



# **WORKING AND PRECEPTING A DIFFERENT GENERATION OF LEARNERS AND PRACTITIONERS**

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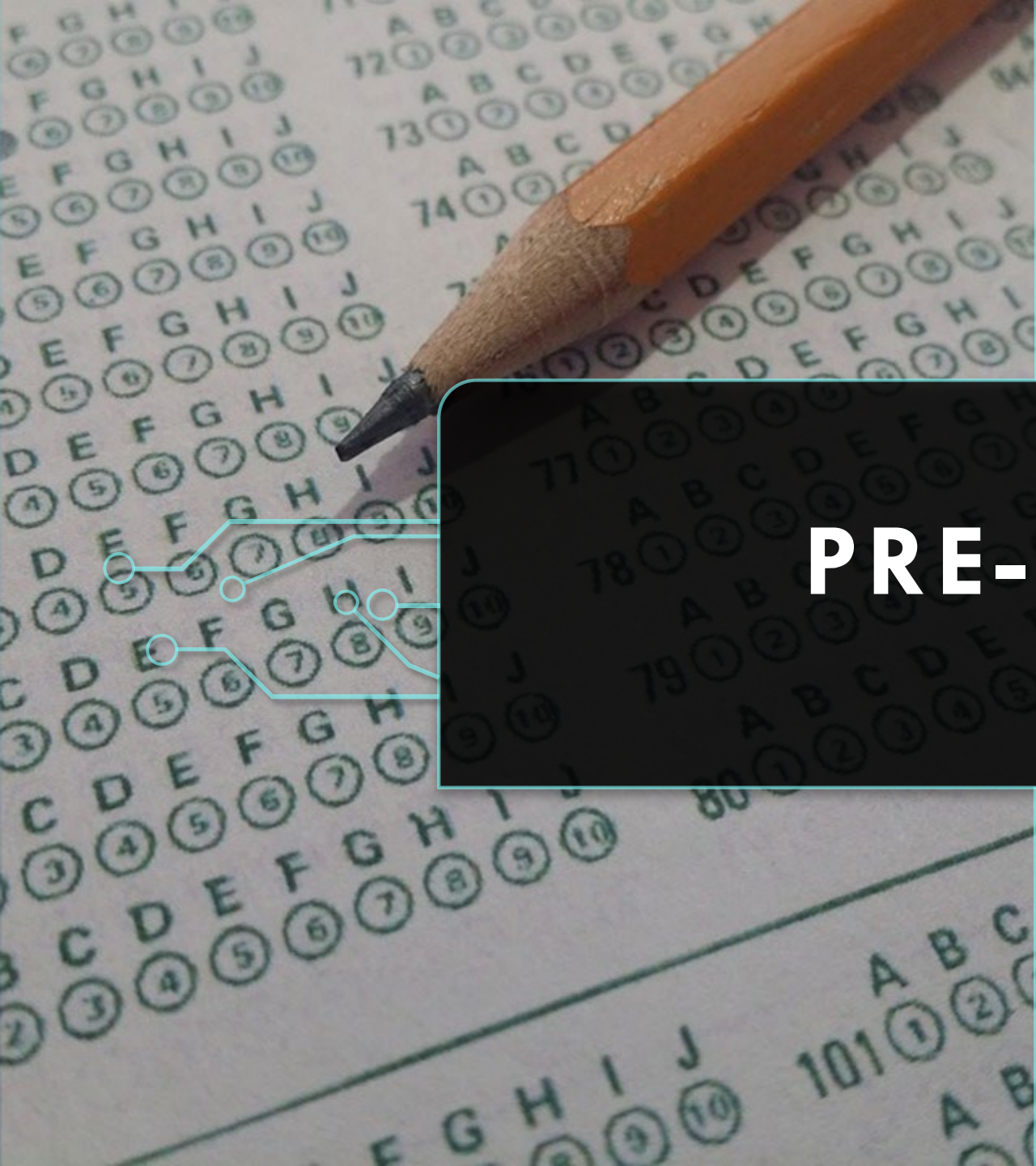
**School of Pharmacy**  
**UPR, Medical Sciences Campus**

# DISCLOSURE

Lic. Larisa Nieves has no relevant financial relationship(s) with ineligible companies to disclose.

Dr. Idaliz Rodríguez has no relevant financial relationship(s) with ineligible companies to disclose.





# PRE-TEST



# OBJECTIVES

- Describe the four preceptor roles
- Reflect on the most common challenges of preceptors and students in pharmacy practice
- Describe the main characteristics of the generational groups and their differences in communication styles, behaviors, and attitudes
- List three strategies to prevent conflicts between preceptors and students
- Reflect on your own implicit bias
- Identify microaggressions to avoid during precepting
- Value the importance of DEI in experiential education



# PRECEPTOR DEFINITION





# PRECEPTOR DEFINITION

- An instructor or specialist who teaches, counsels, and serves as a role model and supports the growth and development of an initiate in a particular discipline for a limited time, with the specific purpose of socializing the novice in a new role. Preceptors fill the same role as mentors, but for a more limited time frame.

