

## PRECEPTING SERIES:

# It's Okay to be Mean as Long as it Has Meaning: An Approach for New Preceptors to Challenge Learners

by Victor L. Warne, PharmD, BCPS

**M**any pharmacists are asked to step into the role of preceptor before feeling confident they are ready.<sup>1</sup> In particular, pharmacists with less experience may feel nervous about precepting a high-achieving student or resident. For these pharmacists, there may be less separation in the clinical knowledge gap between learner and preceptor and additional creativity may be required to maximize the amount a learner takes away from an experience. This article offers an approach followed by one such preceptor to provide a framework others may find beneficial when preparing to enter the realm of precepting.

## Identifying Positive Preceptor Traits

A good starting point is to reflect on one's past preceptors that created positive learning experiences and attempt to identify what positive traits those preceptors exhibited. For example, when I reflected on preceptors and mentors who I felt created the most positive experiences for me, a handful of pharmacists came to mind. Not surprisingly, there were some common traits shared by these preceptors. Each possessed a wealth of clinical information, set clear expectations, displayed "situational stubbornness" (picked certain times or situations to force me to be independent rather than jumping in themselves), and had a reputation that was known prior to arriving on rotation. When identifying positive traits, it is important to consider traits that may be difficult or beyond a preceptor's current skill level. These traits can be goals to work toward and can still be useful in the next

step of this process.

## Identifying Potential Pitfalls

The next step in this process is to identify potential pitfalls that may be associated with the positive traits from step one. This allows pharmacists to have a greater awareness of areas to attentively balance during a precepting experience.

Following the examples used in the previous section, a preceptor with clinical expertise should be aware of how and when they share their expansive knowledge with learners to avoid embarrassing their learner in rounds or other more public interactions. This could discourage learners from participating as readily in future interactions. Similarly, setting clear but unrealistic or unfair expectations can also discourage learner participation. A potential pitfall of choosing when to be stubborn with learners is being too complacent and reducing the number of critical thinking opportunities the learner can work through on their own.

It can be difficult to identify pitfalls for some of the positive traits identified. This was the case for me when thinking about having a reputation as a preceptor. In this instance, some creative thinking may uncover more indirect pitfalls to consider. In this case, I thought back to the preceptors I had heard were tough before I arrived on rotation and realized I was more nervous to start these experiences than others. Fortunately, these experienced preceptors were approachable and quickly eliminated the feeling of needing to impress them. For the purposes of this exercise, I wanted to be aware of the potential to create a "learner vs preceptor" dynamic that could apply unnecessary pressure to learners, which is something that could

possibly result from creating a robust and challenging learning experience when learners discuss that experience with each other.

With a list of cautions, it is important to remember that learners may perceive experiences differently than preceptors. Part of avoiding pitfalls is to remember to check in with learners. Devising some strategies to address these pitfalls ahead of time is encouraged to allow for easier and quicker adjustments during a learning experience.<sup>2</sup>

## Creating Your Preceptor Persona

After creating lists of positive traits and potential downfalls, the next step is to use those lists to create a personal preceptor persona. This step is essentially borrowing an exercise that many educators, and indeed, many pharmacists, already do in the form of creating a teaching philosophy statement and adapting it specifically to fit with precepting learners.<sup>3</sup> I personally found my teaching philosophy statement felt somewhat vague and non-specific. In my statement, I wanted to address multiple facets of teaching, so the precepting portion was not as descriptive as I wanted, which resulted in limited guidance in preparing to be a preceptor. Enter the preceptor persona.

