Washington State Department of Health

Experiential Training Manual

For Use by Pharmacy Preceptors, Interns and Technicians

3rd Edition
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Acknowledgement

Many individuals and groups have assisted in the development of this manual by their participation in creating previous manuals, dating from 1973. Their experience and wisdom have been of benefit in creating this version. Our heartfelt thanks is extended to all those who have contributed.

Preface

This third edition of the experiential training manual, formerly known as the Internship Manual, is presented in a new format to assist the preceptor, intern and technician student identify subjects of importance. Utilizing their individual expertise, several authors have addressed subjects from the concept of learning to the legal issues. Hopefully, this broad view will assist all parties involved to maximize the experiential training phase of the intern or technician student's program.

The goal of the manual is to provide all the necessary forms and information to make the intern or technician training a positive experience preparing the individual for a career in pharmacy. It is also intended to satisfy the requirements of Chapter 246-858 WAC.

With the mandates from the Washington State Legislature regarding Medication Errors and the Commission's emphasis on patient counseling, it is the Commission's hope that the tools identified in this manual will be beneficial to the reader.

Pharmacy Quality Assurance Commission
Mission Statement

The mission of the Pharmacy Quality Assurance Commission is to promote public health and safety by establishing the highest standards in the practice of pharmacy and to advocate for patient safety through effective communication with the public, profession, Department of Health, Governor, and the Legislature.

Vision Statement

The Washington State Pharmacy Quality Assurance Commission leads in creating a climate for the patient-focused practice of pharmacy as an integral part of an accessible, quality–based health care system.

- As a result, the citizens of Washington State:
- Are well informed about medications;
- Take responsibility for their health;
- Utilize pharmacists and other health care providers appropriately; and
- Experience the highest level of health and wellness.

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Introduction

You are reading this manual because you have decided to become a preceptor or to continue precepting pharmacy students or technicians. We understand that it is unlikely that you have had much (or even any) formal training in education, and that this makes it challenging to design a learning environment where your students can thrive. What teaching techniques have been proven to optimize student learning? Which of these techniques work well in the experiential setting (where you teach) as opposed to the classroom setting? How can you work an educational experience into a busy practice environment? What are students looking for in an educational experience? What are students looking for in a preceptor? This manual has been designed by the Washington State Pharmacy Quality Assurance Commission, in conjunction with the two pharmacy schools in Washington State and a pharmacy technician training program, to help you answer some of these questions.

The goal of this educational program is to provide you with the tools that you need to design quality experiential learning for the pharmacy student or technician that you teach in the practice environment. By the end of this program, you should be able to:

- differentiate between experiential and didactic learning; describe the challenges in experiential learning that do not exist in the typical didactic learning environment.
- design an experiential learning plan that contains a clear learning goal, learning objectives, and learning activities.
- implement the learning plan, identify and analyze problems that occur, and modify the learning plan to address those problems.
- describe characteristics of excellent teachers; identify which of these characteristics you possess and which behaviors could be modified to make you a more effective preceptor.
- role model for your students' quality practice activities that emphasize patient care and reduce the risk of medication errors.
- apply good communication techniques so that you can evaluate the quality of the experiential learning that you are providing.
- answer the most frequently asked questions relating to legal issues in precepting.

We heartily commend you on your decision to precept and realize that there may be many reasons behind this choice. You may enjoy the stimulation and "update" in the form of discussions with students about therapeutic and practice-related issues. You may honour the memory of a pharmacist mentor who made a significant difference in your professional career, appreciating the impact that a concerned and caring individual can have in the life of a student. You may enjoy the challenge of helping students apply book learning to real live patients or to the business of running a pharmacy. Whatever your reason, *you make a difference!* The practice pearls that you give to your students will be passed on to their students, as will your efforts to create a quality learning environment. In this way you are guaranteed a small measure of immortality: the knowledge that some of the things you teach will be passed on to and through future generations of pharmacists.

Chapter 1:

Learning in the Experiential Setting

Learning…….

We have all been doing it since the day we were born. We learned how to walk, to talk, and to ride a bike. We leaned to read, to write, and to do math. As time progressed, we learned medicinal chemistry, pharmacology, and pharmacotherapeutics. Some of our learning occurred in structured classroom settings, but much of our learning has occurred in unstructured environments. Learning in an unstructured environment is usually self-directed: we recognize that we need to acquire some new skill or knowledge, and we set out to learn it. Many of the most valuable things that you know are things you have learned outside of the classroom setting: how to drive a car, how to balance a checkbook, how to cook. These are skills that you use every day, and you acquired these skills through self-directed learning in an unstructured environment. A special kind of self-directed learning can occur in your practice setting and is called *experiential learning*. Experiential learning is defined as learning that occurs when a student is physically engaged in a professional activity with real consequences.[1]

How is experiential learning different from classroom (didactic) learning? One notable difference is that experiential learning more often involves one-on-one teaching than does classroom learning. In this way, experiential learning tends to be much more highly individualized to what the preceptor can teach and the student can learn, compared to classroom learning. Another major difference is that the student primarily "learns by doing" in an experiential setting. In the classroom setting, students can have the steps of a skill explained to them, but they often don't get to try the steps themselves right away. A laboratory setting can provide skill performance right away, but laboratory time is limited and so a student can learn a skill but cannot become proficient in that skill. Only in the experiential setting can a student perform a skill over and over until true proficiency occurs.

A third difference between experiential and classroom learning lies in the number of distractions. In a classroom setting, distractions are kept to a minimum and those minimal distractions are usually somewhat controlled. In an experiential setting, learning is constantly interrupted by distractions; this presents a unique challenge to the preceptor to maintain a learning environment in spite of frequent and unanticipated interruptions.

Finally, the role of a preceptor in an experiential setting differs from that of a teacher in a classroom. A classroom teacher is mainly a describer of facts or skill steps. The preceptor is a teacher, a facilitator, and a mentor. In addition to the fact and skill teaching that a teacher does, the preceptor facilitates the learning process for the student by providing a rich environment for the development of the knowledge, skills, attitudes and behaviors

required of pharmacy professionals. The preceptor is also a mentor who advises, guides, and supports the student in his or her professional development.

What is the role of the learner? An experiential learner has a responsibility to identify that which he or she knows and that which needs to be learned; this is different from a classroom setting where students are told what they need to know. The experiential learner takes current skills, applies them to specific practice situations, observes the outcome, modifies them if self-reflection or preceptor feedback advises that the outcome is suboptimal, and thus grows in knowledge and skills to become a competent professional. A model of professional competence was developed by Nimmo and Holland:[2]

Skills		**Professional Socialization**		**Judgment**		**Professional Competence**
• Psychomotor • Problem Solving	+	• Attitudes • Values	+	• Practice with feedback • Reflection on practice	=	

Thus we can see how the experiential learner develops the skills, professional socialization, and judgment to become a competent pharmacist. The experiential learning process presupposes a strong background in skills and, to some degree, professional socialization from previous didactic learning. While the areas of professional socialization and judgment are primarily learned in the experiential setting, psychomotor (development of physical skills) and problem solving skills acquired in the didactic setting also continue to develop. Professional competence is thus born and honed during experiential learning. And when we really think about it, experiential learning doesn't stop at the end of a degree program, for don't we all continue to develop in these areas as practitioners?

Are all experiential learners created the same? No more so than all didactic learners. You may remember teachers you felt were excellent, but whom a colleague just couldn't "connect" to. This is because that teacher taught in a style that met your learning needs, but not those of your colleague. It is helpful to understand how people learn. If you can figure out how your student learns, then you can tailor your teaching to meet their learning style. Felder and Silverman[3] have developed a model of learning style based on chemical engineering students, but which also applies to pharmacy students. Their model differentiates learners as:

- *sensing learners* (concrete, practical, oriented toward facts and procedures) or *intuitive learners* (conceptual, innovative, oriented toward theories and meanings)
- *visual learners* (prefer visual representation of presented material – pictures, diagrams, flow charts) or *verbal learners* (prefer written and spoken explanations)
- *active learners* (learn by trying things out, working with others) or *reflective learners* (learn by thinking things through, working alone)
- *sequential learners* (linear, orderly, learn in small incremental steps) or *global learners* (holistic, systems thinkers, learn in large leaps).

How do you like to learn? How do you like to teach? Can you diagnose how your student likes to learn? Discuss with your student how he or she learns best. Be mindful of structured learning and teaching opportunities that will enable you to provide learning experiences in all types of styles, particularly if you are dealing with multiple learners (which automatically implies multiple learning styles).

No matter what your teaching or learner's style, there are four key steps in structuring the learning process.

Set Expectations. Clear expectations are important to both the learner and the preceptor. It starts with things as simple as where to be and when. It encompasses the student's role, the preceptor's role, the site role and the specific learning goals of the student. The student and preceptor should sit down together, away from the practice site if possible, and discuss expectations and put them in written form for reference. It is important from the start of the experience to establish clear, open lines of communication. If at any time, expectations get muddied or off track, go back to the first step of assessing and clarify expectations.

Motivate your Learner. Pharmacy students want to become pharmacists and technician students want to become technicians or they wouldn't last through the classroom work to arrive at your site. However, a student's motivation in a particular learning environment may have little to do with his or her desire to be a pharmacist or technician and a lot to do with the atmosphere of the environment. The things that motivate students aren't really different from the basic needs that motivate all of us.

Students want *attention* from a preceptor. The student wants to know that the preceptor cares about him or her and has a sincere desire to teach. Students strongly value some time of undivided attention from their preceptor. Try to set aside time on a routine basis for one-on-one discussion with your student, and then keep the appointment. When you ask the student to research a question, remember to follow up the next day to discuss the information with the student.

Students want to know that their work has *relevance*. If the student perceives an assignment as unimportant, he or she will be unmotivated to complete the job. Give students work that is truly important to the job at hand. Help the student to see the relevance of the work in their future practice. Listen to the student's concerns about relevance of their work.

Students want *satisfaction* of a job well done. Make sure your students know that you appreciate their work. Tell them in both verbal and non-verbal ways. Help the student to understand how his or her work contributes to the work of the entire department or organization. Help the student to understand the importance of his or her work in caring for the patient (which we hope is why we are ultimately all in this profession).

Provide Opportunities for Practice. The experiential learning process is all about practice. The student needs to actually do the work and apply the knowledge that has

been learned in the didactic setting. A student can have abundant knowledge, but unless he or she has the opportunity to put that knowledge into practice, professional competence cannot be achieved. At this point, specific and measurable learning objectives are important. The student needs to know what he or she is working toward and how that will be measured. As the student puts that knowledge into practice, it is important to realize that mistakes will happen and unanswered questions will arise. Provide the student the opportunity to reflect on the experiences and receive feedback. These are important steps to the continuous improvement of knowledge and skills in the development of professional competence.

