Models of Precepting: The Alberta Experience

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Background
Desire to develop new preceptor models from traditional 1 student:1 preceptor model due to:
• Expanding experiential education capacity needs
• Growing experience (early adopters) and interest with novel models in hospital settings within Alberta
• Identified need for education and resources to support widespread implementation
• Advancing the practice of precepting and student experiences

Objectives
To quantify use of peer-assisted learning (PAL), near-peer teaching (NPT) and co-precepting (CoP) novel models in Alberta
Explore advantages, challenges and strategies to address challenges for each model.
Obtain feedback about supports needed for implementation and ideas to promote use of the models.
**Definitions**

| Peer Assisted Learning (PAL) | Two or more learners at the same level assigned to one preceptor or Co-precepting team |
| Near Peer Teaching (NPT)      | One senior and one junior learner assigned to one preceptor or Co-precepting team. |
| Co-Precepting (CoP)           | More than one preceptor supervising learner(s) |

**Methods**

- Ethics review completed and approved by the Project Ethics Community Consensus Initiative (ARECCI).
- An anonymous online survey was created using the Qualtrics Survey Software.
- All institutional pharmacists in Alberta were invited to complete the survey via a global email list.
- Survey responses between July 29, 2015 and August 21, 2015 were recorded and summarized.
- Descriptive statistics and content analysis of open-ended responses was completed.

**Demographics**

- Current Position: 79%, 2% Staff PhC, 14% Manager, 2% CPL
- Type of Practice: 57% Acute Care, 15% Ambulatory Care, 12% Mixed Acute Care/Continuing Care, 12% Other, 1% Other, 1% Other, 1% Other
- n=126, 12% Response Rate
Demographics

Practice Site Location

Experience with Novel Models

Primary Reasons for Lack of Experience with a Novel Model
### Advantages

<table>
<thead>
<tr>
<th>PAL and NPT</th>
<th>NPT</th>
<th>CoP</th>
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<tr>
<td>As or more efficient as 1:1 learner/preceptor model.</td>
<td>Allows senior learners to solidify their knowledge/skills through teaching.</td>
<td>Shares precepting responsibility amongst clinical team members.</td>
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<td>Learners feel less intimidated in the practice setting.</td>
<td>Instills teaching responsibility in senior learners.</td>
<td>Exposes learners to more diverse precepting styles/perspectives.</td>
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<td>Learners support each other; promotes clinical independence and fosters active learning.</td>
<td>Learners can split workload.</td>
<td>Supports flexible scheduling of pharmacists to meet operational needs.</td>
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<td>Promotes teamwork, Enhanced/expanded precepting skills.</td>
<td>Provides different perspectives for assessing student performance.</td>
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### Challenges

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<th>PAL and NPT</th>
<th>CoP</th>
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<td>Space/technology/computer access limitations.</td>
<td>Ensuring communication continuity between preceptors.</td>
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<td>Additional time to complete learner assessments.</td>
<td>Differences in preceptors' expectations and/or student assessment.</td>
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<td>Differences in learner's levels and competency, learning styles or personalities.</td>
<td>Limits ability to support struggling learners.</td>
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<td>Balancing teaching and non-teaching workload.</td>
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### Sample of Strategies to Address Challenges

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<th>“Space/technology/computer access limitations”</th>
<th>“Differences in learning styles or personalities”</th>
<th>“Ensuring communication continuity between preceptors”</th>
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<tr>
<td>Increase the efficiency of utilizing current available space/laptops/computers by staggering the usage of computers by students.</td>
<td>Have an open and supportive discussion with students, acknowledging there will be differences in precepting/learning styles.</td>
<td>Communicate a handover report using pre-determined methods that work for both preceptors.</td>
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<td>Utilize alternate workspaces such as library, other drop down spaces.</td>
<td>Teach with a variety of methods so that different learning styles benefit regardless.</td>
<td>Conduct student assessments as a team where possible (ensures consistency/awareness for all).</td>
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<td>Create good clinical team relationships.</td>
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Mechanisms to facilitate implementation of novel models (≥70% agreed)

- Work time to prepare for placement (prior to student arriving)
- Simplified student assessment tools
- Improved student clinical knowledge
- Enhanced communication between faculty and preceptors about how to optimize this model
- List of activities, which require minimal direct supervision, or can be completed under indirect supervision
- Manager support for precepting
- Peer support/mentorship
- Education sessions

Top modalities identified for supporting a preceptor to try a novel model:

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<th>Online educational sessions</th>
<th>Networking opportunities</th>
<th>Site staff meetings</th>
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<tr>
<td>Live educational sessions</td>
<td>1:1 mentorship support</td>
<td>CPL engagement and consultation</td>
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<td>Website resources</td>
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CPL = Clinical Practice Leader

Lessons Learned

• Start with a “pilot” of a novel model to gain experience and confidence, then “grow” and expand
• Engage leadership and preceptors
• Build relationships
• Foster a culture of precepting
• Raise awareness and educate about novel models
• Resources available on UofA webpage: http://pharm.ualberta.ca/preceptors/training-and-resources/models-of-precepting
Key Messages

1. A significant portion of preceptors (87%) have experience with a novel model, with CoP being the most commonly used.
2. 35% of respondents identified they are planning to trial a novel model in the next year.
3. Support for each model was demonstrated through agreement with identified advantages. Practical strategies to address various challenges were provided by respondents and will be utilized to prepare educational materials and provide ongoing support.
4. The majority of those with no experience with a novel model felt at least one of these models would work at their site.
5. Respondents identified Faculty and Pharmacy Services leadership support is needed while implementing novel models of precepting.