

## The Roles of Precepting and Teaching & Learning Strategies



**Dalhousie University**  
**College of Pharmacy**  
**Practice Experience Program**

### The Roles of Precepting

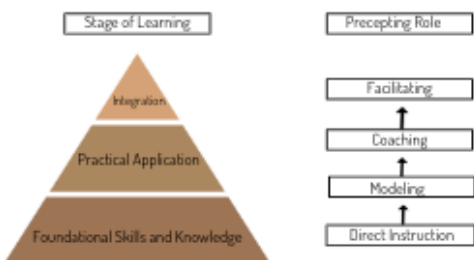
The Roles of Precepting which are evidenced in literature and readily utilized across both Canadian and American schools of pharmacy include:

- Direct Instruction
- Modeling
- Coaching
- Facilitating

### The Stages of Learning

The stages of learning were originally adapted from Bloom's Taxonomy and have been combined into a three stage learning process. This model has become the foundation to recommended approach to teaching clinical problem solving.

#### Stages of Learning & Precepting Roles



The learning pyramid (left), representing various stages of cognitive learning in the context of pharmacy education, and the relevant precepting roles (right).

Revised, 2009, Wickert et al.

#### ROLE #1 DIRECT INSTRUCTION

Preceptors might use direct instruction to convey knowledge directly to the student. This role is best suited in assisting learners to achieve and retain foundational skills and knowledge; however advanced learners can also benefit from direct instruction in specific instances.

#### ROLE #2 MODELING

Modeling is a form of active or focused observation and is often used when the learner has gained foundational knowledge and skills. This approach can be used as a form of conceptual scaffolding for learners to understand the process of solving more complex scenarios. Modeling is most effective when learners are just beginning to understand the practical application of knowledge.

#### ROLE #3 COACHING

Preceptors use a coaching role when they ask a learner to perform a previously modeled activity or skill, then provide feedback to allow the learner to further enhance their knowledge or competence. Giving learners feedback soon after the encounter encourages exceptional technique and prevents the development of unfavorable behaviors.

#### ROLE #4: FACILITATING

A preceptor engaging as a facilitator assists learners in advancing knowledge and skills by providing direct practise experience and opportunities for analysing their own clinical judgments. Self-evaluation assists learners in developing self-direction, professional progress, and problem-solving abilities.



One of the keys to applying this model is to understand that students can be at different stages of their cognitive learning development, in the context of pharmacy education.

Tailoring your preceptor teaching strategies within each precepting role, to optimize student learning and their progression, is key.



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## Role #1 Direct Instruction

Preceptors might use direct instruction to convey knowledge directly to the student. This role is best suited in assisting learners to achieve and retain foundational skills and knowledge; however advanced learners can also benefit from direct instruction in specific instances.

## Direct Instruction Teaching & Learning Strategies

Direct Explanation

Questioning

Reflective Writing

### DIRECT EXPLANATION

Useful when:

A student has basic textbook knowledge or exhibits basic skills or behaviors.

A learner has difficulty taking initiative or requires frequent prompting.

A student approaches tasks mechanically and is not able to deal with complexity.

It might require the preceptor to break down activities for the student to complete.

Direct explanation can be used as an orientation to a new skill or task, fill knowledge gaps or translate knowledge to clinical scenarios.

### QUESTIONING

Useful when :

Used in conjunction with explaining information directly (after assigned readings, for example).

Trying to assess thinking from different standpoints including interpretation, assumptions, implications, logic, consistency and point of view.

#### Structured questioning

Can be used during coaching to guide a learner down a clinical path reasoning during a discussion when the preceptor is aware of the outcome.

#### Socratic questioning

Is a powerful technique that can be used to engage students and promote critical thinking and problem solving.

By using open ended, probing and challenging questions learners can be prompted to evaluate and critique their own argument.

Examples of questions might be:

“What is your evidence?”

“Can you give an example?”

“What are the implications?”

“What do you think?”

“ How do you know?”

### REFLECTIVE WRITING

Reflection helps to encourage self-assessment, which ultimately will help learners to identify strengths, weaknesses and uncertainties.

Assign reflective writing to explore learner's perspective on interactions.

The focus of writing should be applicable to situation.

For example:

- Impact of communication on patient safety.
- Value of pharmacists in patient care.
- Characteristics of effective interprofessional healthcare teams.



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### **MODEL THE TASK WELL & EXPLAIN IT FULLY**

Be prepared to model the behaviour, skill or thought process well and be able to explain it fully to the learner.

Thinking out loud may not be intuitive, especially if the skill or behaviour is automatic – practice thinking aloud while executing a skill might be helpful.

Intentionally highlight areas of uncertainty to help student to gain insight on how to approach care in complex healthcare environment. Examples: tasks related to chronic disease state management, pharmacist prescribing assessments; BPMH.