An important part of the opportunities you provide for practice will involve allowing your student to progress gradually but continually toward their goal of becoming an independent practitioner. This is especially true for pharmacy students. If you are an employer and your intern training program stops when your pharmacy student is trained to perform technician duties, then you will have a difficult time retaining students beyond their second year. Pharmacy students gravitate toward training programs that allow them to be performing many pharmacist duties by their final year of school (albeit under the supervision of a licensed pharmacist). If you are a preceptor who employs interns, then training that provides pharmacist learning activities during the third and fourth professional years of school will be a vital part of your learning program.

Give Structured Evaluation and Feedback. Evaluation and feedback are very important to the experiential learning process, and this is really a two-way street. First, the preceptor needs to provide the student with an evaluation of performance. Again, the learning objectives are important here. They should be specific and measurable so that it is clear what is being evaluated and how. Let the student know what positive achievements have been made. Let the student know what learning objectives have not been achieved and develop a game plan for addressing those deficiencies.

Likewise, the student should have the opportunity for self-evaluation as well as evaluation of the preceptor and site. An important step to the development of life-long learning skills is the ability to reflectively evaluate one's own work. The student needs to consider his or her own performance and identify opportunities for improvement. The student should also have the opportunity to evaluate the preceptor and site and provide feedback. This will aid your student in developing evaluative skills and help you and your site to receive suggestions from students for experiential learning program improvement.

Chapter 2:

Designing Experiential Learning

Designing a meaningful, quality learning experience involves more than just telling the student when and where to show up on the first day. Crucial to the process are determining the learning goal, learning objectives, and learning activities.

Although writing a learning goal and learning objectives may seem like a tedious waste of time, it is actually one of the most useful exercises that you as a preceptor can do together with your pharmacy or technician student. In a very real sense, the physical act of putting down on paper what you and your pharmacy or technician student want to learn puts meaning into the learning activities that the student will do at your site. It also sends a very tangible message to the student that you care about his or her learning. By caring enough to do this, you give your student attention, you give learning relevance to the tasks which your student will perform, and you give the student a tool to measure learning, which will lead to satisfaction (does this sound familiar?). You thus motivate your student to learn! This exercise is as important to do with employees as it is with clerkship students. If you are not convinced of this, consider that the most common reason that employees give for leaving a job is that they no longer feel stimulated by that job.

Think about the process of writing a learning goal and objectives as analogous to taking a car trip with someone and determining with that person your intended destination. If you do this after you've been driving around for some time, you will waste a lot of time and energy. Writing your learning goal and objectives before starting the learning experience allows both preceptor and student to determine the learning destination. And it is important that the process be done together. To revisit the car trip analogy, imagine getting into a car with someone and realizing quite some way into the drive that the driver is going in a completely different direction from that in which you wanted to go. Avoid squabbles! Talk about those learning objectives in advance!

Well, dear, we've been driving for four hours now, have you decided where we're going to go?

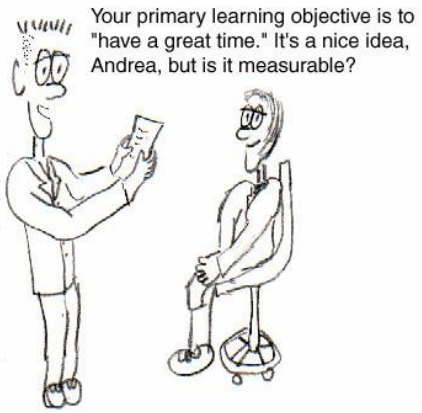
One of the things both preceptors and students find difficult to understand is what a learning objective is, what a learning goal is, what a learning activity is, and how each are different. The rest of this chapter will define and differentiate each of these.

The Learning Goal

A learning goal is a statement that summarizes in one sentence the "big picture" of what your student hopes to learn while at your site (job or practicum). Goal statements can use non-quantifiable verbs such as assist, care for, establish, provide, give, help, know, and understand. For example, one student's learning goal may be to understand how to deal with electronic insurance claims, while another student's goal may be to understand how a pharmacist-run anticoagulation service works. If your student is having difficulty articulating a learning goal, ask him or her to tell you in one sentence what he or she hopes to be able to do by a certain time (e.g., by the end of the clerkship, before the next performance appraisal) that he or she cannot do now. Most of the time the sentence that emerges will be a great learning goal.

Writing Learning Objectives

The learning objectives, unlike the goal, should be specific. Learning objectives also differ from learning goals and learning activities in that they are *measurable*. How? A learning objective contains a performance (i.e., action) verb at the beginning of the statement which defines how that skill will be measured. To assist you and your student in preparing the wording of your learning objectives, you will find at the end of this chapter a table containing categories of cognitive domains in Bloom's Taxonomy for Cognitive Learning Objectives, as well as verbs that correlate well with each domain.



Take a close look at this table if you have not seen it before. Notice how the taxonomy progresses from the lowest levels of learning (knowledge and comprehension) at the top of the table to the highest levels of learning (synthesis and evaluation) at the bottom. Your student will likely be in the lower levels of learning (list, define, explain) during his or her initial experiential education, but both you and your student should strive to progress to higher levels of learning. Students who have learned at higher levels will become independent problem-solvers: something every employer and patient hopes for!

As you help your student write his or her learning goal and potential learning objectives, keep in mind that learning entails gaining new skills. Ask your student to diagnose and articulate his or her current ability and then define the level of skill he or she desires to attain. There should be a clear difference between the two. Don't let the student choose activities that he or she already does well.

Planning Learning Activities

The next thing you and your student will need to think about is how to accomplish your student's learning objectives. As your student plans the journey between his or her current skill level and the desired level of practice at the end of the rotation, you will probably see several clearly delineated things to *do*. What your student should do is to

write down each of these steps. They will become the list of activities that he or she will perform during the learning experience.

Learning activities can include just about anything that will reasonably help your student to reach his or her learning goal. One thing your student needs to strive for, however, is to *avoid choosing passive learning activities.* For example: a student who follows a preceptor quietly on rounds and never speaks unless spoken to misses the benefits that occur with active participation in the medication review of each patient. The benefits of active learning apply to learners at all levels. Even a beginning technician student will learn far more from entering prescriptions into the computer by himself or herself as the trainer looks on and gives directions, rather than watching the trainer enter the prescriptions.

Differentiating Between Goals, Objectives And Activities

Remember that the difference between each of these lies in the wording of the statements of and scope of the learning outlined. A learning goal is lofty and vague. A learning objective is measurable and specific. A learning activity statement doesn't adequately explain how to measure the learning is that should take place, it just defines an activity. It is common for students to mistake learning objectives and activities. Help them understand the difference.

	learning goal	**learning objective**	**learning activity**
wording	vague	Measurable	unmeasurable
scope	large	Specific	narrow, compared to goal
example	Understand how to provide individualized patient care.	Design a more efficient and faster method to fill stat orders than the one currently used.	Attend rounds. *(there is no way in this statement to measure whether learning has occurred)*

Bloom's Taxonomy for Cognitive Learning Objectives.

Description of the Major Categories in the Cognitive Domain	Illustrative Verbs for Specific Learning Objectives
1. Knowledge. Knowledge is defined as the remembering of previously learned material. This involves recall of specific facts (e.g. being able to describe disease states or drug pharmacology), but does not imply any ability to use those facts to achieve desired outcomes. Knowledge represents the lowest level of learning outcomes in the cognitive domain. *Example: learner can define CHF and list the drugs used to treat it.*	define, describe, identify, label, list, locate, match, name, outline, reproduce, select, state
2. Comprehension. Comprehension is defined as the ability to grasp the meaning of material. This may be shown by translating material from one form to another (words to numbers), by interpreting material (explaining or summarizing), and by estimating future trends (predicting consequences or effects). These learning outcomes go one step beyond the simple remembering of material. *Example: learner can explain why drugs used to treat CHF should help to reduce symptomatology.*	combine, compute, convert, distinguish, estimate, explain, extend, generalize, give example, infer, paraphrase, rewrite, summarize
3. Application. Application refers to the ability to use learned material in new and concrete situations. This may include the application of such things as rules, methods, concepts, principles, laws, and theories. Learning outcomes in this area require a higher level of understanding than those under comprehension. *Example: learner can modify doses of drugs used for an uncomplicated patient with CHF.*	apply, change, classify, demonstrate, manipulate, modify, operate, perform, predict, provide, relate, show, solve
4. Analysis. Analysis refers to the ability to break down material into its component parts so that its organizational structure may be understood. This may include the identification of the parts, analysis of the relationships between parts, and recognition of the organizational principles involved. Learning outcomes here represent a higher intellectual level than comprehension and application because they require an understanding of both the content and the structural form of the material. *Example: given a list of information about a patient's medications, multiple disease states, and symptoms, a learner can distinguish the use of each medication and identify therapies that may be suboptimal.*	analyze, detect, diagram, differentiate, distinguish, identify, illustrate, infer, relate, select, separate, subdivide
5. Synthesis. Synthesis refers to the ability to put parts together to form a new whole. This may involve the production of a unique communication (seminar), a plan of operation (research proposal), or a set of abstract relations (scheme for classifying information). Learning outcomes in this area stress creative behaviors, with major emphasis on the formulation of new patterns or structures. *Example: learner can modify a suboptimal treatment regimen of any patient with selected multiple disease states.*	compose, create, devise, design, generate, modify, organize, plan, produce, rearrange, reconstruct, relate, reorganize, revise, write
6. Evaluation. Evaluation is concerned with the ability to judge the value of material for a given purpose, based on definite criteria. These may be internal criteria (organization) or external criteria (relevance to the purpose) and the student may determine the criteria or be given them. Learning outcomes in this area are highest in the cognitive hierarchy because they contain elements of all of the other categories, plus conscious value judgment based on clearly defined criteria. *Example: learner can independently assess efficacy and toxicity of all medications for any patient; this learner could be a case manager.*	appraise, assess, contrast, criticize, decide, evaluate, judge, justify, interpret, measure, relate, support

Adapted from reference 4.

Chapter 3:

Implementing Experiential Learning

After becoming familiar with how students learn and once learning objectives have been established for a particular pharmacy site, then the fun can begin! It is in the implementation of the learning objectives that students begin their professional development and gain confidence in providing pharmacy services. Remember, the role of the preceptor out in the "real world" practicing real pharmacy is to guide students as they apply their knowledge base to the actual practice of pharmacy.

Whether you are training pharmacist interns or pharmacy technicians, developing and following a plan will help ensure a successful experience for everyone. A practical approach for putting learning objectives into practice is outlined below in a step-wise manner. Obviously, many variations and/or modifications may be made to this particular plan. It can be as elaborate or as simple as you like. The most important thing is to have *some type of plan* in place to guide the student's learning and training.

