same time staying flexible. It is important to verify what logistical considerations are required prior to the learning opportunity to ensure technology, schedules, and contingency plans are all pre-determined. Take the time to review what objectives the learner or rotation requires to ensure that you build your learning experience accordingly. If there is down-time in the schedule or if you cannot provide the learner with your full attention, consider alternate self-guided learning activities with time built in to debrief those assignments. Encouragingly, virtual precepting has provided an opportunity to enhance my communication skills, further develop my adaptability, and increase my own overall confidence in my abilities as a preceptor.



Krista L. McElray, PharmD, BCPS

*Education & Development Coordinator,
Clinical Pharmacist, PGY1 Residency
Program Director*
UW Health Pharmacy Services, Madison



Being a virtual teacher is a challenge! I have tried quite a few different things, but I find that the best thing to do to benefit learners is to share a communication plan with your learner and stick to that strategy. For me, training or teaching on inpatient medicine, I find that it is best for learners to take notes about non-urgent questions they have for me so we can discuss later, reach out via SecureChat® (our messaging system within Epic®) regarding questions that arise throughout the day that require quick action, and let learners know that if I am needed immediately for an urgent concern, they should call me. This structure along with a touch base or patient review session in the afternoon, I find works really well with learners. In many instances, the virtual learning and need to accommodate social distancing actually allows learners to develop more independence with their teams and the units they work on, which I see as a positive outcome of virtual learning.

William J. Peppard, PharmD, BCPS, FCCM

*Critical Care Pharmacist, PGY2 RPD,
Assistant Professor of Surgery*
Froedtert & the Medical College of
Wisconsin, Milwaukee



Serving a residency program director (RPD) as well as a virtual preceptor has added a layer of complexity to providing education during the COVID-19 pandemic. Although still being responsible for maintaining a healthy learning environment, my primary focus was on resident wellbeing with an emphasis on emotional and psychological elements, and not just educational aspects. Increasing the frequency of both formal and informal rounding, providing emotional support, and sharing wellbeing resources was essential during the transition to virtual learning. As RPD I also focused on listening to preceptors and providing them with resources they needed to be successful. In most instances this entailed helping to set clear expectations and facilitating discussion between preceptors focused on sharing successful virtual precepting strategies with one another. To facilitate this we established open lines of communication, leveraged technology such as Skype and WebEx to enhance communication, and we made several COVID-related changes to our residents ASHP Customized Training Plan. Examples included eliminating requirements that were difficult to operationalize via distance and yielded low return on investment, and replacing those experiences with customized modules that were more self-directed with daily check-ins with preceptors. Looking ahead I developed a strategy to enhance learning while maintain distancing.





Maria Wopat, PharmD, BCACP, TTS

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What a crazy time the last few months have been! While the change to virtual precepting has certainly presented a unique set of challenges, I like to pause and think of how fortunate we are to live during a time where we have the technology available to completely flip how we precept in what seemed like the blink of an eye. A few things I've learned a long the way:

1. Be flexible and embrace the change. The best laid plans can be turned upside-down within hours, and learners and preceptors alike have to be okay with last minute schedule adjustments or waiting a bit longer due to a technical glitch.
2. Be transparent. Learners and preceptors appreciate the honesty and acknowledgement of what makes this time difficult. It's okay to tell someone it's the first time you are trying something and ask for feedback along the way.
3. Instant messaging was amazing even pre-COVID. It continues to be an excellent way to communicate for quick updates. Just always be cognizant of how your message can be perceived. The best intent might not always come across (especially if providing constructive feedback). Sometimes, talking via the phone or video is best. I'm also a fan of the occasional emoji 😊
4. However long you think it will take to log into a video appointment, add at least five minutes. No matter how many times I have practiced doing a 3 way video, it still takes a few extra minutes to get the learner, patient, and myself to all successfully hear and see each other.
5. Don't be too hard on yourself. You are doing the best you can under the circumstances, and it's okay to feel all the emotions!



Mathew A. Letizia, PharmD

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Upon hearing news that I would soon be virtually delivering a Patient Care Laboratory course for the immediate and pending future, I recall feelings of nervousness and self-doubt. In a new world of uncertainty and continuous flux, I was forced to abide by life's everchanging ways and live day-to-day in the unknown. I consequently took swift action to redesign my course, become familiar with virtual platforms, and discover methods that would maintain student engagement. Reflecting on how these times were negatively affecting my life and increasing my workload, I paused to ask myself, "What about the students? What is my profession? Why did I enter this field?" Sure, we are here to teach and help students develop knowledge, skills, and abilities to care for their future patients, but we are first and foremost here to help care for them as individuals. With this in mind, I now took swift action to discover methods that would help me to care for my students as individuals, focus on their well-being, and help them cope in these unprecedented times. I first ensured that I was overwhelmingly available and approachable to students and that they had multiple modalities to contact me through phone (call/text), email, instant messaging, and virtual meetings. Additionally, I continued to incorporate mindfulness activities into each week of lab that focused on an inspirational message, deep-breathing exercises, and self-reflection. Furthermore, I created a 30-minute virtual meeting every Thursday morning called, 'Coffee with Dr. Letizia'. During these optional sessions, I enjoyed my morning cup of coffee and simply talked with students about life. These sessions served as a time for us to stay connected and share ideas regarding what each of us have been doing to stay physically, mentally, and emotionally healthy. In summary, despite a challenging and taxing several months, virtual teaching gifted me with the discovery of new strengths, teaching styles, and ideas that will now be embedded into my future teaching, regardless of the physical or virtual circumstances. I share these sentiments to encourage us all to take an active approach in some manner to care for our students not only as pupils, but as individuals.

