

PRECEPTOR SERIES:

Active Observation in Pharmacy Precepting

by Mindy A. Bauer, PharmD, Shabnam Dabirshahsahebi, PharmD, MS, and Katherine E. Rotzenberg PharmD, MBA, BCPS

Abstract

Active observation is a learning strategy that provides guiding structure to traditional observation activities. This article provides an overview of active learning in general, the benefits of active observation, potential obstacles to its implementation, and ideas for pharmacy preceptors to introduce this strategy in practice.

Active learning, a significant shift from the traditional one-size-fits-all instructional approach, has received considerable attention over the past several years.¹ This approach was introduced as part of the problem-based learning concept and more recently as an element of the team-based learning concept.^{2,3} It involves both the instructor and the students working cooperatively.⁴ It also engages the learner so that knowledge gain and recall are increased.

Active learning instructional strategies include a wide range of activities that share a common element.^{5,6} They involve students in doing things while thinking about what they are doing. These strategies can help incorporate active learning into day-to-day clinical teachings. They range from simple techniques such as think-pair-share and targeted questions to more complex techniques such as case scenarios and experiential learning.^{4,6}

Active learning is beneficial to both students and preceptors. For students, it facilitates knowledge retention, mastery of skills such as critical thinking, and problem-solving.⁷ This can lead to improved academic achievement, quality of interpersonal interactions, attitude and self-esteem, and retention in academic programs.^{1,8-10} For preceptors, active learning increases reflection on current practice and opens up the possibility

of growth.¹¹ It also fosters inspirational connections with colleagues by sharing effective practices and impacts teaching practice and learning from students.

Active Versus Passive Observation

In clinical healthcare teaching, observation is a crucial component; however, many preceptors may not be aware that observation is an active learning strategy.⁷ Contrary to popular belief, observation is not simply an inexpensive way to provide student exposure to a practice area.¹²

Active or purposeful observation occurs when the preceptor provides structure for the student's observational experience, either real or simulated.^{4,7} Students are engaged to not only perceive what is happening at the surface but also the underlying thought processes.⁷ Observation is selective and influenced by the background of the observer. Carefully developed active observation experiences help the student create a framework where previous experiences are reconciled with new ones and true learning occurs.⁴

In contrast, the lack of structure provided by passive observation can lead to failure to observe what was intended, either because the student is trying to observe everything simultaneously or simply focuses attention on a different aspect of the activity.^{7,12} Student boredom can also occur when there is no accountability or unclear expectations surrounding the observation.¹² This situation is frustrating for both the preceptor and the student.

Developing Active Observation Guides

An observation guide is a very valuable tool that creates a structure for the learners' observations.⁷ This can serve to accentuate relevant existing knowledge, skills or attitudes in readiness for further learning.

Active learning experience consists of three main phases: pre-observation (prepare), active observation (observe), and post-observation (debrief).^{12,13} Observation guides are flexible tools that can be utilized during the observe phase in a range of healthcare contexts.⁷

The questions to be asked when developing a guide should include the following:

1. What/who is the learner being asked to observe?
2. What prior knowledge does the observation guide assume?
3. How is the observation supposed to happen? And how is it supposed to be reported?
4. What might be the intended learning outcome(s)/purpose of the observation?
5. What are the intended action plans following the observation?¹¹

During the pre-observation phase, the preceptor discusses specific learning goals for the observation with the student.¹¹ This discussion should include the target of observation, such as the patient or the clinician. The focus needs to be specific, such as the patient's condition (e.g., parkinsonism) or how the clinician is performing a particular task (e.g., blood pressure reading).⁷ This assumes the learner has a general understanding on the disease state or the details of a specific process. The nature of observation could be to make a behavioral observation, or to interpret or analyze the information the students gather during their observations. The active observation can be presented in a written or oral fashion to the preceptor. Soon after the observation, debriefing takes place to provide an opportunity for students to reflect on the experience, ask questions, and share ideas and learning outcomes with a preceptor in order to make sense of the observation.¹² Examples of learning outcomes include the review of typical



features of a disease, the ways in which the illness affects the patient's quality of life, or an opportunity to interpret clinical findings and relate them to the patient's presenting symptoms. The debriefing phase covers the "so what/now what" and is followed by an action plan with a focus on improvement.¹² This will provide a chance to construct the practical next steps to implement new ideas and strategies.