Step #1: Become familiar with learning theory and with how students learn. (See Chapter 1)

Step #2: Establish and/or identify learning objectives for the pharmacy training site. (See Chapter 2)

It is useful to have a starting point when writing learning objectives. There are several potential sources for examples of learning objectives. The experiential education director from the school or college of pharmacy (pharmacy interns) or community college (pharmacy technicians) should be able to provide you with a list or examples of basic (core) learning objectives for a particular pharmacy practice setting. Additionally, the American Society of Health-System Pharmacists (ASHP) has comprehensive lists of goals and learning objectives available. Specific documents are the "Model Curriculum for Pharmacy Technician Training" and "Goal Statements, Objectives and Instructional Objectives for Pharmacy Practice Residency Training." These documents can be accessed online at www.ashp.org. In addition to core learning objectives, additional learning objectives should be developed that are unique to each individual site. For example, home health care sites would have learning objectives unique to those patients in that setting. Finally, based on the interests of a particular student, there may be a few individualized objectives that are developed on a per student basis (e.g., patient education, implementation of a special project, or research).

Step #3: Set up an initial meeting between the preceptor and student as a time to establish and/or review the learning objectives for the training site.

At this time learning objectives can be modified (if necessary) for a particular student and/or student specific objectives can be developed. In addition to reviewing the learning objectives, it is advisable to review guidelines for working at a particular pharmacy site.

Suggestions for discussion areas during the initial meeting are: professional dress expectations, hours the student will be working, layout of the pharmacy, location of the bathroom, where to park, how lunch breaks are arranged, in what manner the telephone is answered, and time for personal issues. Do not assume that students know what seems obvious. One student confided that her biggest concern prior to doing her hospital training experience was not the actual work, but that she wasn't sure where to park her car. Another student stated that he only had jeans in his wardrobe since he had been in school for the past few years and he wondered if he needed to buy new clothes to do his experiential training. (Yes!) Students are less anxious (initially) and perform more effectively when they are given information about the day-to-day concerns they may have regarding their training site.

Step #4 Develop and implement a plan for achieving the learning objectives.

Once the preceptor and student have reviewed and agreed upon the learning objectives for the training period, then a plan should be developed for how those objectives will be accomplished. The student's individual needs, as well as the needs of the training site, should be considered when developing a plan. An instructional plan should include the activities that a student will perform and an approximate timeline for when a particular objective can be achieved. Additionally, included in the plan there should be a timeline for feedback and evaluation of student progress. It is suggested that the student receive ongoing feedback on a daily basis and that there are at least two formal (written) evaluations during the experiential learning. (See step #5 for more information on evaluations.)

The following issues should be addressed when developing a plan to implement the learning objectives.

- *Discussion of learning objective content*. What does the learning objective really mean?
- *Methods for achieving the learning objective*. What activities or job functions can guide and facilitate student learning?
- *Clarification and communication about expectations regarding learning objectives*. What is the anticipated timeline for achieving a particular learning goal and what outcome is expected? What is the breadth and depth of training that the student desires and can be achieved in a given setting?
- *Schedule for evaluation of student's progress*. When and how will performance and learning be evaluated? Set dates for formal evaluation and stick to them.

The reality of pharmacy practice is that the majority of preceptors will not have the time to develop detailed plans for each student's instruction. Don't feel pressured to develop an elaborate plan. Even a simple, straightforward plan can work very effectively to accomplish a particular learning objective or group of objectives. Below are two

examples of how to develop a learning objective and considerations when developing a simple instructional plan–one for a pharmacy technician and one for a pharmacy student.

Pharmacy technician student. The learning objective: Following the retail pharmacy experience, the pharmacy technician student will be able to enter prescription data into the computer data base in a timely and accurate manner.

- Discussion. Discuss the importance of accurate, timely prescription processing and the essential role of pharmacy computer software in filling prescriptions.
- Methods. Determine how the pharmacy technician student can most effectively learn the computer system. Ideas might include reading the software training manual, using "practice" patients to gain experience with the software, pairing the student with a particularly efficient technician employee who has the ability to teach skills to a new learner, and identifying a work schedule that allows the student time and experience with the computer.
- Expectations. How fast and accurate do you expect the pharmacy technician to be on the computer – at 2 weeks, 4 weeks or 6 weeks? Approximately how many prescriptions should the student be able to enter in 1 hour? How much or little of the computer software do you expect the student to be able to use?
- Evaluation: How is the student progressing according to expectations and what can the student do to improve skills?

Pharmacy student. The learning objective: Following the ambulatory care rotation, the pharmacy student will be able to accurately and efficiently manage patients in the site's anticoagulation program.

- Discussion. Discuss the philosophy of the organization regarding anticoagulation and the role that the pharmacy plays in the program. Explain the staffing patterns for providing that particular service and who takes primary responsibility for the program.
- Methods. Provide the student with the necessary background information regarding the anticoagulation program (i.e., training manual, literature, dosing guidelines, protocols, etc.). Schedule a set number of training hours (or days) when the student works with the anticoagulation pharmacist. After the student has gained the necessary skills, schedule the student as the anticoagulation pharmacist (with appropriate supervision and backup).
- Expectations. How quickly do you expect the student to learn the anticoagulation program? How many patients per day or per hour should the student be able to process? What degree of accuracy is required?
- Evaluation. When will form evaluations be done? How is the student progressing according to the expectations? What can the student do to improve performance and skills.

It should be noted that an instructional plan can include multiple learning objectives at one time. For example, there are multiple learning objectives related to sterile product preparation for both pharmacy students and pharmacy technicians. There does not need to be an individualized instructional plan for each objective in that section, but there should

be an overall plan to ensure proper sterile products experience and skills development; in such a situation, standardized learning objectives for the site in this particular area are adequate and appropriate.

Implementing the instructional plan requires that you and the student follow the steps that have already been outlined, but remember that the plan is a guideline and should not be too rigid or confining to the learning process. Valuable learning will occur unexpectedly, as unique situations arise. The plan should be used as a framework to organize and guide the student through the learning process. Having a learning plan ensures that major areas of learning and skills development are not overlooked. Additionally, a plan can help identify problem areas or areas that require more intense instruction.

Step #5: Evaluation of learning objectives and of the instructional plan

One of the most important jobs of a preceptor is to evaluate the student by providing ongoing, constructive feedback regarding the student's progress and performance. The process of evaluation charts the student's development into a pharmacist or pharmacy technician. In order to give meaningful guidance, the preceptor must be able to observe the student in the various job functions and/or roles of the training site. By definition, evaluate means *to judge or determine worth or quality*. The challenge for all preceptors is to provide a "judgment" of performance and progress in a way that facilitates improved learning and skills development, without being "judgmental" of the student. What is the difference between the two? Judgment of performance or progress implies comment upon appropriateness of a student's specific activities, while the word "judgmental" implies assessment of the student's overall character or values. Some general guidelines that can be used when evaluating a student are:

- The evaluation is based upon the learning objectives and instructional plan that was established between the preceptor and the student. This will help avoid any misunderstandings that arise from mismatched preceptor and student expectations.
- The evaluation is timely and expected.
- The evaluation is focused on specific performance, not on generalities. During the evaluation, give specific examples of performances that were suboptimal or were excellent.
- The evaluation is concerned with decisions and actions, rather than assumed intentions.

Evaluations are usually documented on some type of a form. The easiest forms to use are checklists that address each learning objective. In most cases, evaluation forms are available from the experiential education director from the university or community college. The standard evaluation form should be modified to include any site specific and/or student specific learning objectives. Evaluation forms should be completed in writing and then reviewed individually with the student. It is beneficial for the student to have two formal evaluations completed during the experiential training— the first one at the midpoint of training and the second one at the completion of training. The midpoint evaluation is critical for identifying specific areas where the student needs to improve performance and it serves to identify learning objectives that have not yet been covered.

The Pharmacy Quality Assurance Commission does not require copies of evaluations for pharmacy interns. Colleges or Schools of Pharmacy and community colleges usually require that the evaluation forms be submitted to the experiential education director.

In addition to the standard evaluation procedure described above, there are various strategies that enhance the evaluation process and provide extra insight into the student's learning experience. Some ideas for alternative methods of evaluation are:

Student self-evaluation. Provide the student with a copy of the evaluation form and have him or her complete the form prior to the evaluation meetings. The preceptor and student can then compare their individual perceptions of the student's progress and performance.

Peer evaluation. In appropriate situations, have students evaluate each other and provide each other with feedback in a constructive manner.

Journaling. Require that students keep a daily or weekly journal of their activities and perceptions of their experiential training. Keeping a journal promotes self-reflection and often serves as a guide for progress. Another added benefit is that journal entries often are prompts for discussion and review of events and situations. Excerpts from some student journals:

- "I realized right at the time the pharmacist was checking the prescription that I had gotten the wrong strength of the drug. It scared me to think that this error could have gone out to the patient. Now I know that I will always check NDC numbers."
- regarding an evaluation that was just finished … "I know generic to trade names, but I also still have a lot to learn – my preceptor said a lot of that will come with time. I also need more experience with OTC products and supplies. But, overall, I felt great about my evaluation and it helped me recognize my strengths and weaknesses. It also put my preceptor and I on the same wavelength once again."

In conclusion, remember that evaluation techniques should also apply to yourself as the preceptor. To be a good preceptor, it is very important to reflect on your own teaching style and skills and to always be ready to modify your approach or to try something new. The roles of preceptors and mentors are to teach, coach, counsel, sponsor and encourage.[5] Your role in pharmacy education is the cornerstone to the learning process and is essential to the development of competent, skilled pharmacists and pharmacy technicians.

Chapter 4:

Characteristics of Highly Effective Preceptors

It is tempting to think that good preceptors are born, not made. While it is true that good teaching habits come naturally to a few teachers, the majority of the skills that differentiate good preceptors from less effective preceptors can be learned.[6] The degree of success that a preceptor will experience in precepting is often dependent primarily on his or her willingness to learn and practice good teaching skills.

Most of the research examining the attributes of good preceptors has come from the medical and nursing professions. It is nonetheless worthwhile examining the results of this research since the same principles will apply to pharmacy preceptors.

Twelve medical students and twenty rural family medicine preceptors from the University of Manitoba were interviewed at the midpoint and end of each of two consecutive quarters.[7] Participants were asked to describe one effective and one less effective critical incident from the previous three-week period. Each scenario was analyzed and behaviors coded, leading to identification of seven main categories describing effective teaching behavior. The authors concluded that effective preceptors were those who:

- actively involved the student, providing adequate supervision and appropriate independence.
- developed and fostered a supportive interpersonal relationship with the student to facilitate learning.
- emphasized problem-solving and the understanding of general principles.
- balanced clinical and teaching responsibilities.
- demonstrated clinical and professional competence
- used an organized approach, including goal-setting and summation.
- provided the students with ongoing feedback, assessments, and evaluations.

Substituting the word “practice” for the word “clinical” above allows these categories to apply to pharmacy preceptors in all practice settings.