Segen's Medical Dictionary. (2011). Retrieved July 7 2023 from <https://medical-dictionary.thefreedictionary.com/preceptor>

# CHARACTERISTICS

- Experienced
- Passion for teaching
- Compromised
- Professional model
- Trained
- Good communication skills



# RESPONSIBILITIES



COORDINATE AND  
SUPERVISE  
ROTATION  
ACTIVITIES IN ORDER  
TO MEET THE  
OBJECTIVES



MOTIVATE BY  
EXAMPLE



EVALUATE AND  
DOCUMENT THE  
STUDENT'S  
PERFORMANCE

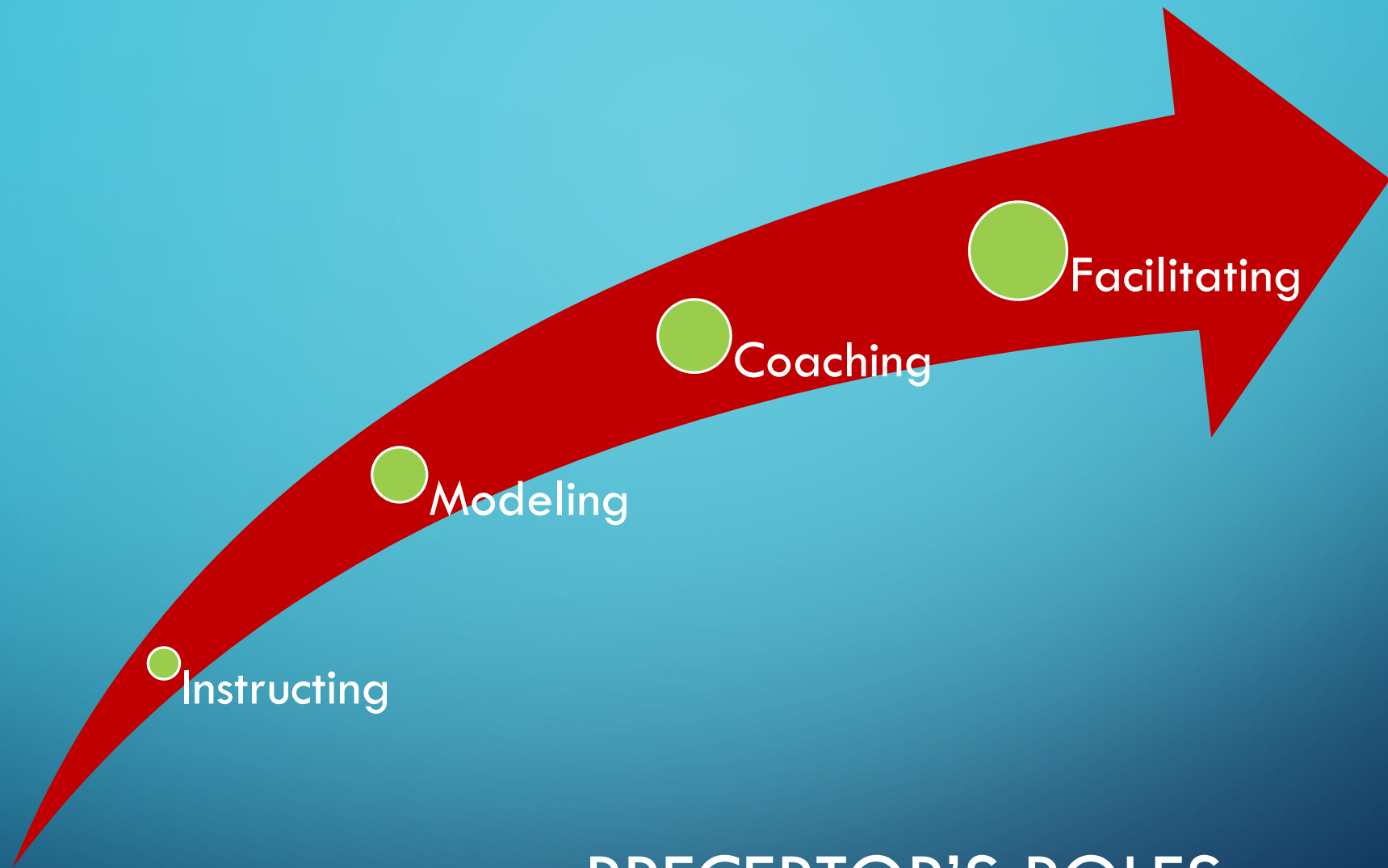


COLLABORATE  
WITH THE  
INTERDISCIPLINARY  
TEAM



BE AN ETHICAL AND  
PROFESSIONAL  
MODEL





## PRECEPTOR'S ROLES

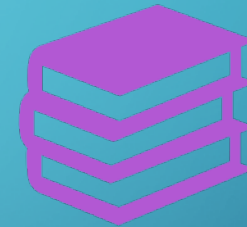
# INSTRUCTOR



Directs to the specific content necessary before a skill can be applied or performed



Teach how the content is related to the skill



When necessary, introduces new content related to solve a specific problem



# MODEL



Teaches specific strategies for finding solutions to specific problems



Teaches repeating patterns to learn to categorize problems related to professional practice



Thinks aloud while solving problems taught

# COACH



GIVES THE OPPORTUNITY TO PRACTICE  
SOLVING PROBLEMS WHILE  
PROVIDING FEEDBACK



PROVIDES OPPORTUNITIES TO SOLVE  
PROBLEMS, SO THAT THE STUDENT  
DEVELOPS AGILITY IN THE PROBLEM-  
SOLVING PROCESS



ASKS THE STUDENT TO THINK ALOUD  
WHILE SOLVING THE PROBLEMS THEY  
WORK ON



# FACILITATOR

Allow the student to perform independently



```
graph TD; A[Allow the student to perform independently] --> B[Preceptor remains available if needed]; B --> C[De-brief with student after the fact];
```

Preceptor remains available if needed

De-brief with student after the fact



## IDENTIFY THE ROLE

“Walk through” a patient chart review with the student while thinking aloud. Highlight areas of uncertainty (differing provider preferences) to assist the learner in gaining insight on how to approach care in complex healthcare environment.





