

PRECEPTOR SERIES:

Facilitating Effective Topic and Case Discussions

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The *Journal* has published a series of pharmacy precepting articles on an array of topics, including orientation, teaching styles and feedback.¹⁻⁶ An additional skill within the precepting armamentarium is effective facilitation of topic and case discussions. Topic discussions are generally utilized to support and expand foundational knowledge. Case discussions combine a topic with a specific patient scenario and allow for an enhanced opportunity for application of knowledge. Preparation, knowledge about learning styles, effective facilitation and any follow up, such as feedback and evaluation, can be optimized to enhance the utility of topic and case discussions.

Preparation

Developing and communicating expectations are important steps in any learning experience.³ Decisions about leadership, the venue, time requirements and whether the discussion will be formal or informal are helpful in promoting meaningful results from topic or case discussions. The discussion leader can be a preceptor or learner, with the latter often being an effective choice to encourage active learning and development of precepting skills.⁷ When multiple learners are present, topic and case discussions allow an opportunity for the discussion leader to employ the four preceptor roles outlined by the American Society of Health-System Pharmacists, including direct instruction, modeling, coaching and facilitation.⁸ In a series of discussions, the preceptor can lead in the beginning and model appropriate behaviors such as purposeful questioning, clinical application and redirection when necessary. Thereafter, learners can lead discussions with the help

of coaching and feedback from a preceptor in attendance. Facilitation should be considered if a learner has demonstrated mastery of a subject and has previously led successful topics or cases with coaching. This can serve as a valuable experience near the end of a residency year when the learner will soon be transitioning to the role of independent practitioner. Unless decided otherwise, the discussion leader should be responsible for any necessary communication including the topic, location, time, pre-discussion expectations and any noteworthy literature that will be discussed.

The learning environment should be determined in advance, communicated to all invitees and be appropriate in terms of size and technological capabilities. The discussion should be held in a quiet location away from patient care responsibilities to minimize distractions whenever possible. Furthermore, arranging coverage for patient care responsibilities during the discussion is helpful if a particular pharmacist staffing model allows for it. If not an option, thought should be put into determining the most mutually beneficial meeting time for all involved. Time for setup, evaluation and feedback should be factored in when determining how long to reserve a room. The discussion leader should be encouraged to arrive at the venue early for any necessary setup and trouble shooting.

When patient care responsibilities make it challenging for pharmacists to effectively precept topic or case discussions, one idea that can be trialed is sharing discussions.⁹ This concept takes multiple learners across different learning experiences and pairs them with one preceptor, often a content expert, for a discussion. One learner can be selected to lead each discussion in an active learning style, with the preceptor

making sure key points are covered and pertinent information is understood. Some benefits of this sharing concept include active learning, opportunities for learners to work on their own precepting skills and the ability for other pharmacists not involved in the discussion to have a learner-free interval in their day.

Learning Styles

Although the information provided to learners will be similar, helping them understand and apply the information will differ based on each individual's learning style. Traditional learning styles referenced are auditory, visual and kinesthetic.¹⁰ Topic and case discussions tend to cater best to auditory learners; however, they may be catered to visual learners through drawing of diagrams, mnemonics, etc. Kinesthetic learners, those who learn through moving and doing, may require the additional adjustment of requiring them to write or draw examples.

More specific to pharmacy, the Pharmacists' Inventory of Learning Styles (PILS) separates learning styles into four categories: enactors, producers, directors and creators.¹¹ Learners are able to complete a survey that identifies their dominant and secondary learning styles. Additionally, preceptors can complete the survey to determine their own learning style and gain further insight into how the different styles compare and contrast.

Enactors learn best in hands-on situations rather than lectures and are concerned about time and efficiency.¹¹ For topic discussions, application to a recent patient case example can help facilitate synthesis of new information.¹² Case presentations led by an enactor may focus on the main problem at hand while other issues get overlooked. Stressing the importance of a systematic process

for identification and resolution of medication-related issues can improve their performance.

Producers are attentive to detail and prefer learning through observation.¹¹ Being rule-oriented, they may struggle with controversial areas within medicine. Pointing out the “grey” areas within a topic or patient case can facilitate further discussion and allow them to learn how to work through the risks and benefits of decisions.¹²

Directors are focused and tend to not spend much time on theoretical matters.¹¹ This allows for concise topic or case discussions, but the conversation may miss implications of situations outside the normal patient presentation. Posing questions related to atypical cases can help a director develop a deeper understanding of the topic.¹² Development of several key points for the learner to remember can play to their strength as a director if they demonstrate a lack of baseline understanding on the topic at hand.