Six distinguished teachers in clinical medicine at the University of Washington School of Medicine were observed and interviewed to determine teaching principles common to these individuals.[8] These individuals were selected based on excellent teaching ratings by students and residents, and independent nomination by their department chairman and residency program director. Eight principles of teaching were identified, showing that good clinical teachers:

- actively involve learners and ask lots of questions.
- capture attention and have fun (make learning fun and memorable).
- connect the case to broader concepts (students should generalize concepts from a learning experience).

- go to the bedside (meaning to the patient, to make it applicable to pharmacy students in all care settings) If a student's problem identification is unfocused, the teacher goes to the source to check data and help the student focus on the problem.
- meet individual learner's needs (teachers must discover what those are).
- be practical and relevant (define those practical bits of knowledge that need to be brought out of a situation in order for the student to get the most learning from it).
- be selective and realistic (focus on a few important teaching points when a learning situation comes up; don't try to overanalyze the situation).
- provide feedback and evaluation.

Again, it is easy to generalize these principles to pharmacy preceptors.

Thirty-two registered nurse preceptors and 42 senior undergraduate nursing students from nursing schools in the Kansas City, Missouri area completed a survey ranking the importance of fifteen different factors in the learning-teaching process.[9] The top four factors identified by the students as important to their learning were ranked statistically different from the preceptors' impressions of factor importance. These were:

- knowledge of the precepting process
- compatibility
- attitude toward teaching and learning
- assignment consistency

The most interesting part of this study was that not only were there significant differences in the students' ideas of important factors in the learning process compared to the preceptors, but the fact that the preceptors ranked all fifteen of the factors in an almost exact opposite order from the students. At the top of the preceptor ranking and the bottom of the student ranking were: ability to give and receive constructive criticism, clinical competence, knowledge of objectives, and adequate staffing. The important point for pharmacy preceptors to take home from this study is that their perception of important factors in the learning process may differ significantly from those of their student, and it is thus best to talk to the student openly about factors that improve the student's learning.

Closer to home, what do our own students identify as characteristics of effective preceptors? All senior students at the University of Washington and Washington State University were queried as to the characteristics of their best preceptors. Additionally, second-year and third-year students at the University of Washington were asked about characteristics of good preceptors at the pharmacy where they were employed. Twenty-five students replied. Responses were categorized and seven general characteristics became apparent.

Enthusiasm For Teaching. This was the most common comment from students, whether they were referring to a clerkship preceptor or to a preceptor at their workplace. They noted that good preceptors genuinely cared about and respected the students they worked with. Comments included:

- Preceptors play the biggest role in preparing us for jobs. I think the most important thing for a preceptor to do is to be genuinely excited about having a student work with them.

- My opinion of an ideal preceptor is one who has genuine interest or incentive to teach students, carries responsibility for meeting students' goals, has the capacity to assist in the learning progress of students and to ensure that students are making improvement, takes students seriously: spends at least a minimal time with them, listens to them, shares knowledge with them, forgives them if they're trying, shows them they're important, respects their background, knowledge, and differences.
- A big part of being a good preceptor is just having an interest in students—I have run into a lot of different personalities and yet the main thing that shines through is an obvious excitement in helping students reach their goals. The main characteristic in the "not so wonderful" preceptors is that it seemed that they were precepting students only because it was a job requirement.

Preceptors display enthusiasm for teaching in different ways. There is no single way that you can communicate a sense of caring and interest in your student. Rather, your student will pick up on your enthusiasm by your demonstration of many of the characteristics you will see noted in this training session. Practicing them will help you convey a sense of respect for and interest in the learning of your students.

Encouraging Critical Thinking And Problem Solving. Students love preceptors who force them to push their boundaries. They want the chance to look up things that they probably should know already (but possibly cannot recall) and to think about these things in the context of a problem that has occurred at the site. Student comments include:

- The best preceptors that I have had contact with are good at allowing the student the opportunity to ask questions but maybe not always answering them. A lot of knowledge is gained through looking things up yourself and finding the answers. This doesn't mean that all questions should be answered this way, but maybe about half. This shows the student that you are willing to answer questions but want them to work for some of the knowledge themselves.
- The only thing that comes to mind are those preceptors who actively quiz/ask questions regarding medications being dispensed. This only takes a few minutes and really helps us, as students, begin filing the information in our brains and connecting what we are learning in class to what we are seeing and doing in the pharmacy.
- I like it when preceptors focus on critical thinking and showing the process of decision-making from beginning to end. How to go about decision-making is key and is not an easy thing to teach. Most preceptors will see you need to be a critical thinker but they don't know how to guide you so that you get better. I also like it when preceptors can put details about very complicated topics into perspective.
- They really tried to force me to think by directly asking me before giving an answer to a question. This is a major confidence booster when you realize you really do know the answers to some questions. But if I didn't know, it was okay and then they would explain the answer to me and really make sure I understood.

A useful tool to test knowledge and push boundaries is to ask questions that make students think about different aspects of a problem; one student called it "using a 3-dimensional thought process." Students also value being exposed to a preceptor's thought process, especially involving problems where the solution is not obvious from reading the book. In such a situation, hearing the preceptor's approach to the problem is an eye-opening learning experience for the student.

Organization. Students respond positively to a learning experience that is organized. Organization makes students feel welcome and wanted. It streamlines and clarifies the expectations of the student at that practice site, making a student well aware at the beginning how he or she should act and what he or she should learn. As the students so clearly note:

- Organization! Organization! Organization! The best of my preceptors had a pre-written agenda for the month with room for alteration by me and my needs. The worst had nothing, had not even thought about it. One preceptor talked to me once or twice the entire month, which made reporting to the site difficult. The best preceptors had thought about what they would like to see the student achieve, and asked me the same once I arrived. So organization of the preceptor greatly impacts the success of the rotation as a learning center.
- I think good organizational skills are important to being a good preceptor. Having a clear plan as to what is expected of the student and when to interact, discuss cases, etc, have made some of my rotations go more smoothly. Although I have enjoyed some unorganized practicums, I look back and think they could have been improved by a little more structure and organization. Surprises and spontaneity are good too, but not as the whole rotation plan!
- I think it is very important to have a schedule of topics for discussion, presentations both formal and informal, and consistent style.

Written guidelines of expectations are useful for students on the first day they arrive at a rotation or work site. At both sites will such instructions allow the student to be trained more quickly and thus become of greater service to the site in a short period of time.

Facilitate Development Of Knowledge Base. Students love preceptors who will help them solidify their therapeutic knowledge base and other pharmacy skills in a practical way, without belittling the information they receive in their classes.

- A good preceptor will not subject an intern to monotonous tasks which do not challenge one's intellect or further one's practice of pharmacy. I found that my best preceptors first evaluated my understanding of pharmacy (i.e., the level I was at) and then attempted to fill in the holes or offer me valuable advice or tasks which would build upon what I already had learned. Good preceptors force you to do all the counseling, and then critique the counseling.
- The preceptors I have worked with that I feel have been the most effective in enhancing my education were the ones that were able to meet with me and discuss things one-on-one. Furthermore, if a preceptor is inclined to have you look things up, rather than hand feed you information, I feel I retain the information better.
- If there was one thing I would change about my practical experience I would find a way to discuss more drugs in a way that would give me practical knowledge not found in books.

Role-Modeling. One of the things that research has noted is common among good preceptors is that they are highly aware of their role as a model for student behaviors.[10-12] Students want to see how to handle stress well and how to come up with a thoughtful

decision in a professional manner even when the situation is less than optimal. That this is important to students becomes apparent from the following comments:

- I think the most important thing is that she attended rounds with us. By doing so, she showed what our role as pharmacy students really meant and encouraged us to dive right into the pharmacotherapy. It's rare that preceptors have the time to do that and she made every effort to do so for every one of her students.
- The ideal preceptor is one who sets good examples, whatever they may be: punctuality, deadlines, attainment of learning goals, etc.
- Qualities in preceptors are liked included the ability to understand primary literature and how to apply that to patient care and being able to teach a topic from pathophysiology to treatment principles.
- Good preceptors are interested in what they are doing and play an active role in direct patient care. Good preceptors have a good sense of humor, are experts in their field, and have good communication skills—they know how to teach. Bad preceptors are arrogant and abrasive, bored with their job, talk unkindly of co-workers behind their backs, ignore students or treat them as nuisances and are not committed to bettering their profession.

Students want to see the possibilities of what they can become. Preceptors are their main source of information in this respect.

Integration Into The Workflow. Good preceptors get students actively involved in some of their job duties. This helps students develop into team players and can add value to a site. Comments from the students:

- Perhaps the student can lessen the workload by getting involved with the actual work needing to be done. The preceptor might set up a protocol for procuring and evaluating the needed information; then the student gets it, analyzes it, and reports it.
- My preceptor at work guided me in my decisions, but only as far as he felt necessary. When he felt comfortable with my decisions, he didn't interfere with my patient care. He also gave me a ton of latitude to work as I felt I needed in order to get the job done. If he had tried to mold me into the pharmacist *he* thinks I ought to be, I wouldn't have been able to find my place in the profession.
- My biggest recommendation is to *use* the students while they're there and *include* them in as much as possible. It's hard when you start to feel like an afterthought.
- The most important trait I believe a preceptor can have is the ability to realize that the experience of teaching an intern can be as beneficial for the preceptor as it is for the intern. If the intern feels like an important part of the clinical team, this provides for a more professional relationship between the intern and the preceptor. The learning environment isn't fully attained if the intern is treated as an unimportant member of the team or referred to as "just a student."

Integrating a student into the workflow will take some pre-planning; written instruction assembled ahead of time makes the training more efficient. Integration of the student into the workflow implies trust in the student's abilities, something that preceptors may be uncomfortable with in the first few weeks of contact with a student, but should attempt nonetheless. It is best to let the student know in advance that you will be watching

closely his or her abilities in the learning area in order to gain comfort with the care that student will give to your patients/business.

Good Communication Skills. Not only does this mean the ability of the preceptor to clearly communicate information, but also implies the building of a supportive environment for the student through verbal means. The preceptor displays a sense of humor at appropriate times. Criticism is given in a constructive rather than destructive fashion. Praise is not lavished in a general fashion on the student when things are done well, but rather the student is pointedly informed of what action or thought process he or she displayed well and why the preceptor thought it useful.[13] Specific student comments include:

- My technician preceptor not only has a large knowledge base, but has a good ability to communicate what she knows in a positive way. She also has a gift for talking about the "why" behind the what (which I find very valuable). When I become more skilled in an area, she looks at what I'm doing and has suggestions as to how to be even more effective (and does it in a nice way). She *likes* to teach.
- My preceptor has simply been an excellent teacher. We communicate very well with each other. He allows me to do anything that I am comfortable with and it is understood that if I encounter a situation in which I am not 100% positive of my answer, I will ask for help. He allows me freedom to make business choices so that I feel that I am an important part of his business.
- Good preceptors will give the students general knowledge that will help them succeed in the practice of pharmacy. This doesn't have to be clinical information all the time: it can be examples of how to deal with others in certain situation, tips on management in pharmacy, etc. This well-rounded base of knowledge will assist the student in whatever focus of pharmacy they decide to pursue.
- Good preceptors can admit their own limitations and respect what you have to offer them as a fresh student familiar with the latest trends and theories.