## IDENTIFY THE ROLE

Discuss learner questions, counseling points, and recommendations before a predetermined interaction with a patient to allow a practice run-through to build confidence.

# PRECEPTOR –LEARNER RELATIONSHIP



Collaborative

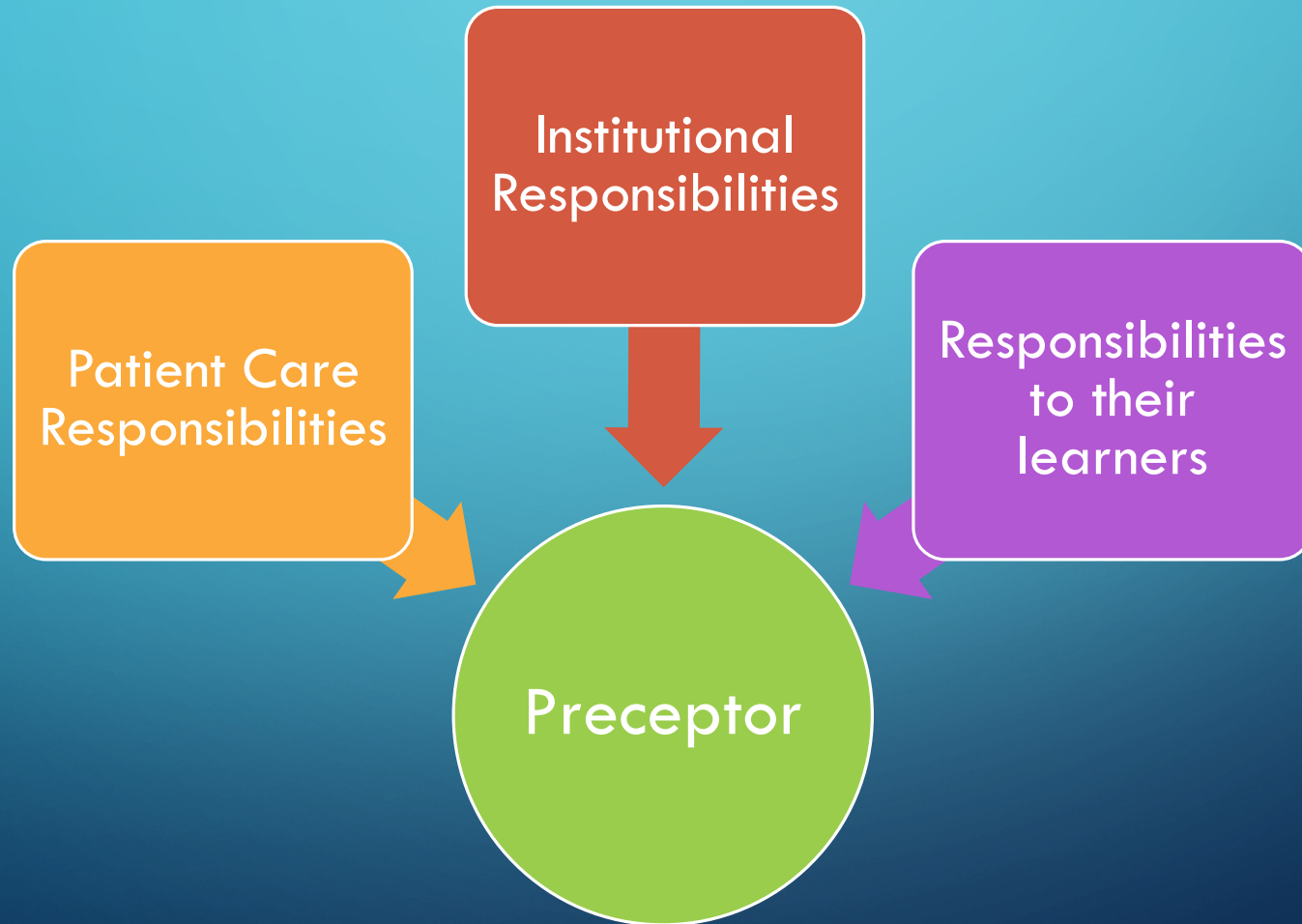
Complex and prone to conflict

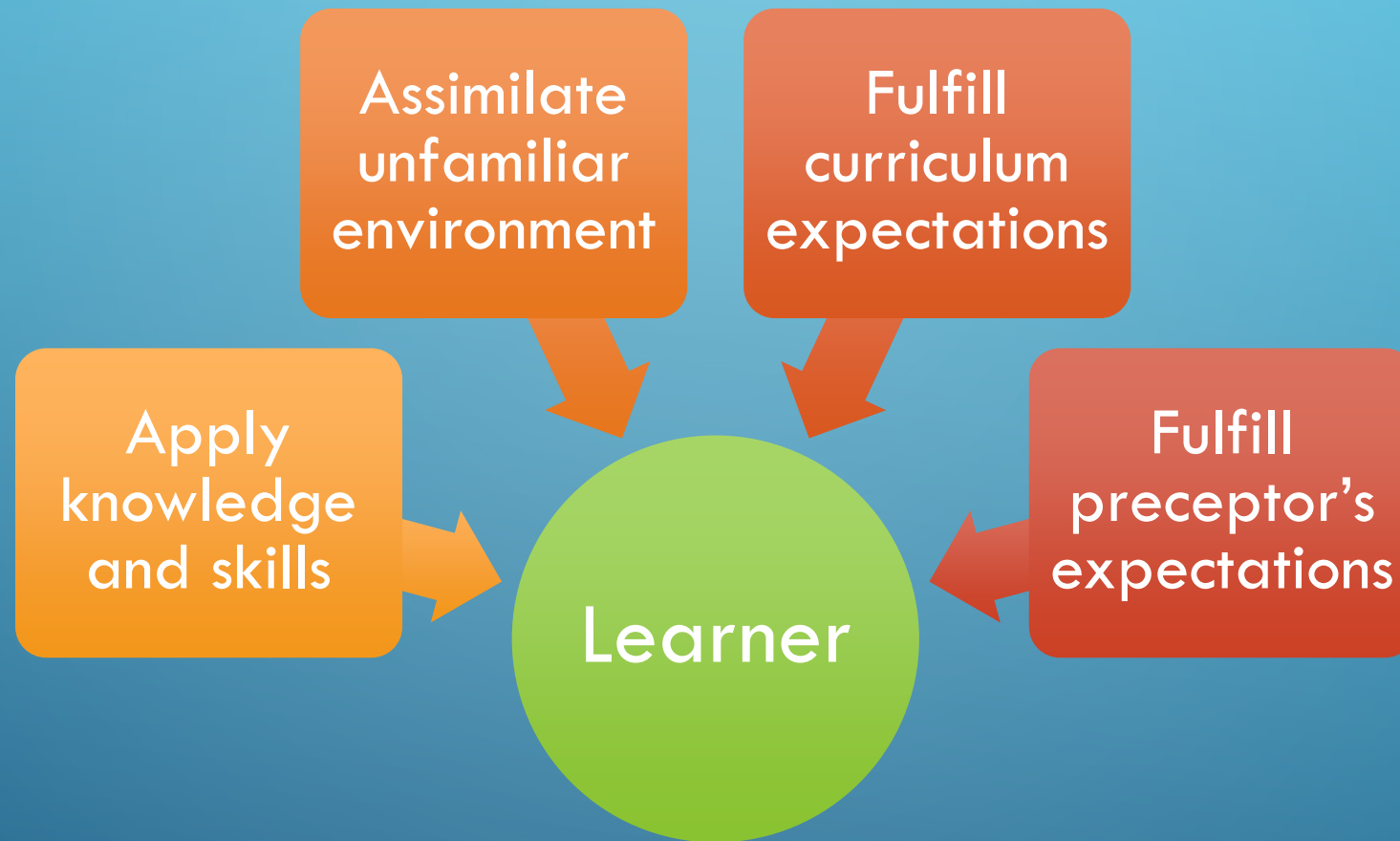
Affects learner's experience

Opportunity to provide direct feedback



# PRECEPTOR'S CHALLENGES





## LEARNER'S CHALLENGES



# FACTORS THAT MAKE THE DIFFERENCE

- Diverse backgrounds
- Diverse personalities
- Differences in expectations
- Generational differences
  - Communication styles
  - Opinions
  - Attitudes
  - Behaviors



# GENERATIONAL DIFFERENCES

Huge demographic  
First generation to  
grow up on television  
Civil unrest/gender  
revolution

**Baby Boomers**  
1946-1964

Sandwich generation  
Development of the  
computer  
Latch key kids

**Generation X**  
1965-1980

Largest generational  
cohort  
Poor economy  
Influenced by  
technology

**Generation Y**  
1981-1996

Diversity  
First “digital natives”  
US first black  
president/gay  
marriage

**Generation Z**  
1997-2012

# GENERATIONS IN THE WORKPLACE

- Three generations are predominant: Gen X, Millennials and Centennials
- Older generations view younger generations negatively
- Time for a shift in the education mindset
- Modify communication style
- Focus on:
