

PRECEPTING SERIES:

The Power of Guided Self-Reflection: Rubric for the Robust Assessment of Precepting Habits

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What preceptor habits are you currently developing? The development of preceptor habits allows for consistent and repeatable practices to ensure that each rotation experience is maximized for the preceptor and the learner. Precepting learners is an art that each clinician develops with experience, feedback, and self-reflection. Hopefully over time, learners provide informal and formal evaluations of precepting style that lead to meaningful improvements. However, learner feedback may be limited by learner apprehension, positive or negative emotions, lack of detail, or lack of training in providing quality feedback. Furthermore, peer evaluation of precepting is difficult due to logistics, authenticity, and practicality. Therefore, self-reflection plays a critical role for the formation of strong precepting habits. To improve precepting, self-reflection is often utilized to focus on skills such as role modeling, educating, and assessing learners. However, without guidance, mentoring, or a comprehensive method, it may have been hard to begin or find areas where significant improvements could be made given the complexity of precepting.

The purpose of this article is to introduce a tool called the Habits of Preceptors Rubric (HOP-R) and explain its goals to highlight preceptor habits and to improve preceptor skills.

Background

The HOP-R was developed with the goal of identifying and describing habits of successful pharmacy resident or student preceptors and providing a framework to assess these habits for targeted preceptor

development.¹ In brief, a 5-round Delphi consensus-building process was utilized to establish consensus among 20 experts in pharmacy experiential learning.¹⁻² After each round, the research team grouped responses into themes and modified the draft rubric based on feedback. All members of the Delphi panel received a response document after each round that explained the feedback received and how it was incorporated into the HOP-R. The goal was to gain consensus (defined as a mean score of >3.25 on a 4-point scale for statements or >70% agreement for ranked items) on the structure and content of all components of the rubric by the end of round 5.

 The HOP-R is free for fair use in education and is available here: www.habitsofpreceptors.org

How to Leverage the HOP-R to Improve Self-Reflection and Clinical Precepting

When examining the HOP-R, a preceptor will notice the rubric is divided into three domains: (1) preceptor is a practice role model, (2) preceptor is an effective educator, and (3) preceptor provides high-quality assessment of learners. These three domains contain 11 identified preceptor habits that are used as a framework for robust self-assessment where an individual preceptor can target specific opportunities for future growth. Each habit contains multiple components which capture the quality with which the preceptor displays each habit. The HOP-R utilizes the term habit to imply that the skills required for precepting go beyond

just abilities (i.e. competencies) but are a mode of behavior that is developed by frequent repetition and ongoing maintenance. This no longer implies that precepting and pharmacy practice experience alone connotes higher-level capabilities. Another unique component of the HOP-R is that precepting has various day-to-day challenges, and this self-assessment considers the amount of time that a preceptor has displayed a given trait for the past several learners precepted.

The HOP-R connects the guided self-reflection with a continuous professional development plan to develop SMART goals, explore resources required, and set a timeline. The continuous professional development plan could be completed with a mentor or a peer to come up with new ideas and encourage the individual to move beyond their comfort zone. Furthermore, the rubric could be completed multiple times to provide an opportunity for growth through serial evaluation. It is important to remember that the HOP-R is not meant to be evaluative or compare precepting skills between preceptors, but instead to provide a tool for individual self-reflection and growth.

How to Use the HOP-R

As discussed, the HOP-R utilizes three domains; within each domain are the associated habits that, if continually practiced and refined, can optimize the individual's development and overall growth as a pharmacy-practice preceptor. Each individual preceptor habit has at least two criteria that describe what a preceptor does. The habit levels; developing, proficient, accomplished, and master, describe how this habit is displayed and the degree of mastery (Table 1).