One characteristic practiced extensively by the best preceptors (even though they don't always realize it!) is reflection.[8,14-16] Reflection occurs when an individual reviews and analyzes an interaction to determine things that were done well and things that could have improved. Reflection is also a trait practiced by the best students. Analysis of behaviors in situations often leads to development of a new plan if the behavior is determined by the individual to have been suboptimal. Eventually, a trial of different behaviors leads to a more optimal, partially "scripted" response in similar situations.

To summarize, what are the characteristics of highly effective teachers? One student summed it up the best in her response to this question, a response that could be a wall poster:

The best preceptors

allow me to learn and develop on my own with guidance as necessary

*

let me come up with solutions for my own problems that arise

*

let me be excited about pharmacy and the career that I'm forming while introducing reality checks as needed

*

allow me to form my own special projects of things that are important to me and which will benefit others that I work with

*

encourage me to try new things, read new things, learn new things

*

challenge me daily

*

allow me to ask questions

*

praise me when I do something well

*

encourage me to be a pharmacist, not just a worker bee

*

support me and my knowledge when I help patients

*

give questions from physicians and patients to me, realizing that this is how one learns more

*

build my confidence while helping me improve my weaknesses

*

allow for a flexible work schedule and always puts my educational needs above their needs

Chapter 5:

The Challenges of Being a Role Model

In the first chapter, a schematic for learning professional competence in an experiential environment was introduced:

Skills		**Professional Socialization**		**Judgment**		
• Psychomotor • Problem Solving	+	• Attitudes • Values	+	• Practice with feedback • Reflection on practice	=	**Professional Competence**

As a preceptor, you may feel that your primary role as teacher and facilitator of student learning is in helping to hone the psychomotor and problem-solving skills that the student brings to the practice site (skills), and to provide practice with feedback and have the student reflect on his or her own practice of the psychomotor and problem-solving skills (judgment). You are right in this respect, but what you may not also appreciate is how much the second part of the equation—the attitudes and values toward practice (and patients and colleagues and workload and ...)—the student models on you. While this may be flattering, it also is a bit uncomfortable. There will always be times when we don't know facts or we don't problem-solve as well as we should, or when we handle a patient, prescriber, or collegial interaction more poorly than we would like. Students observe these situations and we worry that they will lose respect for us, or worse, model our poor behaviors. What's a preceptor to do?

First, it is important to realize that in order to be a good role model you do not need to be an expert or perfect in everything. There will always be the occasional time where you realize upon reflection that your decision-making in an uncertain situation was not optimal, and you are aware that your student probably observed this too. The worst thing you can do in such a situation is to attempt to save face by trying to convince your student that what you did was really the "right" action. Your student will either be confused or will know that you are not being honest and will be disappointed in you. Instead, it is best to turn the situation into a teaching and reflection opportunity. Ask the student to explain what he or she observed, and then tell you other ways the situation might have been handled more optimally. Do not become defensive. In this way the student will learn because of the reflection on alternative ways to handle a similar situation, will respect you for your honest approach to the situation, and will see you role modeling the ability to accept constructive criticism from a colleague.

Second, if you don't know the answer to something, it is best to say so. There are two very good reasons for this. The most obvious one is that you do not want to give the student (or anyone else for that matter) the wrong information. The other equally important reason is that you will role model for your student the fact that it is acceptable

to say, “I don’t know,” even when you are the “expert” in a situation. In doing so you allow the student to see that even experienced practitioners admit the boundaries of their own knowledge and don’t pretend to know everything.

Finally, it is good for a student to see situations where you approach decision-making with uncertainty, because this is the way it is in the real world. Students are conditioned in didactic (classroom) education that there is one “right” response to a question and all the rest are wrong (multiple choice tests strengthen this conviction). We know in practice that there are many “right” answers, several suboptimal answers, and a few wrong answers, but that it is difficult to ascertain the “right” answer when you do not have all the facts, have incorrect facts, or misunderstand the question. It is valuable for your student to develop tolerance for multiple answers to a given question depending upon the circumstances of the inquiry.

Professionalism

The sum of everything you teach the student in the experiential setting will add up to professional competence. What does it mean to be a professional? It is good to review professionalism with your pharmacy or technician student so that he or she can better understand how to present a professional appearance to your patients and colleagues. The areas for discussion with your student include:

- The first impression that he or she presents generally sets the tone for the interactions with the patient or colleague. It is thus important to dress in a professional fashion. Denim should never be a part of a student’s attire at a pharmacy.
- It is important to treat all people with respect. This means never calling patients by their first name if your student does not have a pre-existing relationship. Adults, particularly older adults, prefer to be addressed as “Mrs. Smith” or “Mr. Clark,” rather than Maggie or Bill, if they do not know you well. Only call patients and colleagues by their first name if they have given you permission to do so.
- Patient and business information is confidential (see RCW 70.02.050). Confidential patient information can only be discussed with another person who is providing care for that patient (or business) and this must be done in an environment where people who are not care providers will not overhear discussions on sensitive patient or business information.
- Respect should be displayed at all times toward patients and colleagues. Slang is only appropriate for your students’ good friends. Your student should be urged to remember that if he or she shows respect toward others, then those others are more likely to display respect back to your student. This is a good point to introduce when you are discussing with your student how to handle difficult individuals.

Ethics

We know that a clear sense of duty and adherence to professional standards are key components to a successful and rewarding career in pharmacy. Perhaps more than in any other area of practice, preceptors with sound ethical principles have the opportunity to positively influence a student’s training. As a role model, you must make a conscious effort to provide your students with guidance on the responsibilities of pharmacists to the public as well as ethical and moral dilemmas.

One excellent way to do this is discussing with your student potential solutions to problems in some key ethical areas that your student is likely to encounter in practice. Some of these areas are:

- Professional autonomy of the pharmacist
- Honesty and integrity
- Cooperation with other professions
- Nondiscrimination
- Respect for patient autonomy
- Social responsibility
- Concern for patient welfare
- Distributive justice
- Caring, as well as curing
- Empowerment
- Protection of the patient
- Stewardship
- Confidentiality
- Competence
- Faithfulness
- Dignity
- Compassion
- Trust
- Fairness

The Washington State Pharmacy Quality Assurance Commission relies on the moral attitudes and professional ethics of pharmacists to ensure the public's health and safety. Preceptors who are willing and able to discuss ethics, standards of practice, and professional accountability with students enhance the profession by providing such instruction. You will be a credit to your profession if you can engage your student in a discussion in any of the areas mentioned in the list above, as they arise during the student's tenure at your practice site. In any such ethical discussions it is good to discuss the meaning of that ethic, the ramifications of adhering versus not adhering to that ethic, and your own approach to dilemmas you have faced in that particular area.

Standard of Practice

You may recall the axiom "law follows practice." Well, it's true. In concert with the major changes in the delivery of care and the profession of pharmacy, the Pharmacy Quality Assurance Commission has decided to pursue a new regulatory model, or paradigm, called standard of practice regulation. This is an explicit effort to accommodate the needs of a changing profession and regulatory climate as we enter the new millennium. As a role model, you will help to teach students (future pharmacists and technicians) about standards of practice, and can help to interpret those standards as the model unfolds.

What is the essence of "standard of practice regulation?" In the past, the pharmacist determined his or her own level of practice, meaning that the individual guided the profession. The problem with this was that care provided ranged from very patient-centered care to a very product-centered practice: some pharmacists would know their patients by first name and be the first person consulted for minor ailments and drug information questions, while other pharmacists never set foot beyond the counter and never talked to patients. This made it difficult for patients and employers to know what to expect from pharmacists, and for pharmacists to know at what level they were expected to perform. In a standard of practice model, it is the profession that guides the individual

practitioner. It is hoped that this will give pharmacy practitioners, employers, and patients a better idea of a minimum level of care that will be provided.

The Commission's goal of improving patient outcomes in the use of medications by the residents of Washington State has not changed. The pharmacist, as the provider of pharmaceutical care, continues to have responsibility for the patient's safe use of medications. However, the Commission has adopted the change in regulatory approach to achieve the following specific objectives:

- Allow the pharmacy profession, by its current actions, to determine the acceptable range within which and by which it is judged. The standard of practice evaluative process broadens the range and make less precise the acceptable process by which to achieve the desired outcomes. This affords more flexibility to the individual practitioner in the pursuit of achieving positive patient outcomes in his or her practice setting.
- Provide more uniformity within the Washington State Department of Health for health professional governance as physicians and nurses use the standard of practice approach to govern their professions. Standard of practice methods focus on the practitioner using current knowledge and skills to safely provide care.
- Allow the regulatory process through standard of practice to be adjusted in a timely manner as the pharmacy profession changes and evolves. Currently, many of our regulations are out of date soon after they are put into effect, due to the increasingly long lead time necessary to pass new regulations and the specificity of our current approach to regulation.

Where to begin?

The Commission is starting the change by addressing two regulations: the use of dispensing devices and patient counseling. The regulation for each will be stated briefly in what might be called an "umbrella" statement of purpose and fundamental criteria that broadly describe the activity. For example, devices used in a pharmacy must be secure, accurate, accountable to a pharmacist, and maintain confidentiality of patient information.

Where necessary, the Commission will supplement the regulation with guidelines. As an example, a stakeholder group has developed recommended guidelines for patient counseling by pharmacists that are less precise than the previously proposed regulation. Note the umbrella regulation, or Washington Administrative Code (WAC or rule), for patient counseling that follows. It is broadly stated. The Commission has then provided some interpretative guidelines for definition or boundaries of practice.

WAC 246-869-220 Patient Counseling. The purpose of this counseling requirement is to educate the public in the use of drugs and devices dispensed upon a prescription.
(1) The pharmacist shall directly counsel the patient or patient's agent on the use of drugs or devices.
(2) For prescriptions delivered outside of the pharmacy, the pharmacist shall offer in writing, to provide direct counseling and information about the drug, including how to contact the pharmacist.

(3) For each patient the pharmacist shall determine the amount of counseling that is reasonable and necessary under the circumstances to promote safe and effective administration of the medication and to facilitate an appropriate therapeutic outcome for that patient from the prescription.
(4) This rule applies to all prescriptions except where a medication is to be administered by a licensed health professional authorized to administer medications.

Commission Guidelines for Patient Counseling. In determining whether the standard of practice has been met, the Commission will use the following criteria:

1. Prior to dispensing, the pharmacist shall ensure that a review is performed of a patient's current medications, any known allergies, medical conditions and other relevant information (e.g. age, weight, height, etc).