  - Learning strategies
  - Micro-learning
  - Instructional alignment

## CASE: THE EXCUSE







## COMMUNICATION STYLE: BABY BOOMERS

- Phone and talking
- Be open and direct (don't use controlling language)
- Be aware of body language
- Respect that they may be guarded when communicating (don't push it)

# COMMUNICATION STYLE: GENERATION X



- Email, phone calls (limit in-person meetings)
- Be direct
- Use less formal communication modes
- Share information and strive to keep them in the loop





## COMMUNICATION STYLE: GENERATION Y (MILLENNIALS)

- Quick sound bites of regular information (text, instant message)
- Foster collaboration (social network generation)
- Use action words and challenge them
- Be conscious of not talking down to them
- Use humor and create a fun learning environment





## COMMUNICATION STYLE: GENERATION Z (CENTENNIALS)

- Videos and images
- Bite size texts
- On-line face to face
- Instant, concise information
- Short attention span

- **Six R's of engagement:**

- **Research-based methods** -multimedia, team-based learning, patient simulation
- **Relevance of learning activities** -how to apply and retain information, emphasize importance
- **Rationale for assignments**-increase compliance
- **Relaxed learning environment**- less formal, WhatsApp, first name
- **Rapport**- show interest, connect in a personal level
- **Responsive**- provide feedback

