

PRECEPTOR SERIES:

Strengthening Preceptor-To-Preceptor Handoffs Using Transitions of Care Improvement Strategies

by *Brianne K. Bakken, PharmD, MHA*

There are many similarities between the handoffs that occur for patients and learners in the healthcare system. While there is a robust body of research describing the handoffs and transitions of care that occur for patients in the healthcare system, there is limited research describing the process of transitioning or handing off pharmacy learners between preceptors or between experiential rotation sites. Likewise, there is a lack of guidance on how to improve preceptor-to-preceptor handoffs of pharmacy learners. This article will explore opportunities for improving preceptor-to-preceptor handoffs in experiential education using the transitions of care model and corresponding improvement strategies.

Comparing the Healthcare Experience for Patients and Pharmacy Learners

Patients enter the healthcare system to receive care. Patients present with a baseline level of health and are seeking an expert to provide an evaluation and intervention intended to improve their current state of health. Similarly, pharmacy learners (i.e. residents and students) enter the healthcare system to receive experiential education and training. Pharmacy learners arrive with a baseline level of knowledge and skills and are seeking an expert to provide an evaluation and intervention intended to improve their knowledge and skills (Table 1). During their time in the healthcare system, both patients and pharmacy learners may transfer between multiple experts and locations to receive

the interventions necessary to improve from their current state of health or knowledge, respectively. The process of transferring or handing off patients and learners in the healthcare setting creates opportunities for important information to be lost or miscommunicated. For patients and learners, the transfer process can cause confusion, dissatisfaction and can be associated with negative outcomes to their health and education, respectively. The transitions of care model and corresponding improvement strategies focus on ensuring consistency and continuity for patients transferring through the healthcare system. A similar transitional model can be created to focus on the consistency and continuity of precepting learners during

their experiential education and residency training in the healthcare system.

Transitions of Care Framework

Transitional care, now more commonly known as transitions of care, was first introduced in the literature by Eric A. Coleman in 2003.¹ Transitions of care are defined as a set of actions designed to ensure coordination and continuity of care as patients move between locations, providers, or levels of care.¹ The National Transitions of Care Coalition identifies four areas where transitions of care occur:²

1. Within the same healthcare setting (e.g. intensive care unit to general medicine unit)
2. Between healthcare settings (e.g.

TABLE 1. Comparison of Patient and Pharmacy Learner Entering the Healthcare System

	<i>Patient</i>	<i>Pharmacy Learner</i>
Baseline or Current State	Presents with a baseline level of health	Presents with a baseline level of knowledge and/or skills
Reason for Entering	Seeking evaluation and intervention from a highly-educated individual or "expert" who they believe can improve their health	Seeking evaluation and intervention from a highly-educated individual or "expert" who they believe can improve their knowledge and/or skills
Expert	Healthcare Provider	Preceptor
Evaluation	Evaluation performed by the expert to assess the patient's current level of health	Evaluation performed by the expert to assess the learner's current level of knowledge and/or skills
Intervention	Provided with a care plan from the expert intended to improve the patient's health	Provided with a learning plan from the expert intended to improve the learner's knowledge and/or skills
Positive Outcomes of Effective Transitions	Patient Satisfaction Patient Education Improved Health	Learner Satisfaction Learner Education Improved Knowledge/Skills
Negative Outcomes of Poor Transitions	Patient Dissatisfaction No Change in Health Poor Health Outcomes Detrimental to Long-Term Health	Learner Dissatisfaction No Change in Knowledge/Skills Poor Education Outcomes Detrimental to Long-Term Career

- hospital to rehabilitation center)
3. Across levels or states of health (e.g. curative care to palliative care)
 4. Between providers (e.g. specialist to primary care)