2. The pharmacist shall directly counsel the patient, or the patient's agent on essential information regarding the prescription. Essential information may include the following:

- relevant information from the above review,
- the name and purpose of the medication,
- the dosage, route, and schedule of drug administration, and
- common side effects, special directions, and precautions.

3. The pharmacist shall document any patient-related difficulty in counseling and resolution of drug-related problems.

The pharmacist shall be prepared to explain the extent of counseling provided. Failure by the pharmacist to meet the standards of practice for patient counseling shall constitute grounds for action by the Commission.

What about all the detailed pharmacy regulations that currently exist? Many of the more detailed and specific pharmacy regulations continue to be in force. We don't expect federal requirements to change. It will also take some time to rework those current rules or WAC that fit the standard of practice model.

How does this impact my practice of pharmacy? You should have noted a major shift in how practice is defined. You, as a pharmacist, are much more actively involved in defining how you practice. As a result, the standard of practice regulatory approach places the burden on you, as a pharmacist, to satisfactorily demonstrate that your actions are within the accepted "standard of practice" *which would be provided in similar circumstances by a reasonable and prudent pharmacist who has similar training and experience* and consistent with appropriately established pharmacy or facility policies and procedures. The bottom line is that you must be prepared to accept the consequences of your actions.

Through role modeling of good patient counseling techniques, you will set the standard of practice and help your student refine his or her patient communication skills.

Role-modeling safety: reducing medication errors

There has been an increased level of interest in reduction of medication errors in the past few years. The good news is that pharmacists are well situated to detect and prevent adverse drug events.[17,18] As a preceptor, there are many ways you can role model for your pharmacy and technician students ways to prevent medication errors. In addition to role modeling, it is important to include as part of the experiential training discussions on how medication errors can be prevented. This section contains a list of suggestions for reducing medication errors that will be useful to assist in your training discussions. As a useful exercise for you and your student, ask him or her to evaluate your current medication error prevention system and to make recommendations for improvement. The recommendations following have been taken from the "Medication Errors Report And Recommendations, December 2000" authored by the Department of Health in response to a mandate from the Washington State Legislature. The complete report is available at: www.doh.wa.gov/mederrors/document/Reportfinal.doc.

Some ways to reduce medication errors involve changes in the drug distribution process at a systems level. Considerations for design of distribution systems:

- Increase visibility so that users can see what and how things need to be done, and what happens if a step is not completed.
- Simplify tasks to reduce reliance on individual performance skills.
- Design processes, equipment, and programs that communicate how they work in a manner consistent with the user and the desired outcome characteristics.
- Use forcing functions and constraints to help individuals to take the correct action.
- Establish an error recovery process that makes it easy to recover or back out if a wrong action is taken.
- Implement standardization with resultant simplification and consistency of processes. Standardization will have inherent forcing function effects as well.
- Provide organizational and executive leadership.
- Respect human limits in process design.
- Promote effective team functioning.
- Anticipate the unexpected.
- Create a learning environment.

There are also medication error reduction actions that occur at an individual level. Develop work patterns and an environment to help you:

- Focus on the task at-hand.
- Systematically review prescriptions and orders.
- Effectively review medication profiles.
- Include processes for independent double checks when possible.
- Routinely check expiration dates and storage conditions.
- "Double" check all computer entries against the original order.
- Reduce the chance for error when selecting medications from stock, returning medications to stock, reading labels and preparation instructions, and when measuring and mixing.

- Reduce the chance for error when checking prepared medications and reviewing orders.

Always ask patients about allergies, significant adverse drug reactions, use of medication including OTC and herbal products, chronic conditions that may affect medication use, and compliance with drug therapies. Record the information in the medication profile for use when filling prescriptions.
Patient counseling is a key error-prevention step. Create an appropriate environment, then communicate, educate and listen to patients effectively.

- Provide written information at an appropriate reading level.
- Have patients recite instructions and encourage them to ask questions about their drug therapy.
- Always assure patient understanding of proper drug preparation and storage.
- Provide complete drug administration schedules that are clear and minimize the number of time medications must be taken, reduce the chance for drug-drug and drug-food interactions and match patient lifestyle needs.
- Ensure that patients know whom to call when questions or problems arise with drug therapy.

Accept your role as patient safety advocate.

- Develop appropriate levels of suspicion. If it "feels wrong," it has a high likelihood of being wrong.
- Develop a pre-planned process or approach to delay or refuse to fill prescriptions until the problem has been satisfactorily resolved.
- Do not readily accept unsatisfactory explanations for unusual drug therapies or doses (such as "that's what they always take", "it is a special protocol," or a "specialist recommended it").
- Question inappropriate use of dosage forms, e.g. sustained release morphine "as needed."
- Resolve failure to adjust drug therapy for patient characteristics (age, renal function, weight).
- Document/record all conversations related to prescription clarification and error correction.
- Fully investigate all patient concerns about drug therapy.
- Always know the intended indication for medication use; record this information on the prescription or profile.
- Thoroughly evaluate all "warnings" or "alerts" detected by the pharmacy computer (dose, allergies, duplicate therapies, contraindications, drug interactions, etc.).

Other suggestions:

- Recognize individual capacity for error.
- Recognize limitations of systems to prevent errors.
- Use the NDC number in checking prescription filling.
- Actively provide feedback to organizations regarding potential "error prone" processes and offer suggestions for improvements to increase patient safety.

- Consistently upgrade knowledge of medications and drug therapy.
- Develop effective and efficient skills for using drug therapy references.
- Do not use out-of-date references.
- Never “work around” established safety procedures.
- Never “guess” when filling an illegible, poorly written, or confusing prescription.
- Always write down verbal or telephone orders immediately. Read the transcribed prescription back to the prescriber or agent.
- Develop excellent problem/error detection, definition, resolution and communication skills.
- Be aware of prescriptions, drugs, abbreviations, dose expressions, dose units, labels, drug storage, drug preparation, drug labeling, and communication situations that are high risk for error.
- Always check dose equation and dose calculation when used by prescribers, e.g., ped. dosing, chemotherapy, critical care drugs, etc.
- Double check all calculations used in drug preparation.
- Always be wary of “decimal point” errors.
- Be aware of known sound and look alike drugs.
- Re-read all labels on finished products for clarity and accuracy.
- Carefully assess complicated drug dosing regimens, preparation procedures, and administration procedures.
- Carefully review complex multi-drug regimens (such as HIV patients).
- Always use excellent sterile technique when preparing sterile products.
- Maintain an up-to-date knowledge of potential medication error risks. Visit www.ismp.org and www.nccmerp.org regularly.

Chapter 6:

Keeping the Lines of Communication Open

Keeping the lines of communication open with your pharmacy or technician student sounds like such a simple process. The reality is that there are many reasons why students and their preceptors fail to communicate effectively at one or more times during the learning experience.

Probably the single biggest barrier to successful communication between preceptor and student is the constant interruptions and distractions that characterize a practice site and differentiate it from a classroom site. In order to have meaningful teaching and learning time with your student, you should plan on spending some time off line or off site (if off line not possible) and discussing learning areas with your student. It may sound impossible to work into your busy schedule, but remember that there is no requirement that the discussions take up a lot of time, merely that they be regularly scheduled. Fifteen minutes spent reviewing an interesting patient case, a new study, or a management issue can be more fun that you might think, and it may be a quick way for you to gain new information.

Another challenging communication issue is when to tell and when to make the student find out for him or herself during the teaching process. On the one hand, telling a student facts or problem-solving is more efficient than making the student look something up. On the other hand, we all know that placing a student in charge of acquiring information, where they have to visually learn it (from a book) and then explain it to you verbally, means that the student is likely to retain more of the information for a longer period of time. So when do you teach and when do you let the student self-learn? A good rule of thumb is to let the student look up all information that you feel he or she probably already learned somewhere during school. This will reintroduce and reinforce material already learned and allow the student to see a connection between the material and every day practice. The other time to let a student look up the information is when you don't know it yourself. For example, there may be a new study out in a particular area that you haven't read; it is good practice for the student to read it and try to interpret it for you. When should you definitely teach? When you have practice pearls and rules of thumb you have learned from your years of practice that are not likely to be found in a textbook.

Bear in mind that students come from a variety of backgrounds. Do not automatically assume that your student is a 23-year-old with little life and pharmacy experience. A disparity between a student's background and your expectations is ripe ground for communication misunderstandings. Take the time to get to know a little bit about your student. She may look young at first, but dialogue may reveal that she has spent the past two years in Africa working for the Peace Corps and has seen poverty and lack of adequate sanitation and health care beyond what you can imagine. Or perhaps he has been a manager in a non-health care business and has a good grasp already of what it

takes to run a business. Because of these and other possible situations, always treat your student respectfully and do not talk down to him or her as if he or she were a teenager (sure to bring about resentment and communication problems).

Communication problems can also arise in a stressful work environment where the constant demands on time and energy may make employees cranky. They may speak sharply to one another, to you, or to your student, and may not have any specific problem with you or your student's work, but may have the appearance of having a problem.

Communication and working styles

Differences in working style can manifest as a communication problem. How can you tell whether an apparent communication problem is really a problem? There are a series of steps you can follow to check:

1. Does the problem really have anything to do with you? Sometimes events outside of people's lives influence their behavior at work. This does not excuse their behavior if they are rude, thoughtless, or incommunicative, but it does mean that there is probably nothing you can do about it until their situation is resolved. Remember that everyone has a bad day now and again and, if you can have one, so can your student.

2. Is the problem really one of working styles? You can test this using one simple method of working style "diagnosis." You first need to diagnose yourself, then diagnose the person with whom things are not going smoothly. The four different working styles are:

The Idealist. This person has wonderful ideas and ideals. Everyone hopes for an idealist on a committee because an idealist can think "beyond barriers:" great for problem-solving! The downside of the idealist is that sometimes he or she can be so busy generating ideas that he or she does not get his or her work done in an effective manner.

The Analyst. This person has an ability to pay fabulous attention to detail. An analyst is a great person to have in charge of a committee because he or she will make sure that all ground is covered methodically and thoroughly. The downside of the analyst working style is a tendency to bog down in details to the point where deadlines can be missed.

The Activist. This person is a workhorse. Activists get to the point quickly and don't waste time getting mired in details. The activist has the ability to see the big picture clearly. The downside of the activist personality is the tendency to impulsively make decisions without all the facts in order to make deadlines.

The Facilitator. Every committee needs one. Facilitators make people get along. They have an amazing ability to see the point another person is trying to make very clearly. The downside of the facilitator is the occasional inability to make up his or her own mind because he or she can so easily see everyone's point of view.

Pure activists can drive pure analysts bananas. Idealists and activists can cause each other to grind their teeth. Facilitators can feel challenged with an analyst and idealist in the same committee, if that committee has a deadline. You get the picture.