ENGAGING THIS  
GENERATION OF LEARNERS





# PRESCRIPTION FOR SUCCESS

Preceptor Planning



```
graph TD; A[Preceptor Planning] --> B[Early identification of potential issues]; B --> C[Management of challenges with swift and appropriate interventions];
```

Early identification of potential issues


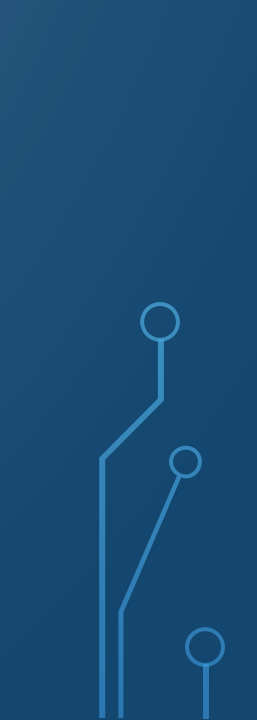
Management of challenges with swift and appropriate interventions





## THINGS TO CONSIDER IN PLANNING THE EXPERIENCE



- Learner's level of education/experience, areas of interest
  - Practice site needs and opportunities
  - Possible projects/tasks
  - Strategies to be efficient and effective in practice-based learning
    - Observe performance
    - Leading shared activities
    - Questioning
    - Self-directed learning (debriefing)
- 
- 



# REFINING THE EXPERIENCE

Set the stage

Use technology to foster communication and reflection

Be proactive vs reactive

Determine a mutual method of communication

Make time for feedback

The background is a blue gradient. In the corners, there are white line-art illustrations of circuit boards or neural networks, with lines connecting to small circles.

# DIVERSITY, EQUITY, AND INCLUSION





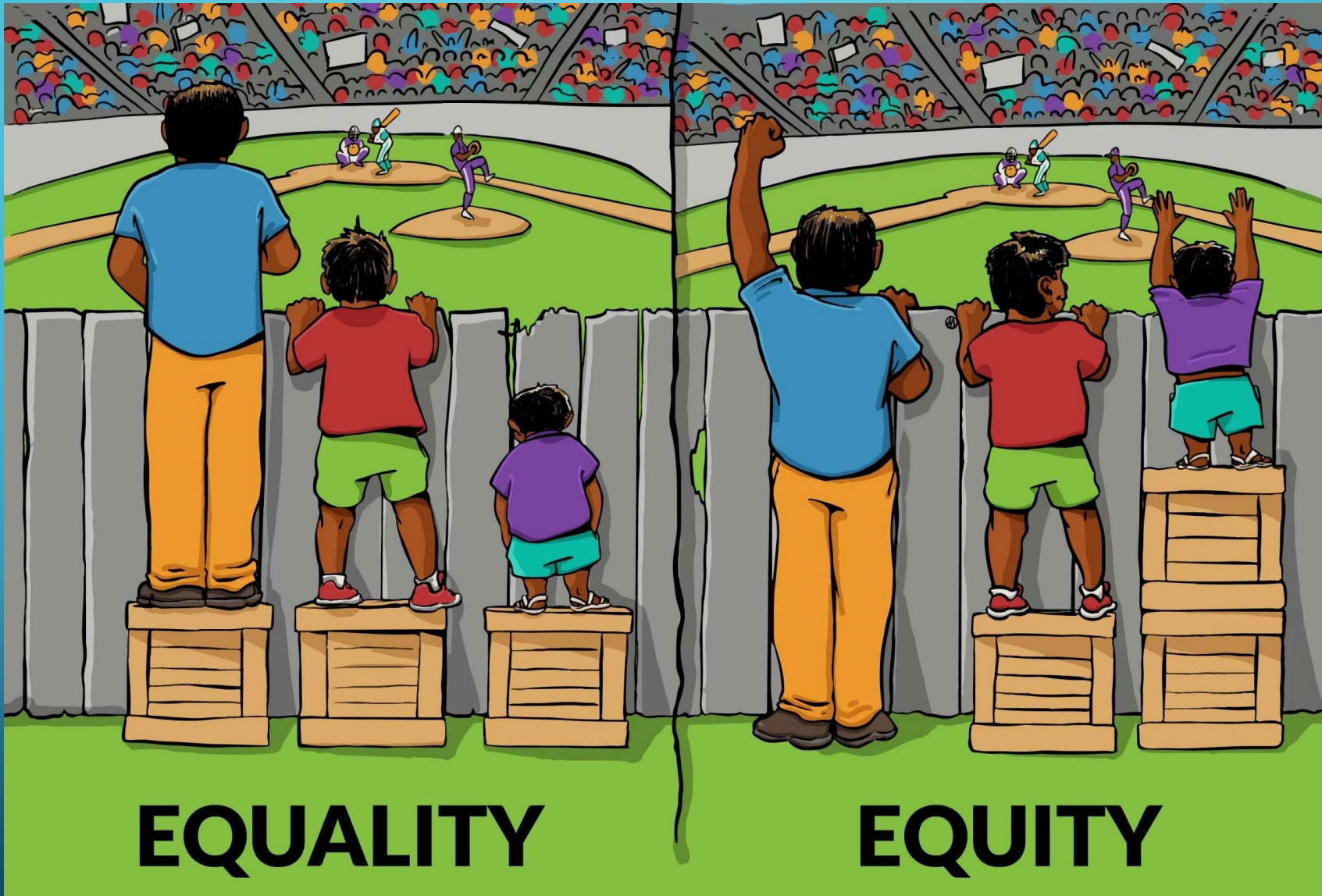
# DIVERSITY, EQUITY AND INCLUSION

**Diversity** – representation of various social identities (age, gender, gender identity, race, socio-economic status, creed, color, language, culture, disability, political perspective, etc.)