### **PRIMING IN ADVANCE OF MODELING**

Inform the learner in advance of the specific behaviour to be modelled - for example inquiring about medication adherence, the preceptor can ask the learner to listen for specific communication around medication taking habits.

This priming before an encounter differs from a passive shadowing experience in that it helps learners pay closer attention and starts the process of breaking down complex encounters into smaller components.

## **Role #2: Modeling**

Modeling is a form of active or focused observation and is often used when the learner has gained foundational knowledge and skills. This approach can be used as a form of conceptual scaffolding for learners to understand the process of solving more complex scenarios. Modeling is most effective when learners are just beginning to understand the practical application of knowledge.

## **Modeling Teaching & Learning Strategies**

**Model the task well & explain  
it fully**

**Priming in advance of  
modeling**

**Debrief after the encounter**

### **DEBRIEF AFTER THE ENCOUNTER**

After the patient encounter is completed, include a brief discussion with your learners about what was accomplished and why it matters.

Reflect with the learner after the interaction on what went well (and why), what could be improved (and how).

Discuss how a past scenario might have been approached differently.

Limit the discussion to three or four learning points.



This resource was prepared for educational Preceptor Development purposes by the Dalhousie College of Pharmacy Practice Experience Program (January, 2024)

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### Role #3: Coaching

Preceptors use a coaching role when they ask a learner to perform a previously modeled activity or skill, then provide feedback to allow the learner to further enhance their knowledge or competence. Giving learners feedback soon after the encounter encourages exceptional technique and prevents the development of unfavorable behaviors.

### Coaching Teaching & Learning Strategies

Priming before an Encounter

Feedback & Documentation

The One Minute Preceptor

#### PRIMING BEFORE AN ENCOUNTER

Like modeling, priming the learners before an encounter is an important component of coaching.

Priming allows learners to focus their thoughts and formulate interventions in advance.

Priming allows preceptors to target specific behaviours in advance.

Example: if a student is struggling with time management in a patient encounter, they can be primed to plan out the encounter and prioritize questions & educational points to include.

#### FEEDBACK

Evidence shows that feedback is highly desired and valued in experiential learning by students and they associate giving feedback with high quality teaching.

Feedback soon after an encounter is ideal.

Feedback should focus on the performance, not the performer.

Having a feedback session be collaborative between preceptor and learner is beneficial especially if it involves self-reflection.

#### DOCUMENTATION

It serves as a formal method of feedback to ensure students are aware of where they stand.

Acts as guideline so that students understand the actions needed to improve their performance.

It serves as record and emphasizes a degree of seriousness to a plan or discussion.

#### THE ONE MINUTE PRECEPTOR

Used as an alternative to traditional case presentation

This model puts the focus on the learners' development, verbalizing and getting feedback on their own clinical reasoning rather than passively observing as in traditional case presentations.

This strategy likely helps move the learner from recalling facts to applying knowledge in clinical situations.

See The One Minute Preceptor for detailed steps.



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## **The One Minute Preceptor**

The One-minute Preceptor, a five-step "microskills" style of clinical instruction, was first published in family medicine literature in 1992. This model is now used in a wide variety of medical education, including learning & teaching within pharmacy practice.

Using the sequence of steps in The One Minute Preceptor promotes learner ownership of the clinical problems and decision making skills. This model allows both the preceptor and the learner to identify & support gaps in the learner's knowledge base.

### Strengths:

Patient participation in teaching is high, which benefits learner growth.

Learners are required to employ more of their reasoning skills.

The model promotes feedback from the preceptor that is specific, relevant, and timely.

**TAKE 5 : THE ONE  
MINUTE PRECEPTOR  
VIDEO**

### **STEP #1 : GET A COMMITMENT**

After a learner presents a patient to you, ask:

"What do you think is going on?"

"What are your recommendations?"

Your objective is to have the learner process the information they have just collected.

### **STEP #2 : PROBE FOR SUPPORTING EVIDENCE**

Ask the learner how and why they arrived at their conclusions. Listen carefully to understand the learner's clinical reasoning.

"What factors did you consider in making that decision?"

"What is your supporting evidence?"

### **STEP #3 : TEACH GENERAL RULES**

Share a useful evidence based general rule or two that are targeted to this case but also generalize to other similar cases.

Avoid trying to teach everything in one case. Learners cannot consume more than a few general rules per case.

### **STEP #4 : REINFORCE WHAT WAS DONE WELL**

Verbally reinforce behaviours, specific skills, knowledge or attitudes that were highly effective - examples include presentations skills, ability to gather data or history or identifying red flags.

Provide positive feedback.

### **STEP #5 : CORRECT MISTAKES**

Correct knowledge gaps and provide specific feedback and action steps for improvement.

Utilize a Sandwich Approach to feedback - explaining what was right, correct mistakes and provide input on how to improve for next time.

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