Fortunately, no one has a "pure" working style. We all have some of each working style in our personalities. If you can diagnose the conditions under which the person with whom you are having difficulties works best, then you can alter your working style modestly to meet their needs. This is an enormously powerful tool for working effectively with multiple individuals!

If you have tried the working style thing and are not feeling enough success with it, then it is time to sit down and talk to your student. Ninety percent of the time, troubles can be talked out well enough so that a mutually agreeable solution can be reached. The other 10% of the time, a true difference of opinion will become apparent. In such cases, harmony can still occur if you and your student agree that you will disagree about your opinions in a particular area and both agree not to "go there."

When problems arise

There are certain situations when you know that a problem is not one of misunderstanding learning styles. In these cases, it is important to spell things out clearly for the student. The following four areas are the most common reasons for student dismissal from a work site or failure at a practicum site.

Tardiness. If a student shows up late once in a month, it is not grounds for failure of a practicum course or for firing (unless the student is more than 15 minutes late with no reasonable excuse). Routine tardiness, though, should trigger a discussion regarding the feasibility of a student's continuing to work at that site. For practicums, leaving the work site early is acceptable if all the student's work is done (not unfinished). The focus of the work experience should be on learning, not just hours spent at the site.

Excessive absences. Students should not have any unexplained absence. This can be grounds for failure of the course or a dishonorable discharge from the work site. Explained absences are reasonable provided you are satisfied with the excuse. Excessive explained absences may be grounds for failure of a practicum. In a job situation, excessive absences due to a medical cause should be clearly explained to the employer.

Inadequate knowledge base. Knowledge base is a difficult thing to evaluate. For example, students occasionally provide information about medications that is wrong. When this occurs, the preceptor should help the student understand what the correct response should be. Continued provision of incorrect information in the event that the student has been asked to refrain from providing that information is grounds for dismissal from the site since patient safety is the priority.

Inadequate communication skills. Like knowledge base, communication skills are hard to evaluate. Communication difficulties may be attributed to a variety of causes. Two of the most common are related to behavior and differences in working styles. Resolution takes effort and dialog. If you think that a student's communication skills are poor, it is best to talk with your colleagues to verify that you are not the only one experiencing communication difficulties. Discuss with the director of the student's educational program options for improvement of communication skills.

In general, preceptors should make the initial effort to solve problems by direct interaction with students as early in the rotation as possible. Be specific and straightforward. Simply saying, “I think we have a problem here and I really want to talk about it and understand your point of view,” can ease a tense situation.

If there is a deficiency, identify in writing exactly what the student must do to correct the problem and earn a passing grade. If deficiencies are not corrected, preceptors can then feel comfortable with failing a student on a rotation or letting a student go from a work site, as long as adequate time was given to the student to correct the deficiencies (two weeks is often long enough, depending on the situation). It is best to put in writing for the student the time in which you expect the deficiencies to be corrected.

Occasionally, preceptors have problems with students who come to work sites pursuant to a university practicum. When this occurs, it is especially important to provide the student and university with feedback. Inform students as early as possible of deficiencies. Give them the opportunity to make corrections.

If you ever need to go through the heartache of letting a student go from a rotation or job site, bear in mind that you need to keep the safety of the public, and especially of your patients, as your primary concern.

Drug Diversion

A specific area where it is important to keep the lines of communication open with your student is in the area of drug diversion. Practicing pharmacists are well aware of the consequences of drug diversion. When it occurs, patient care is compromised, additional burdens are placed on an already over-taxed system, and criminal or civil sanctions are likely.

As a preceptor, you are in a unique position to reinforce the legal education provided to your pharmacy and technician students because most drug law violations are detected at the work site. You should discuss actual and hypothetical experiences relating to drug diversion with your student. It is also important to emphasize the ethical, moral, and legal requirements that must be met when wrongdoing is suspected or discovered. This aspect of the student's learning experience presents most preceptors with an excellent opportunity to share real-life experiences.

Prescription Drug Abuse and Licit Drug Diversion. The diversion of licit controlled substances (and some legend drugs) is a problem that involves health care professionals either by design, carelessness, or deception. The vast majority of licit drug diversion is committed by patient-abusers. Patient-abusers are people who convince practitioners to over-prescribe or prescribe for non-therapeutic purposes, rob or burglarize pharmacies, and forge or alter prescriptions. Unfortunately, licensed health care professionals also divert drugs.

Why are prescription drugs diverted? There are a number of answers to this question, some obvious, others not quite so apparent. Licit drugs are of known potency, readily obtained through prescription, and are easily accessed by health practitioners in the work place. Furthermore, licit drugs do not bear the stigma associated with "street drug" use and their use (or abuse) is at least tacitly accepted by society.

What motivates drug diverters? The reasons used by those involved in drug diversion are varied, but frequently include greed, ignorance, sympathy, lust, apathy, empathy, blackmail, and self-use.

How can drug diversion/abuse be detected? Pharmacists should realize that drug diversion is a very real issue with which they must be prepared to deal. The following situations or "red flags" should raise concern:

- Prescriptions filled at intervals more frequent than directions for use would dictate.
- Prescriptions filled concurrently for the same medication but authorized by different prescribers.
- Apparent over-prescribing by practitioners who refuse to justify their actions.
- Any alteration of a prescription.
- Tardiness, unexplained absences, marked behavioral changes, slurred speech, inconsistent work habits, deterioration in physical appearance, repeated involvement in accidents, unusual family problems, and/or unexpected changes in lifestyles of coworkers.
- Controlled substance record alteration.
- Missing controlled substance records.
- Excessive and/or unjustified purchases of controlled substances.
- A decline in anticipated profit margins.
- Patients who, in an institutional setting, complain of little or no relief when administered controlled substances.
- Unexplained losses of controlled substances or legend drugs subject to abuse.

Deterrence of Drug Diversion. Sound policies, common sense, adherence to rules and regulations, and appropriate security are the foundation for preventing drug diversion. Although pharmacists have a great desire to assist patients and fellow health care providers, they must be careful when asked to "bend the rules." It is admirable to trust, but not to the point of being naive.

A prudent pharmacist should question patients, prescribers, and/or coworkers whenever diversion is suspected. Paying strict attention to controlled substance ordering and use, regular review of records, and maintaining a close working relationship with coworkers will further deter drug diversion at the work site. Finally, pharmacists should consider the Commission, the Drug Enforcement Administration (DEA), and other law enforcement agencies as resources that can be relied upon when needed.

Pharmacist Responsibilities. Pharmacists must have a clear understanding of the laws and regulations that govern the practice of pharmacy, and remain abreast of change. They need to recognize the legal and moral responsibility owed to their employer, innocent coworkers, the public, law enforcement, and themselves. This really is not as onerous as it sounds because pharmacists, by the very nature of their job, must remain current in the many aspects of pharmacy practice and utilize clear thinking skills. When drug diversion is suspected or discovered, pharmacists should preserve evidence, keep accurate records and notes, and notify the appropriate law enforcement agency. All controlled substance drug losses must be reported to the Commission and DEA.

Chapter 7:

Legal Issues in Precepting

The following chapter is approached in a frequently-asked-questions format since that is how the questions to the Washington State Pharmacy Quality Assurance Commission are posed.

1. Where can I find the rules relating to internship requirements and preceptors?
Answer: *WAC 246-858 is titled "Pharmacists – Internship Requirements" and may be found in your Pharmacy Law Book.*

2. In plain English, what are the most significant pharmacist/intern requirements?
Answer: *As a prerequisite to pharmacist licensure, students must complete one thousand five hundred (1500) hours of pharmacy internship. Credit may be allowed for up to twelve hundred (1200) hours of experiential classes as part of the curriculum of an accredited college or school of pharmacy. Internship experience will only be allowed if obtained under the guidance of a pharmacist preceptor who holds a certificate issued by the Pharmacy Quality Assurance Commission.*

3. Are there other specific requirements for interns?
Answer: *Yes! The Pharmacy Quality Assurance Commission must receive notification on or before training begins. Interns are also required to provide an "Intern Self-Evaluation Report" to each precepting pharmacist. The purpose of this form is to assist the preceptor in formulating a training program. Interns may engage in the practice of pharmacy only under the direct and personal supervision of a certified preceptor or licensed pharmacist so designated by the preceptor. Hours of experience gained in the absence of a certified preceptor shall not be counted toward fulfilling the internship requirement. Finally, interns are required to submit an "Intern Site Evaluation Report" to the Commission office upon completion of an internship experience.*

4. What are the requirements for preceptor certification?
Answer: *Completion of twelve months as a licensed pharmacist engaged in the practice of pharmacy, licensure as a pharmacist in Washington State, active practice in a "Class A" pharmacy, completion of a Commission approved preceptor training program within the last five years, and submission of a form. There is no fee!*

5. Who is responsible for the quality of the internship training and assurance that the intern *actually* engages in pharmaceutical activities?
Answer: *Preceptors*

6. Are there rules for preceptors?
Answer: *Yes there are. The preceptor, or designee, shall supervise the intern and be responsible for the compounding and dispensing of pharmaceuticals by the intern. The preceptor must use a Commission approved plan of instruction for interns. Use of the training plan, as set forth in this manual, will fulfill this condition. The*

Commission will

also consider applications for approval of special internship programs if it is determined that they offer a significant educational opportunity. Upon completion of the intern's experience at each site, the preceptor is required to submit to the Commission a "Preceptor Evaluation and Certification of Experience" form. The form must be recorded in the Commission office not later than 30 days after completion of any site intern experience; a notarized signature is required. If employment exceeds twelve months, it is recommended that this form be submitted annually.