**Equity** – fair access, fair treatment, opportunities and advancement of all members of a group. Identifies and eliminates barriers that disadvantage certain groups.

Being equitable means acknowledging and addressing structural inequalities (historic and current) that advantage some and disadvantage others.

**Inclusion** – creating an environment where any individual can feel welcome, respected, supported, valued.





# DEIB AT THE DANCE PARTY



## EQUALITY

Equality is inviting everyone to the party.



## DIVERSITY

Diversity is that among "everyone" invited, there are representations of difference.



## BELONGING

Belonging is feeling comfortable to suggest decor, and feeling uninhibited in your request that the DJ play your favorite song, then enjoying the decor and music along with everyone at the party.



## INCLUSION

Inclusion is being a part of planning the party and being asked to dance during the party.



## EQUITY

Equity is ensuring everyone has adequate transportation/access to getting to the party, regardless of their starting location.



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## Oath of a

# Pharmacist

*I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:*

**I will** consider the welfare of humanity and relief of suffering my primary concerns.

**I will** promote inclusion, embrace diversity, and advocate for justice to advance health equity.

**I will** apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for all patients.

**I will** respect and protect all personal and health information entrusted to me.

**I will** accept the responsibility to improve my professional knowledge, expertise, and self-awareness.

**I will** hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.

**I will** embrace and advocate changes that improve patient care.

**I will** utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

*I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.*



# REGLAMENTO DEL CFPR

## CAPÍTULO XV DIVERSIDAD, EQUITAD E INCLUSIÓN

### Artículo 15.1

a. El CFPR afirma su compromiso de fomentar una comunidad inclusiva, aprovechando la diversidad de pensamiento, trasfondo, perspectiva y experiencia para avanzar la práctica de la profesión. También aboga por un servicio compasivo y respetuoso, y un ambiente seguro en el área de trabajo y a nivel organizacional. Respaldar eliminar las disparidades en el sistema de salud y promover equidad en la prestación de los servicios de farmacia. El CFPR entiende que todos los pacientes, independiente de raza, etnicidad, lengua, sexo, identidad de género, edad, orientación sexual, religión, capacidad física o mental, educación, estatus socioeconómico, perspectiva política, diagnóstico, limitación de acceso, tienen el derecho a un cuidado de salud de excelencia que refleje el conocimiento, sensibilidad y respeto a la dignidad del ser humano. El CFPR está comprometido con la equidad, diversidad e inclusión y desarrolla iniciativas para cultivar una fuerza laboral diversa y culturalmente preparada, promover la excelencia en la inclusión, inculcar la mentalidad de equidad y mejorar el compromiso con las comunidades locales.

# UNCONSCIOUS (IMPLICIT) BIAS



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Attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.

---

Activated involuntarily, based on previous experiences. Tend to favor individuals with your same social identities.

---

Biases can be favorable and unfavorable, affecting the verbal and non-verbal communication, actions, or decisions taken.

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Institute of Medicine concluded that “some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care.”

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## REFLECTION EXERCISE – *CIRCLE OF TRUST*

<b>My trusted friends</b>
1.
2.
3.
4.
5.
6.

# REFLECTION EXERCISE – *CIRCLE OF TRUST*

<b>My trusted friends</b>	<b>Gender</b>	<b>Race</b>	<b>Age (+/- 5)</b>	<b>Sexual orientation</b>	<b>Religion</b>	<b>Political views</b>	<b>Professional background</b>
1.							
2.							
3.							
4.							
5.							
6.							

# CHALLENGE YOUR OWN BELIEFS

First, explore your own background and how that shapes your perspective:

- How were you raised?
- What messages did you receive from people who influenced you growing up, like your family and teachers?
- What systems and structures shaped you?







< Activities



Visual settings



Edit




Loading...

# CHALLENGE YOUR OWN BELIEFS

Then you start to look outward:

- What disproportionately affects people of color, the LGBTQ community, individuals with disabilities?
- Where do I have privilege?
- What in my immediate world— something unfair or inequitable— can I make better?
- What are some little changes I can make within my area of influence?



# COMBATING IMPLICIT BIAS IN HEALTHCARE

- Treat patients as individuals, rather than categorically defining them by their group membership.
- **Motivation:** Increasing awareness of implicit biases
  - ✓ Implicit Association Test (IAT)
- **Information:** Confront the bias through direct interaction with socially dissimilar patients.
- **Emotion:** Research has shown that people who experience higher levels of positive emotions during clinical interactions are less likely to categorize patients. Performing stress-reducing techniques, such as meditation, before patient encounters can enhance emotional well-being to reduce provider bias.
- **Orientation:** Build a partnership with your patient.