Ineffective transitions of care can result in patient knowledge deficits, negative patient experience, discrepancies in medications or care plans, delayed or missed follow-up appointments, and hospital readmissions.³ Poor transitions of care and the downstream effects can also be extremely costly to the healthcare system. The correlation between poor transitions of care and negative patient outcomes highlighted an opportunity for improving the healthcare system. Transitions of care are now an area of focus for healthcare organizations, such as the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC), healthcare administrators, providers (including pharmacists) and researchers across the country, in an effort to minimize medication errors and prevent hospital readmissions.⁴⁻⁶

Transitions of Precepting

Transitioning learners between preceptors without a clear process has the potential to introduce similar vulnerabilities witnessed in healthcare before the transitions of care movement. Coleman's definition and model of transitions of care can be adapted to create a new model focusing on the education and training of pharmacy learners.¹ Transitions of Precepting can be defined as a process or set of actions designed to ensure coordination and continuity of precepting of pharmacy learners as they transfer between rotation sites, preceptors or stages of education and training. Similar to the four areas identified by the National Transitions of Care Coalition, transitions of precepting can occur:²

1. Within a health-system or single rotation site (e.g. central pharmacy, emergency department, or inpatient unit)
2. Between rotation sites (e.g. community pharmacy rotation to inpatient general medicine)
3. Across levels of education/training (e.g. IPPE to APPE, APPE to PGY1, or PGY1 to PGY2)

4. Between preceptors

Schools of pharmacy and pharmacy residency programs follow rigorous standards set forth by their respective accrediting bodies and therefore set forth robust expectations for their preceptors and learning experiences.⁷⁻⁹ They expect rotation experiences that allow their pharmacy learners to apply knowledge and skills previously acquired, engage in meaningful activities, and receive guidance and feedback from their preceptors. Rotation experiences should promote growth and development over the course of each rotation and longitudinally over all of the learner's experiences. Ideally, the learner's responsibilities, activities and level of autonomy should expand as each rotation progresses and longitudinally over the entirety of their experiential training.

When transitions of care are inadequate, they can result in poor patient satisfaction and poor patient outcomes (e.g. adverse events and hospital readmissions). Poor transitions of care undoubtedly have the potential to result in more serious and detrimental outcomes than that of poor transitions of precepting, but the latter can still affect the practice site's quality through its significant impact on pharmacy learners and preceptors. The negative outcomes associated with poor transitions of care can mimic those of poor transitions in precepting (Table 1).

Pharmacy learners may interact with and be supervised by multiple pharmacy preceptors during a single experiential rotation. The experiential rotation site may utilize a site coordinator or primary preceptor responsible for organizing learner schedules and disseminating information to preceptors on behalf of the residency program or school of pharmacy. All preceptors involved in the experiential rotation should receive essential information in advance of the learner's first day and should continue to communicate amongst one another throughout the rotation experience. When information about the learner (e.g. demographics, goals, and interests), rotation requirements, progress made, and feedback previously provided is not communicated amongst all preceptors, the learner may feel their progression is being halted or even reversed. This breakdown in communication can

result in frustration and dissatisfaction for both learners and preceptors, hindering their abilities to be effective and productive.

This phenomenon can also occur at the end of a rotation when the learner transfers to a new rotation site. The transition between practice sites may not be accompanied with documentation or information shared between preceptors at the respective sites. The preceptor receiving the learner may have limited information on previous progress, identified areas of improvement, or previous feedback provided to the learner. This lack of information inhibits the preceptor's ability to maintain forward progress. As a result, the learner may regress toward baseline at the start of each new rotation, rather than building upon their previous experience. Efforts should be made to improve communication between preceptors and experiential rotation sites that will foster continual growth and development, while complying with policies and laws, such as the Family Education Rights and Privacy Act (FERPA).¹⁰

Improving Transitions of Precepting

Breakdowns in communication, poor patient education and lack of provider accountability were among the most frequent causes of ineffective transitions of care identified in root cause analyses conducted by TJC.¹¹ Multiple evidence-based models for improving transitions of care have been created to improve patient outcomes.¹¹ The models focus on five elements, which can be used to create a model for improving transitions of precepting pharmacy learners in experiential education and residency training.