7. May preceptors supervise more than one intern during a given work shift?
Answer: *Yes, however, only one of the interns may dispense under the direct supervision of the same preceptor and claim internship hours.*

8. May a pharmacist preceptor supervise and/or train a level "A" pharmacy assistant and an intern at the same time?
Answer: *Yes*

9. May a pharmacist preceptor who is employed in research, manufacturing, or other nontraditional pharmacy activities supervise an intern?
Answer: *Yes, the Commission will consider applications for approval of special internship programs.*

10. May an intern work and claim internship hours in the absence of the evaluating pharmacist preceptor?
Answer: *Yes, provided the supervising pharmacist on duty is also a certified preceptor.*

11. May an intern work under the direct and personal supervision of a licensed pharmacist who is not a preceptor?
Answer: *Yes, however, hours of experience gained while a preceptor is absent shall not be counted toward fulfilling any internship requirement.*

12. The Commission rule states that a pharmacist must have completed twelve months as a licensed pharmacist engaged in the practice of pharmacy before being eligible to be designated as a certified pharmacist preceptor. Must all of that experience be gained in Washington State?
Answer: *No, the rule requires twelve months experience. It does not specify in which state.*

13. Is it a requirement that a preceptor take an intern to a professional meeting?
Answer: *No, however, the Commission recognizes the importance of such activity and encourages preceptors to enhance the learning experience through such activity.*

14. Can the preceptor be held liable for comments made in the intern's written final evaluation?

Answer: *Generally speaking, as long as the comments made by the preceptor are truthful, there would be no basis for a lawsuit or other legal action. A preceptor should feel free to give truthful intern evaluations.*

15. Due to poor evaluations, have students been refused permission to take the NAPLEX examination?
Answer: *No, but a confidential follow-up investigation is conducted when such evaluations are received. If poor performance is confirmed, additional intern hours or other remedial action may be required.*

16. Must all pharmacist preceptors participate in a Commission approved preceptor-training program?
Answer: *Yes. Furthermore, pharmacists who wish to retain uninterrupted preceptor certification must complete another Commission approved preceptor training program every five years.*

17. May an intern perform all of the duties granted to a pharmacist?
Answer: *Yes, but a supervising pharmacist must be on site at all times.*

18. 18. Why does the Commission provide pharmacist preceptor training?
Answer: *To provide each pharmacist in this state with the opportunity to become active as a preceptor, to provide guidance and direction in the development of an internship training program and because participation in a quality internship training program is integral to the achievement of a passing NAPLEX score.*

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Appendix

APhA Code of Ethics for Pharmacists

Preamble: Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

I. I. A pharmacist respects the covenantal relationship between the patient and pharmacist.

Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

II. II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.

A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

III. A pharmacist respects the autonomy and dignity of each patient.

A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

IV. A pharmacist acts with honesty and integrity in professional relationships.

A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior, or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

V. A pharmacist maintains professional competence.

A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available as health information advances.

VI. A pharmacist respects the values and abilities of colleagues and other health professionals.

When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

VII. A pharmacist serves individual, community, and societal needs.

The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

VIII. A pharmacist seeks justice in the distribution of health resources.

When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

Intern Competencies

(Space provided for development of site-specific skills)

Competency Area	Basic	Intermediate	Advanced
1.Self Learning Abilities	· Attempts to independently locate answers to questions posed by preceptor. Date:_____RPh: _____	· Identifies areas of expertise and areas of weakness; can develop plan to build knowledge base in areas deemed deficient. Date:_____RPh: _____	· Develops personal and specific criteria to determine success or failure of self-learning process. · Demonstrates constant improvement in knowledge base acquisition. Date:_____RPh: _____
2.Dispensing	· Correctly operates pharmacy computer system used for dispensing. · Selects correct drug and quantity. · Demonstrates ability to compound medications correctly. Date:_____RPh: _____	· Interacts effectively with prescriber in the event of questions pertaining to a medication to be dispensed. · Demonstrates knowledge of use of various medical devices. Date:_____RPh: _____	· Dispenses OTC medications only after questioning patient to determine appropriateness of therapy and understanding of drug use; correctly refers patients to physicians and other health care professionals. Date:_____RPh: _____
3.Operations	· Operates cash register and computer. · Answers telephone. · Can verbally outline policies pertaining to acquisition and maintenance of in-date stock. · Maintains adequate records for poisons and controlled substances. Date:_____RPh: _____	· Able to articulate basics of personnel management. · Demonstrates understanding of drug acquisition control systems and procedures. · Demonstrates knowledge of legal requirements involved in pharmacy operation. Date:_____RPh: _____	· Applies a systematic problem-solving process when making decisions regarding management of human, economic, and technological resources in maximizing pharmaceutical care. Date:_____RPh: _____

Intern Competencies, continued

(Space provided for development of site-specific skills)

Competency Area	Basic	Intermediate	Advanced
4.Critical Thinking	· **Able to solve task-oriented problems posed to intern by preceptor.** **Date:_____ RPh: _____**	· **Able to triage information.** · **Identifies simple problems and develops workable solutions independently.** **Date:_____ RPh: _____**	· **Able to identify, triage, and solve complex problems independently.** **Date:_____ RPh: _____**
5.Drug Information	· **Identify appropriate textbook literature sources to answer simple questions (e.g., standard dosing, generic versus trade name, etc.).** **Date:_____ RPh: _____**	· **Able to access computerized databases and published literature to answer drug therapy questions.** **Date:_____ RPh: _____**	· **Interprets and evaluates information obtained from any literature source.** · **Identifies situations where consultation of a specialist is necessary.** **Date:_____ RPh: _____**
6.Professionalism	· **Adopts a polite, positive, and cheerful demeanor.** · **Exhibits compliance with state and federal laws and regulations.** **Date:_____ RPh: _____**	· **Maintains confidentiality when dealing with privileged information.** · **Attempts to balance emotional needs of patient/family with financial concerns of payers.** **Date:_____ RPh: _____**	· **Demonstrates commitment to the community at large through volunteer or other work which helps promote general public health and awareness of health issues.** **Date:_____ RPh: _____**

Intern Competencies, continued

(Space provided for development of site-specific skills)

Competency Area	Basic	Intermediate	Advanced
7.Interpersonal Relationships	· **Able to communicate effectively with patients and co-workers.** **Date:_____RPh: _____**	· **Demonstrates sensitivity to the needs, feelings, and concerns of the patient when making therapeutic decisions.** · **Maintains credibility and respect when interacting with physicians and other health care professionals.** **Date:_____RPh: _____**	· **Able to effectively obtain information from a patient while addressing cultural, ethical, and religious beliefs.** · **Able to properly address financial and/or social factors which may affect treatment decisions regarding the patient.** **Date:_____RPh: _____**
8.Communication Skills	· **Counsels patients on basic information (drug, indication, directions, length of use, side effects, storage, missed dose) after review with preceptor.** · **Is professional and empathetic on the telephone and in person.** · **Has legible handwriting.** **Date:_____RPh: _____**	· **Can counsel patients on basic drug information without preceptor review.** · **Uses interactive counseling model.** · **Accurately handles telephone orders and inquiries.** · **Documents pharmaceutical care activities after review with preceptor.** **Date:_____RPh: _____**	· **Reviews medication management issues with patient (e.g., efficacy, toxicity, compliance, disease state understanding, financial concerns, psychosocial issues).** · **Independently documents pharmaceutical care activities.** **Date:_____RPh: _____**
9.Patient Assessment	· **Obtains necessary information for patient profile (address, date of birth, allergies, adverse drug reactions, weight, drug use history, method of payment).** **Date:_____RPh: _____**	· **Interviews patient about compliance and allergy history.** · **Able to articulate therapeutic goals for each medication.** · **Individualizes therapeutic regimens.** · **Can articulate parameters that need to be monitored for each drug the patient takes.** **Date:_____RPh: _____**	· **Identifies and justifies patient drug related problems.** · **Can list and weigh pros and cons of therapeutic alternatives.** · **Can select and justify therapeutic regimen.** · **Identifies frequency of monitoring parameters** · **Documents assessment.** **Date:_____RPh: _____**

Intern Competencies, continued

(Space provided for development of site-specific skills)

Competency Area	Basic	Intermediate	Advanced
10. Patient Monitoring	· **Examines refill patterns to check compliance.** **Date:_____ RPh: _____**	· **Routinely queries patients about efficacy and toxicity occurrence.** **Date:_____ RPh: _____**	· **Consistently monitors patient medication therapy.** · **Can recommend and justify therapy modifications (add, delete, change a drug or dose).** · **Can identify factors influencing an unexpected response to therapy.** · **Documents patient progress.** **Date:_____ RPh: _____**
11. To Be Defined	. . . **Date:_____ RPh: _____**	. . . **Date:_____ RPh: _____**	. . . **Date:_____ RPh: _____**
12. To Be Defined	. . . **Date:_____ RPh: _____**	. . . **Date:_____ RPh: _____**	. . . **Date:_____ RPh: _____**

Publications

Preceptors must have suitable reference material for use in their internship training program. This information may be found in recognized textbooks, trade journals, and other compendia. Various regulatory agencies and associations also publish manuals that will assist preceptors and interns in the learning process. The following list, which is not all inclusive, identifies certain noteworthy publications.

	Text	Source	Cost
1.	**Experiential Training Manual For Pharmacy Preceptors, Interns and Technicians**	**Department of Health Pharmacy Quality Assurance Commission 111 Israel Rd SE P.O. Box 47852 Olympia WA 98504-7852 Telephone: (360) 236-4946**	**No charge**
2.	**Pharmacist's Manual, An Informational Outline of the Controlled Substances Act of 1970**	**U.S. Department of Justice Drug Enforcement Administration Diversion Control 400 2nd Avenue West Seattle Seattle WA 98119 Telephone: (206) 553-5990**	**Available at www.deadiversion.usdoj.gov**

Forms

Included as a part of this manual are all of the forms that are required for use in a Commission approved internship training program. They may be photocopied and are arranged as follows:

1. **Application for Pharmacist Preceptor (DOH 690-084)**

Explanation: ***This form must be submitted to the Commission by all pharmacists who wish to receive a five year certification as a pharmacist preceptor. As a prerequisite to receiving certification as a preceptor, applicants must complete a Commission approved preceptor training program. A notarized signature is no longer required; there is no fee.***

2. **Application for Pharmacy Intern Registration (DOH 690-023)**

Explanation: ***This form must be submitted to the Commission office by any individual seeking registration as a pharmacy intern. A notarized signature and notarized photograph with the applicant's signature on the front are required. The intern registration fee is $15.00; all pharmacy intern registrations expire annually on the individual's birth date.***

3. **Internship Site and Preceptor Notification (DOH 690-033)**

Explanation: ***This form must be completed by the intern and forwarded to the Commission office on or before the first day of training at the proposed internship site. A separate form is required for each site. It should be noted that only one form is needed per site even if there is more than one preceptor at that location.***

4. **Intern Self-Evaluation Report (DOH 690-093)**

Explanation: ***This form should be completed by the intern and provided to the preceptor prior to the start of a new internship experience. It is intended to allow the preceptor to better formulate a training program and should be reviewed with the preceptor on or before the first day of internship. It is suggested that the meeting take place away from the distractions of the practice site. This form does not need to be sent to the Commission office.***

5. **Preceptor Evaluation and Certification of Experience (DOH 690-095)**

Explanation: ***This form must be submitted by the preceptor to the Commission office no later than 30 days after completion of any internship experience. Comments must be provided regarding the intern's communication skills, accuracy, professional attitude, dispensing skills, ability to evaluate and monitor therapy, and knowledge of pharmacy management. The preceptor must also provide an assessment of the intern's ability to practice pharmacy at this stage of his or her internship. If the internship experience exceeds twelve months, it is recommended that the form be submitted annually. A notarized signature is no longer required.***

6. **Intern Site Evaluation Report (DOH 690-054)**

Explanation: ***This form must be submitted by the intern to the Commission office upon completion of an internship experience. It should accompany the "Preceptor Evaluation and Certification of Experience" form. No internship hours will be accepted without this evaluation report pursuant to WAC 246-858-050 (1). If the internship experience exceeds twelve months, it is recommended that this form be submitted annually.***