# MICROAGGRESSIONS

- Casual comments and behaviors, intentionally or unintentionally, that communicate hostility or negativity toward individuals and groups based on some aspect of their identity. (Sue, 2010)

## Microassaults

- Verbal or non-verbal
- Intentional
- Explicitly degrading and hurtful
- Ex: name calling, discriminatory actions

## Microinsults

- Subtle
- Rude and insensitive
- Usually unconscious
- Hidden message

## Microinvalidations

- They minimize, invalidate, or deny the reality or feelings of a group of people.
- Usually unconscious



# TYPES OF MICRO- AGGRESSIONS

- **Race**

- Foreigner in his own land
- Intelligence
- Colorblind
- Criminality
- Denying one's own racism
- Myth of meritocracy
- Pathology of customs and cultural values
- Second-class citizens

- **Sex/gender**

- Objectification
- Roles
- Inferiority

- **LGBT**

- Heterosexist or transphobic terminology
- Disapproval of the LGBT experience
- Assumption of sexual pathology

- **Religion**

- Endorsing stereotypes
- Vilification

# WHAT MESSAGE ARE WE CONVEYING?

Microaggression	Message
"Everyone can succeed if they work hard enough"	Disparate outcomes in minority groups result from laziness.
Misgendering people by not using the pronoun they prefer.	Your identity is not valued.
"I am OCD with my workspace"	Trivializing disability
"Are you dyslexic? You seem normal to me"	Disabilities are visible. Disable = abnormal
"You are from Yauco? But you speak so articulately"	People from Metro area are more educated and sophisticated than others.

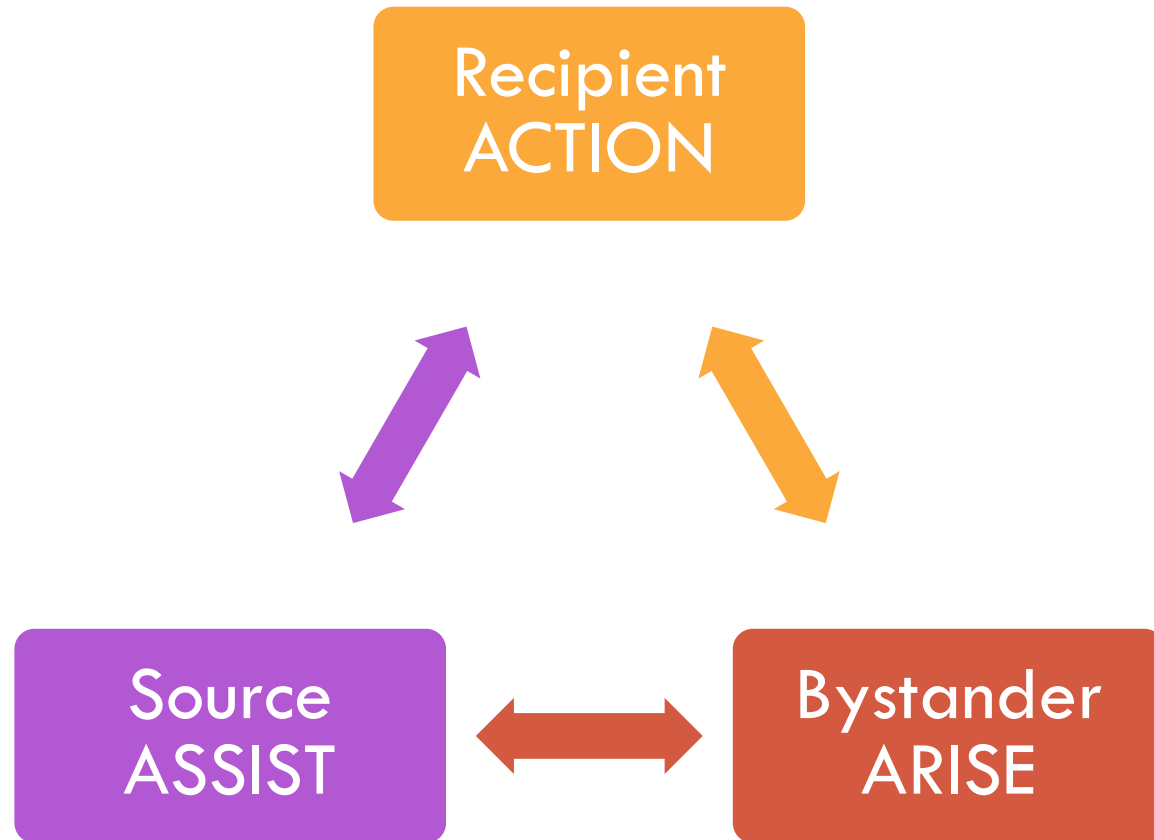


# POWER DYNAMICS R



**STUDENTS: VULNERABLE POPULATION**

# RESPONDING TO MICRO- AGGRESSIONS



Cheung F, Ganote C, Souza T. Microaggressions and microresistance: supporting and empowering students. In: Diversity and Inclusion in the College Classroom. Magna Publications; 2016:15-17.