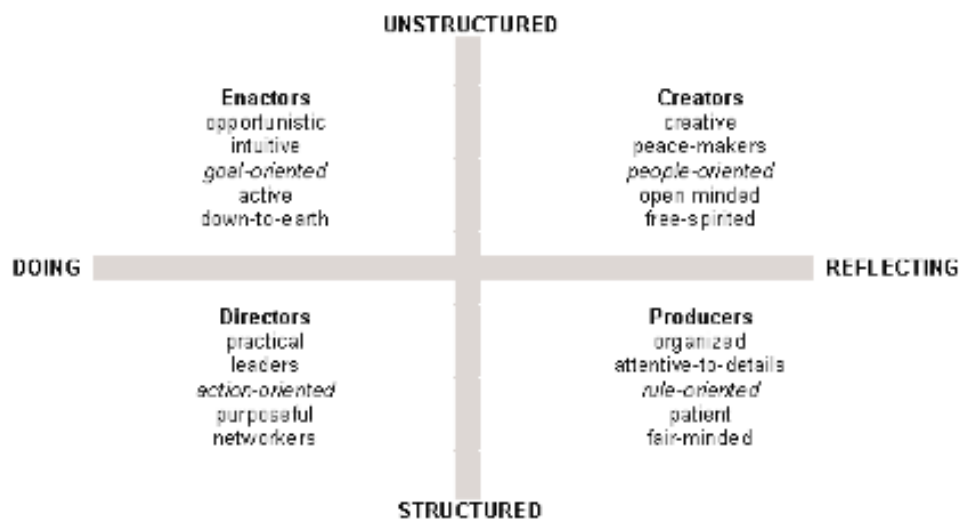
Creators tend to be more akin to the traditional kinesthetic learners who learn by doing.¹¹ They may benefit from preparing an outline for use during topic discussions to keep them on task and apply the information.¹² Case presentations play to a creator’s strength as they are able to develop a treatment plan.

Frequently, multiple learners of varying knowledge bases and learning styles will be participating simultaneously in a topic or case discussion. Catering to all of the learning styles can be challenging, but accomplished by blending the aforementioned techniques. It is important to remember each learner has a dominant and secondary style.¹¹ Therefore, a combination of the delivery of information should be used to optimize the learning experience even if only one learner is present.

Facilitating the Discussion

Whether the preceptor or learner leads the discussion, the preceptor should ensure active participation of everyone involved. Preceptors should use their expert knowledge of medication therapy to highlight predetermined important information. Enthusiasm for subject matter and application to previous

FIGURE 1. Typology for Pharmacists’ Inventory of Learning Styles (PILS)



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learning experiences can help keep learners motivated.¹³ The preceptor should not only focus on learning styles of the group but should also selectively focus questions based on their stage of learning. Questions that draw on remembering information from the reading may be most appropriate for students, whereas application and synthesis questions may be best directed at residents.¹⁴

As learners delve into a disease state, they find ample opportunity to question what should be done and why to do it. Staying on task and completing discussions in a timely fashion is an important skill for a preceptor to possess. This should be weighed against the downfalls of not allowing time for the learner to process a question and respond. Developing a series of questions to redirect the thought process of the learner is a skill that takes practice. If a learner is unable to provide the desired response, taking over the discussion could be counterproductive for a preceptor.¹⁴ Instead, consider assigning additional reading with expectations to follow up, leading to more in-depth application of the knowledge.

Despite efforts to ensure appropriate communication of expectations, difficult situations may arise.¹⁵ The most frequent issue as it relates to topic and case discussions is a lack of preparation. If it is

evident the learner(s) did not appropriately prepare for the discussion, the time may be better served by having a conversation restating the goals and expectations of the learning experience and allowing them to use the time to better prepare for next time.

Discussion Follow Up

Following a topic or case, immediate and in-person feedback for the discussion leader is preferred and most effective. Learners are often hardest on themselves, so promoting self-evaluation by asking a learner what he/she thought went well and what could have been improved can serve as a starting point. Thereafter, preceptors can utilize a variety of feedback mechanisms previously described in *The Journal* including the feedback sandwich, Start-Stop-Continue model or four step model.² Feedback should be provided on the topic or case content in addition to teaching style and how the discussion met the learning needs of all participants.

Completion of a formal written evaluation form is optional and is more common for case presentations. The decision to pursue this modality depends on expectations, learning styles and how the learner best receives feedback. If multiple preceptors are in attendance, written evaluations can be beneficial in allowing the presenter to get several



different perspectives. Furthermore, written evaluations can be saved if desired, and progress can more easily monitored from one discussion to the next.

One final consideration following a topic or case is follow up on any unanswered questions that came up during the discussion. This follow up can often be done effectively and efficiently through email and preferably sent to all involved in the discussion. If the information cannot be concisely summarized, an additional discussion may be necessary.

Conclusion

Topic and case discussions can be a useful tool in enhancing the learning of students and residents. Topics allow for supplementation of background knowledge, and cases afford learners the opportunity to apply that knowledge to a specific patient scenario. Focusing on preparation, learning styles, facilitation, feedback and evaluation can foster an effective discussion. ●

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