Observation guides can be used in formats including, but not limited to, the following:⁷

- a) Having an extensive discussion on questions and answers
- b) Having multiple students observing the same activity, asking them to debrief with each other and discuss with preceptor(s)
- c) Asking each student to observe a distinct aspect of the activity and then pool the observations to draft the final report

Obstacles

Implementing active observation techniques into learning experiences for students may seem like an intimidating task. One reason may be the time and effort it takes to prepare for and debrief

after the observation experience.¹² Another reason might be the teaching beliefs of the preceptor.^{4,13} Many preceptors tend to teach the way they were taught, which historically was from lecture-based, passive methods. Other preceptors may simply not be aware of other teaching strategies that are equally or even more effective than their current methods. Yet others may agree with the effectiveness of active observation, but feel uncomfortable with incorporating a new way of teaching or lack enough information on how to do it. Finding appropriate types of situations for students to observe may also be a stumbling point for preceptors. Ideally, the observation experience should fit the student's education level as well as the student's own professional experience, personal background, and learning style.⁷ A final barrier may actually be the presence of the student.¹² Adding an observer to any situation may change the behavior and responses of the patient as well as the preceptor who may act in a more ideal manner than real-world practice usually allows.

How to Implement Active Observation Into Practice

There are practical ways to implement active observation while overcoming potential barriers. Preceptors new to this teaching strategy might find it helpful to implement it gradually. It can be tried first with a routine activity the preceptor is comfortable with that is also a key proficiency for pharmacy students to develop, such as patient consultation skills. After creating an observation guide, preceptors should reflect on it and think about what is easiest and hardest for a student and why.⁷ Then, think about how the specific items the guide asks the student to observe could change to be adjusted to the student's level. One idea is to use the school's objectives for the course as a framework for creating observation guides for different learning activities.¹⁴ This assures appropriateness for the student's education level and saves time by helping to identify what the student should observe and what the focus points should be throughout. To further tailor the experience to the individual learner, preceptors can make adjustments to the guide by incorporating the student's own experience, background, and style.⁷ The student can be involved in this process by having him or her review the guide and identify

preferred areas of focus and any other changes. Having the student see the guide beforehand also allows for preparation. Preceptors should allow and encourage the student to review the patient's chart or profile if needed, or interview the patient prior to the observation if appropriate for the learning outcome.¹⁵ Another idea is to have students suggest observation experiences and create guides for future students at the same or lower level of educational experience.⁷ Involving students in the process of creating or tailoring a guide not only helps the preceptor, but also serves to develop the essential professional skill of organizing one's observations.

It is beneficial to involve other pharmacists, technicians, or other health care professionals in the student's observation experiences.¹⁶ This can be especially helpful when working to meet certain objectives that the pharmacist's activities usually don't encompass. For instance, students early in their professional education may have some objectives that might be best learned from a technician. The preceptor can also have the student observe others who serve as an exceptional role-model in certain tasks or situations. Involving others also helps distribute the workload and decreases the demand on the preceptor. Active observation of more than one person also allows the student the opportunity to see and learn others' perspectives and styles, which can help with identifying best practices and his or her own style.

Not all encounters or situations students observe will go as expected.⁷ As part of the guide, preceptors can prompt students to identify what aspect(s) of the observation was unexpected or surprising. This can serve as a platform to debrief about what went wrong, what helped, or what could have been done differently to help prepare students to deal with the unexpected in a professional manner.

Observation experiences can be significantly improved for both the preceptor and student when they are reconsidered as active learning opportunities and structured with one or more observation guides. The barriers to implementation are few, largely upfront, and should not deter preceptors from strengthening these learning experiences.

Examples of Active Observation in Practice

Example 1: Active observation during patient consults.

1st year introductory pharmacy practice experiences (IPPE) student: Listen to how I build rapport with the patient. Watch the patient's reaction to the side effects of the medication and how I alleviate the patient's concerns.

3rd year IPPE student: Prior to watching the consult, jot down how I should tell the patient to take the medication and also some of the key side effects that I should review with the patient. Afterward, we will compare and discuss what you wrote and what I covered.

Example 2: Active observation of an office visit.

I am going to be meeting with a patient today who is having difficulty adhering to his medications. Watch how I use motivational interviewing techniques. Write down the techniques I use and why I am using them for this patient. Write down what you think might help the patient. ●

Mindy Bauer and Shabnam Dabirshahsahebi are Drug Information Pharmacists at SSM Health Dean Medical Group Drug Information Services, Madison, WI. Katherine Rotzenberg is a Clinical Pharmacy Manager at SSM Health Dean Medical Group Drug Information Services and SSM Health St. Mary's Hospital, Madison, WI.

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