# IF YOU ARE A BYSTANDER TO THE MICROAGGRESSION...

**Awareness of  
microaggression**

**Respond with empathy**

**Inquiry of facts**

**Statements that start with “I”**

**Educate and engage**



# IF YOU ARE THE SOURCE OF THE MICROAGGRESSION...

**A**cknowledge your bias

**S**eek feedback

**S**ay you are sorry

**I**mpact, not intent

**S**ay **t**hank you.

# PATIENT MICROAGGRESSIONS

•Step 1: Ensure patient is clinically stable



•Step 2: Address the comment - name the behavior as inappropriate



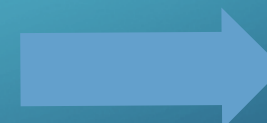
•Step 3: Refocus the conversation on the patient's health

- "I am here to focus on your health"

•Step 4: Share your perspective



•Step 5: Remind the patient of roles



•Step 6: Temporarily remove learners from the environment

- "When you called me 'Baby,' it made me feel uncomfortable"

- "Your team is made up of many people who are working to improve your health"
- "Dr. Jones is the physician in charge of your day-to-day care"

- "We are going to step out for a moment and will be back shortly to focus on your health"

# IMPACT



## Receiver

- Diminished academic performance
- Anxiety and depression
- CVD, obesity, diabetes
- Trauma and suicidal ideation

## Source

- Strained relationships

## Bystander

- Uncomfortable working environment
- Exhaustion & Burnout





# CASE DISCUSSION

9/3/20XX

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The preceptor receives an introductory email from a IPPE learner addressing the preceptor by first name and primarily written in “text speak”.

## CASE #1







- ▶ Invite the learner to meet
- ▶ First-time introduction favors formality
- ▶ Exercise: how to write an appropriate email, give feedback
- ▶ Patient simulation exercise: contact an elderly patient to confirm an appointment

## CASE #1 ANALYSIS



On the first day of the Ambulatory Care-Institutional APPE, the learner admits to not being interested in the experience as the learner already has a job arranged in the community pharmacy setting. The learner states intent to do well, but only to pass because “P=PharmD”.

## CASE #2





- ▶ Build a rapport
- ▶ Relevance of each learning opportunity
- ▶ Reinforce skills
- ▶ Too relaxed, too honest

## CASE 2 ANALYSIS

# CASE #3 HOSPITAL SETTING

Usted es preceptora de dos estudiantes de farmacia, Juan y Ana. Usted trabaja en un hospital y asigna a los estudiantes a rotar con un médico de medicina interna, Dr. Viera. Usted conoce al Dr. Viera hace 5 años. Al principio la relación con él era complicada, pero ahora el doctor valora su conocimiento.



Durante una ronda, usted pasa por el equipo y escucha los siguientes:

Dr. Viera le dice a Ana: “Nena, ¿por qué tú siempre estás tan seria?”

Dr. Viera a Juan: “Juan, para mañana busca cuál es la ventaja de utilizar salina hipertónica vs manitol para edema cerebral. Y que la nena te ayude.”

Ana se ve que abre los ojos, en un gesto de incomodidad y asombro, y se queda cabizbaja.

¿Cómo usted manejaría la situación?



# CASE #3 ANALYSIS

Gender bias

Microaggression

2 options:

- Confront Dr. Viera
  - Review rotation objectives
  - Remind him of her name
    - Empathize: “Remembering everyone’s names is so hard. One trick I use is...”
- Do not confront Dr. Viera
  - Consider a different attending

Debriefing in private with student





- ASHP-American Society of Health-System Pharmacist
- AACP- American Association of Colleges of Pharmacy
- CAPE- Centers for the Advancement of Pharmacy Education
- ACCP-American College of Clinical Pharmacy
- APhA-American Pharmacists Association

## RESOURCES FOR PRECEPTORS



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A photograph of six light-colored wooden blocks, each with a dark brown letter, arranged in a row to spell the word 'GRACIAS'. The blocks are resting on a thick, horizontal wooden plank. The background is a dark, out-of-focus blue-grey. The entire image is framed by a teal border with white circuit-like line art in the corners.

**GRACIAS**

**THANK YOU!**

# POST TEST

- 1- True or False: The four preceptor roles are instructor, model, coach, and leader.
- 2- A good preceptor is characterized by the following attributes, **EXCEPT**:
  - a) Enjoys performing activities related to the job position and sharing knowledge and experiences
  - b) Sees the student as someone who needs constant help
  - c) Is willing to dedicate time to the students
  - d) Respects the differences in learning styles
- 3- When the preceptor provides continuous feedback while observing the student's performance, he/she is taking the role of:
  - a) Instructor
  - b) Facilitator
  - c) Model
  - d) Coach or Trainer
- 4-Among the following precepting challenges, one of the most common is:
  - a) Fulfill rotation objectives
  - b) Balancing workload and precepting
  - c) Complete evaluations on time
  - d) Comply with administrative requirements





# POST TEST

5- Generation Y students prefer the following communication characteristic:

- a) Text, instant messages
- b) Prefer direct communication by phone and in-person
- c) Informal face-to-face communication
- d) Value formality in the process

6- Which of the following should **NOT** be a strategy to prevent conflict between preceptor and student?

- a) Always have a plan for the rotation
- b) Consistently provide feedback
- c) Know students' expectations and establish yours
- d) Be flexible, student have "bad days"

7- True or False: Implicit bias are attitudes or stereotypes that affect our understanding, actions, and decisions in a conscious manner.

8- The following is **NOT** a microaggression:

- a) Saying to a Hispanic student: "I did not expect you to speak English so fluently"
- b) Saying to a male student: "I didn't know men could be so caring"
- c) Saying to a female student: "You did an excellent job in that patient interview"
- d) Saying to a nonbinary student: "Why don't you explain to all of us what it means to be nonbinary?"



## ANSWER KEY

- 1- False
- 2- b
- 3- d
- 4- b
- 5- a
- 6- d
- 7- False
- 8- c