Accountability: There must be a shared accountability for improving transitions of precepting that includes school of pharmacy experiential education programs, residency programs, practice site coordinators, preceptors and learners. Together, these groups are jointly responsible for the remaining elements discussed below that are necessary for improving transitions of precepting.

Collaboration: Together, experiential education programs, residency programs,

FIGURE 1. Example Orientation Checklist

<p><input type="checkbox"/> Parking Instructions</p> <ul style="list-style-type: none"> ▪ [Describe or list instructions for <u>parking and navigation to practice site</u>] <p><input type="checkbox"/> Facilities Tour:</p> <ul style="list-style-type: none"> ▪ Personal storage area ▪ Work space and/or computer area ▪ Bathrooms ▪ Exits ▪ Breakroom and/or refrigerator <p><input type="checkbox"/> Introductions:</p> <ul style="list-style-type: none"> ▪ Pharmacy preceptors ▪ Pharmacy technicians & staff ▪ Pharmacy residents/students ▪ Members of healthcare team (doctors, nurses, social workers, etc.) <p><input type="checkbox"/> Unique Practice Site Issues or Concerns:</p> <ul style="list-style-type: none"> ▪ Working with [list specific disease states or populations] patients ▪ [Describe other specific policies, procedures or best practices] <p><input type="checkbox"/> Dress Code:</p> <ul style="list-style-type: none"> ▪ Professional dress, closed toe shoes, clean white lab jacket and name badge should be worn daily. ▪ [Describe rotation specific dress and appearance requirements] <p><input type="checkbox"/> Badge Access:</p> <ul style="list-style-type: none"> ▪ [Describe process and list paperwork required to acquire badge or keys] 	<p><input type="checkbox"/> Technology Access & Overview:</p> <ul style="list-style-type: none"> ▪ Computer ▪ Electronic Health/Prescription Record ▪ Wisconsin Immunization Registry (WIR) ▪ Wisconsin Prescription Drug Monitoring Program (PDMP) ▪ Phone – including long-distance code, if applicable ▪ Pager – if applicable <p><input type="checkbox"/> Required Training or Documentation:</p> <ul style="list-style-type: none"> ▪ [List all required training modules, paperwork or documentation] <p><input type="checkbox"/> Resources:</p> <ul style="list-style-type: none"> ▪ [List any useful online resources, guidelines, policies/procedures and tip sheets] <p><input type="checkbox"/> Preceptor & Learning Discussion:</p> <ul style="list-style-type: none"> ▪ Resident/student background, goals & interests ▪ Resident/student learning style ▪ Preceptor teaching style ▪ Preceptor interaction & communication preferences ▪ Anticipated progression of responsibilities ▪ Rotation calendar <p><input type="checkbox"/> Rotation Hours: [insert required hours]</p> <p><input type="checkbox"/> Rotation Expectations & Responsibilities:</p> <ul style="list-style-type: none"> ▪ [Provide overview description of daily activities and responsibilities] <p><input type="checkbox"/> Rotation Calendar:</p> <ul style="list-style-type: none"> ▪ Preceptor staffing schedule ▪ Readings & topic discussions ▪ Assignment/project due dates ▪ Meetings, conferences or grand rounds
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and preceptors must collaborate to create a workable infrastructure and standardized processes that will successfully transition learners between rotation sites, preceptors and stages of education and training. School experiential education programs and residency programs should work closely with preceptors or consider creating a committee to create forms and processes used to improve learner transitions. The committee can review the experiential education and residency program schedules to expand layered learning opportunities and scheduling efficiencies. The Layered

Learning Practice Model consists of staff pharmacists or pharmacy specialists precepting residents, who then teach and precept pharmacy students.^{12,13} When the Layered Learning Practice Model is employed, residents can take on the role of the preceptor and be a consistent resource for students, especially in practice settings where staff pharmacist preceptors change frequently throughout the rotation period. Aligning the residency program rotation schedules and APPE rotation schedules allows the resident to serve as a consistent preceptor to the APPE student throughout

the rotation experience and improves continuity of precepting.