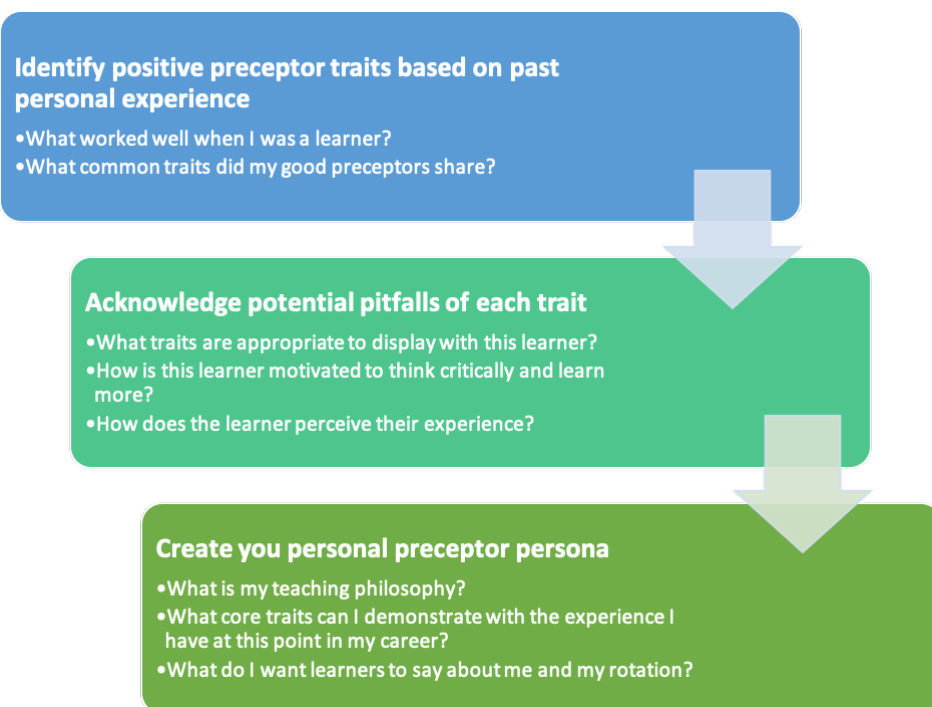
Armed with the lists used as examples previously, it is time to more specifically identify a core set of traits to guide a preceptor's actions. This can be tricky since it is the most nebulous of the steps and may take some thinking and reflecting over multiple days to feel confident in the final persona. To lend some guidance, I will again share my thought process and final traits. Initially, the biggest worry I had was creating space between myself

(in my first year post-residency) and my learners (primarily fourth year pharmacy students, just two years chronologically behind me). This was compounded by not feeling like I had the clinical base or expertise many of my mentor preceptors had. After reflecting on this, I decided the best way to address it was to focus on my expectations for learners. I decided while I gained experience as a pharmacist and a preceptor, it was more realistic for me to enforce expectations rather than goals or milestones. In addition, a related trait I decided to take on was to focus on skills. While my clinical experience may have been comparatively narrower than other preceptors, I could teach my learners how to do what I was doing to improve and introduce them to skills not taught in the classroom. Examples that may be pertinent depending on staffing location might be programming IV smart pumps and gaining comfort double-checking high risk medications with nursing, prioritizing and optimizing pharmacist workflow during peak hours in a community practice, or creating and utilizing effective documentation templates or shortcuts to reduce charting time in ambulatory settings. There are also skills that can be enhanced in any practice setting such as becoming more efficient with researching information or improving communication skills. The third trait I built into my preceptor persona was to be firm but understanding. I recognized that being overly strict as a new preceptor could have some negative consequences and wanted to instead be firm with my expectations while remaining approachable. An example of displaying this with a student could be setting a calendar of deadlines early in the rotation and clarifying that there is some flexibility if a conversation is initiated in a timely fashion or in the presence of extenuating circumstances. This finalized my framework for precepting: being expectation and skills focused while being firm but approachable.

## Tips for Getting Mean

Simply having a framework is not necessarily going to result in a challenge for high-achieving learners, though it certainly will make it easier to utilize some “mean” strategies. I view being mean as “facilitating

**FIGURE 1. Self-Reflection Questions for Preceptor Consideration**



challenging experiences.” There are tasks that would provide little benefit to a learner at the cost of discouraging them in some way. Pushing a learner out of their comfort zone is important, but intentionally putting them in embarrassing or demeaning situations is not appropriate. I do not consider such tasks to be mean; rather, I view them as counterproductive.

Different practice settings will have different opportunities to provide challenging experiences, but there are some common themes that can help generate ideas for any setting.<sup>4</sup> I personally lean on three categories when I need to challenge a learner: hiding my support, discovering knowledge gaps, and being persistent. For my practice in the emergency department, there are plenty of opportunities to foster a learner’s independence by hiding my presence. A favorite method I use is having a learner work in one of our pods that is physically separated from me. I make sure I am available to communicate with and set the expectation that we will discuss patients every 60 minutes. This forces the learner to take an extra step before asking for my help, and a high-achieving learner will often gain confidence from this forced independence. Finding knowledge gaps requires some finesse and the right attitude

in a learner, but I essentially utilize gentle quizzing in an environment where other providers cannot overhear our discussions. I find that challenging the learners to “tell me one more thing” about a treatment, disease state, drug action, etc. is a good way to identify where they may not know as much relative to the rest of the discussion. This provides an opportunity to show learners there is always one more thing to learn. In general, I am also persistent and make sure any question I ask a learner is answered. At the end of each day, I like to review what unanswered questions remain so my learner can look into the answers by the next rotation day.

## Keep Practicing

As with any part of pharmacy practice, the key is practice. Having a perfect rotation, especially for newer preceptors, is not realistic; however, learners do not need the perfect rotation to leave with improved knowledge and skills. With every learner, reflect on what went well and what did not, and identify some things to try differently with the next learner. With continued practice, every pharmacist has the ability to challenge the brightest learners. All it takes is a little “mean.”

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