



PRECEPTING SERIES:

Precepting Roadblocks: How to Put the Brakes on an Overconfident Learner

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Pharmacist learners are trained and encouraged to make confident decisions, and it is important for pharmacists to develop the ability to make well thought-out decisions throughout their careers. During clinical rotations, pharmacist learners apply knowledge from the classroom to real life situations and begin to learn how to make comprehensive decisions. However, overconfident learners who lack competence could find themselves in a situation that may lead to a negative experience for the learner, preceptor, and even the patient. What constitutes overconfidence and when is confidence too much? If overconfidence is not identified and addressed, the learner may be put into situations without adequate supervision, possibly leading to medication errors. Pharmacy preceptors need tools to identify the overconfident learner and be prepared to navigate around the roadblock to reach the ultimate destination. This article will discuss three different scenarios where overconfidence may have resulted in a medication error or created an uncomfortable environment for the learner and preceptor. Examples of how the situation was handled and advice to overcome those roadblocks will be provided as well.

Scenario #1

The pharmacy preceptor, DG, was

assigned to precept a student during her third-year Introductory Pharmacy Practice Experience (IPPE). The student was enthusiastic and willing to voice her recommendations on clinical decisions. After the student reviewed a patient who was being anticoagulated with warfarin, she made a dosing recommendation to DG. However, the student's recommendation used an assessment based only on the latest doses of warfarin and did not utilize a comprehensive chart review. She lacked the competence to formulate a recommendation based upon the patient as a whole. DG offered a different dosing strategy utilizing INR trends along with the latest doses of warfarin. DG provided an explanation for his recommendation and discussed why the student's dosing recommendation appeared to be too aggressive. The student continued to argue her suggestion over DG's recommendation in the days following the interaction and remained upset.

The first description that comes to mind of an overconfident person is someone who feels he or she already has all the information, does not consider other recommendations, makes decisions hastily and accepts criticism poorly. An overconfident person may also be an overconfident learner. Overconfident learners can have an overinflated sense of worth and react poorly to criticism. The student in scenario #1 demonstrates this

type of overconfidence. The preceptor attempted to provide the student with a clear explanation of a clinical and patient-centered approach for dosing warfarin. However, the student was not willing to budge and continued to be upset. When receiving feedback, an overconfident learner can come off as rude or disrespectful at times. For those learners who react poorly to feedback, preceptors can try using the 3 by 3 method or the sandwich technique. The 3 by 3 method is a quick and easy way for multiple preceptors to provide daily or weekly feedback through three positives and three areas of improvement for the same learner. The 3 by 3 method can be shared with the primary preceptor verbally or by email to allow for immediate feedback during the rotation. The preceptor and learner can then stay on track and create a successful learning environment. The sandwich technique provides opportunities for improvement to be "sandwiched" between areas where the learner excels and may ease the tension of the encounter between preceptor and learner. Both techniques can soften the negativity felt towards feedback by an overconfident learner through providing positive reinforcement and addressing areas for improvement simultaneously. Keeping a positive learning environment while providing feedback will move the preceptor-learner relationship in the right direction and hopefully, slow

overconfidence while learning.

Scenario #2

The pharmacy preceptor, AC, was assigned to precept a student during a fourth-year oncology Advanced Pharmacy Practice Experience (APPE). The student was asked to provide education to a patient on oral chemotherapy. He was given the patient identifier and drug information on the day prior for preparation. The next day, the student was enthusiastic, confident and ready to provide the education. However, when AC inquired about patient-specific information, the student was unable to answer. The student had over prepared information about the specific drug and did not perform a patient profile review. He lacked the competence to tailor the consultation to the patient's specific situation. AC assessed the student's preparedness prior to the consultation and provided time for the student to collect additional information and revise his education plan. The student was receptive to the suggestion and provided an appropriate consultation as a result.

An overconfident learner can sometimes struggle with the ability to show patients empathy. The lack of empathy stems from focusing on classroom material or drug information and not on the patient as an individual. The learner sees what is on the computer screen but forgets to consider how the patient is feeling or what they understand. Overconfidence can result in the learner speeding to the finish line but not completing the race in its entirety. Scenario #2 demonstrates an overconfident learner that displayed a lack of empathy. He was able to recite a significant amount of information about the medication but was uncertain what the patient's diagnosis was or how long the patient had been taking the medication. The student responded well to the preceptor's recommendation and guidance. By assessing the student's readiness prior to the consultation, AC was able to identify areas for improvement and provide direct feedback to the overconfident learner which allowed time to provide a patient-tailored consultation. It is essential for preceptors to remind learners how healthcare professionals must take into consideration the whole picture in order to provide safe patient

care. Computerized comprehensive profile reviews can sometimes outshine patient characteristics. Confidence is key for providing recommendations but looking at the patient subjectively and objectively as an individual is the path to clinical success. By building competence in patient assessment, the next generation of pharmacists can display patient empathy as well as develop sound clinical decision-making skills. The preceptor can create a new learning environment by having the overconfident learner take a step back from classroom material or drug information and focus on the patient as an individual, reducing the learner's speed toward the finish line.

Scenario #3

The pharmacy preceptor, JK, was assigned to precept a student during a fourth-year acute care APPE. The student was excited to learn the workflow and eager to please and impress the preceptor. He would ask many questions, sometimes to the point of being excessive. He would recite information from classroom work, often at inopportune times. JK had a difficult time recollecting the specifics about the information to provide confirmation to the student about his knowledge. JK began to question his abilities as a preceptor, despite 15 years of pharmacist and precepting experience.

An overconfident learner can have a strong desire for attention and seek preceptor approval. However, an overconfident learner who repeatedly recites lecture-based facts and asks questions unrelated to pharmacist practice can make the preceptor feel inadequate. Overconfident learners can lack the understanding to apply classroom knowledge to clinical practice, but preceptors have the experience and can share advice. Scenario #3 demonstrates an attention-seeking overconfident learner. After an attention-seeking overconfident learner is identified, the preceptor can formulate a plan for the learner to gain experience in the application of lecture-based facts to clinical cases. The preceptor can focus on providing situations for the learner to build competence along with confidence. By creating a plan tailored to the learner, the preceptor can redirect the

learner's desire for attention into a more familiar topic and regain confidence in their own precepting skills.

Conclusion

These scenarios demonstrate some of the different ways an overconfident learner can present. Preceptors have variable teaching methods. They should create individualized plans for the learner from their toolkit to match their own personalities and practice specialties and thus be prepared to address an overconfident learner. Preceptors should recognize how pharmacist learners can overestimate the amount of knowledge or abilities in their own toolkit. They may not have the skills yet or do not have the experience to recognize their lack of skills. Pharmacist learners do not realize what they do not know, and preceptors need to be vigilant about the potential for medication errors as a result of overconfident learners. Preceptors should be prepared for the overconfident learner and develop a plan to address overconfidence in real life situations in real time to have the maximum slow down effect. By being prepared for the overconfident learner, the preceptor can help the learner put the brakes on overconfidence and provide a new route on the journey to build competence.

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