Comprehensive Planning: Rotation site coordinators and preceptors should take a comprehensive approach to planning for the learners' rotation experiences. Coordinators and/or preceptors should review staffing schedules to determine all preceptors likely to be interacting with the learner. They should communicate all necessary information to the preceptors to allow for adequate planning and also relay necessary information about the learner and the rotation requirements. Additionally, the coordinator or preceptor should develop a standardized plan for onboarding and orienting the learner.

A standardized orientation checklist can be very helpful for both preceptors and learners (Figure 1). During the orientation period, preceptors should have a discussion with the learner regarding the learner's previous experiences, goals and interests along with an overview of the rotation syllabus, individualized learning plan, rotation responsibilities and expectations. This discussion creates a foundation built on bidirectional communication and mutual understanding between the learner and preceptor.

Learner onboarding should include an individual learning plan and calendar based on the learner's baseline knowledge/skills, goals and interests acquired during the orientation discussion. Implementing learning plans and calendars can foster mutual understanding and responsibility between the learner and preceptors for progression toward and achievement of goals and requirements. The rotation calendar can also be a mechanism for identifying preceptor staffing schedules to ensure the learner knows who they will be working with throughout the rotation experience.

Standardization: School experiential education programs and residency programs can improve transitions of precepting by utilizing a standardized process and forms for documenting progression, providing evaluation and feedback and transitioning the learner between preceptors. They can also implement standardized processes and forms used to transition the learner from one rotation experience to the next.

A weekly transitions of precepting handoff tool for learners can be used to document goals, progress toward attaining goals, activities/requirements completed, opportunities for improvement and feedback provided during each week of the rotation (Figure 2).

Communication: Communication is a vital component for improving transitions of precepting. Initial communication to preceptors from the school of pharmacy experiential education program or residency program should be provided in a timely manner to allow for adequate planning and include necessary information about the learner and the rotation requirements. Preceptors should communicate with the learner to develop a learning plan for the rotation. Communication with the learner and between the preceptors must be ongoing to ensure continuity in completing the learning plan and consistency in evaluating the learner's progress.

The weekly transitions of precepting handoff tool previously discussed (Figure 2) can also be used to facilitate a weekly discussion and feedback session with the learner. The completed electronic document can be shared with all preceptors on a weekly basis to improve communication, consistency and continuity during the rotation experience. At the end of the rotation, the handoff tool can be provided to the next preceptor receiving the learner. The acquiring preceptor can utilize this information to expand upon knowledge and skills already acquired and continue to focus on areas of improvement. This process would foster a longitudinal approach to growth and development.

A focused effort on improving transitions of precepting has the potential to improve the experiential education and training of pharmacy learners. Effective transitions of precepting are mutually beneficial to learners, preceptors and rotation sites. Coupled with the Layered Learning Practice Model, effective transitions of precepting will promote learners functioning as pharmacist extenders, delivering patient care that is beyond what the pharmacy preceptor could provide alone.^{12,13}

FIGURE 2. Transitions of Precepting Weekly Handoff Tool

Learner Name:
 Learner Level: IPPE APPE PGY1/PGY2
 Rotation Site:
 Rotation Type:
 Rotation Cycle/Block:

WEEK #

ACTIVITY LOG

ROTATION ACTIVITY	GOAL #	MON	TUES	WED	THUR	FRI	TOTAL
	#	#	#	#	#	#	#
	#	#	#	#	#	#	#
	#	#	#	#	#	#	#

What were your 3 "big wins" or major interventions this week?

Identify 3 areas of improvement for next week:

Review your rotation goals and assess your progress. What will you do to improve next week?

Brianne Bakken is an Assistant Professor in the Department of Clinical Sciences at the Medical College of Wisconsin School of Pharmacy in Milwaukee, WI.

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