TABLE 1. Habits of Preceptors Rubric Overview of Domains and Habits¹

<i>Domain</i>	<i>Preceptor Habit</i>	<i>Habit Level Achieved (Developing- Proficient- Accomplished- Master)</i>
1. Preceptor is a practice role model	1.1 Demonstrates professionalism in character, competence, and connection with others as per the Taxonomy of Professionalism	Each of the 11 preceptor habits should be individually assessed for achievement (i.e., developing, proficient, accomplished, master).
	1.2 Establishes and maintains professional relationships	
	1.3 Demonstrates self- and social- awareness in communication	
	1.4 Displays an outcomes-oriented approach to their professional work	
	1.5 Engages in continuous professional development (CPD)	
	1.6 Advocates for positive change in the pharmacy profession	
2. Preceptor is an effective educator	2.1 Creates a positive learning environment	
	2.2 Uses established precepting principles	
	2.3 Adapts teaching methods to meet the needs of individual learners	
3. Preceptor provides high-quality assessment of learners	3.1 Provides accurate, quality feedback to learner	
	3.2 Evaluates learner performance appropriately	

To complete the HOP-R, read the rubric from left to right and review each row one at a time. If an individual regularly displays the descriptors listed, they would check the boxes next to them. Some habits include the following frequency intervals: “occasionally”, “frequently”, “usually”, and “always”. “Occasionally” implies that an individual displays the habit 0-25% of the time, “frequently” 25-50%, “usually” 50-75%, and “always” 75-100%. Note that if a box is checked as “frequently”, this implies that the habit is displayed “occasionally” as well. Once all the rows of a particular habit are completed, a rating is marked in the “habit level achieved” column. The preceptor’s achieved habit level for each habit is the highest level where all preceding habit levels descriptors are displayed. For example, if all the boxes are checked under “developing habits” and “proficient habits” but there are still some boxes unchecked under “accomplished habits” and “master habits”, the rating would be “accomplished” as this is the first level that includes habits not yet displayed. When finished with each habit, it is suggested that self-reflection is utilized to create a

continuous professional development plan. For a small fee, an on-demand continuing education module is available from CE Impact that showcases how the HOP-R can be completed and utilized by an individual preceptor.³

Completion of the comprehensive HOP-R can be daunting. To combat this fatigue, it is suggested to break the rubric down into parts. For example, tackle one domain or individual habit at a time depending on preceptor interest or organizational need. After completing the assessment for one or more of the 11 preceptor habits, pause to reflect to determine which habits to target for refinement and create an actionable plan. It is the research team’s hope that in the future, the HOP-R will become an interactive, online platform that will facilitate HOP-R completion into smaller pieces to decrease the overwhelming nature of the rubric.

Future considerations

After completion of the HOP-R, a preceptor should have a well-rounded idea of strengths and areas of opportunity. It may be helpful to schedule an annual appointment to perform serial self-evaluations of one’s precepting capabilities using the HOP-R. Convenient times could coincide with the start of an academic

or residency year, the start of a calendar year, or coinciding with your annual performance evaluation.

Additionally, a team of preceptors at a practice site could work through the HOP-R together, setting goals and forming accountability groups with each other. The HOP-R could also be a powerful tool to assist the seasoned preceptor in mentoring newer preceptors.

Ways that an organization can use the HOP-R include asking preceptors to individually fill out the rubric and annually discuss the results as a continual self-reflective and professional development process. Reviewing organization-wide HOP-R results could assess each habit spectrum globally for a cohort to guide programmatic preceptor development. Furthermore, this could be a useful tool to be employed as part of a preceptor development workshop, where facilitators could help guide participants through the self-reflection process. Lastly, it could be utilized as a pre-post assessment for established teaching and learning curriculum to measure the impact of the program.

Conclusion: A Call to Action

Preceptors have a duty to learners to prepare them for future pharmacy practice. Preceptors often ask learners to



self-assess and reflect, therefore they should role-model through self-assessment. The HOP-R provides guidance for individual pharmacists to comprehensively self-reflect and increase precepting quality. The HOP-R can be distributed to members of a pharmacy department and leveraged for discussion points between peers, mentors, as well as staff and managers. Furthermore, pharmacists and pharmacy departments can allow regularly scheduled time to use the HOP-R to identify areas for growth. By creating a culture of self-assessment within precepting, the pharmacy profession can continuously improve the preparation of the next generation of pharmacists.

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