Disclosure

In accordance with the ACPE’s and ACCME’s Standards for Commercial Support, anyone in a position to control the content of an educational activity is required to disclose their relevant financial relationships. In accordance with these Standards, ASHP is required to resolve potential conflicts of interest and disclose relevant financial relationships of presenters.

* In this session:
  - All planners, presenters, reviewers, and ASHP staff report no financial relationships relevant to this activity.

Learning Objectives

1. Differentiate the characteristics of a remediation plan and disciplinary action plan
2. Given the types of challenging trainees and learning situations, design practical remediation plans
3. Develop a disciplinary action plan
4. Given a case study, design practical remediation plans that include a disciplinary action plan
Learning Environment for Pharmacist Trainees

**Doctor of Pharmacy Curriculum**
- **Contact Hours**
  - 202 in Classroom
  - 320 in Experiential Learning

**Residency Training**
- **Contact Hours**
  - 144 in Experiential Learning
  - 2040 in Residency Training

*MWU.CCP: Pharm.D. Curriculum (accelerated 3 year program)*

---

What Experiential Education **Is Not**

- "Academic Tourism"
- "A Spectator Sport"

---

What Experiential Education **Is Intended To Be**

- Systematic achievement of advancing learner competency measured against criterion-referenced standards
  - Pharm.D. Curriculum – CAPE Outcomes
  - Residency Curriculum – ASHP Standards

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Page 2 of 21
And then the unexpected happens...

Preceptor’s Playbook

Recommendations based on published work:


Preceptor Realities

• The days are long but the years are short...

• Maximize learning opportunities to meet multiple outcomes simultaneously

• Requires a strategy that facilitates opportunity, feedback, and reflection
Deliberate Practice

- Methodically designed training to maximize improvement
- Use associated with achievement of expert performance in several fields
- Provides structure to design purposeful training that incorporates self-awareness, self-assessment, and attention to systematic improvement

Deliberate Practice (structured Coaching)

1. Define success
   - capable, credible, self-aware pharmacist clinicians
2. Learning Activity
   - opportunity to gain authentic experience
3. Feedback
   - preceptor provides formative assessment
4. Reflection
   - learner self-assessment
5. Practice
   - skill acquisition
6. Continuous development
   - skill maintenance & refinement

Deliberate vs. Routine Practice

<table>
<thead>
<tr>
<th></th>
<th>DELIBERATE PRACTICE</th>
<th>ROUTINE PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>Attain outstanding “expert” performance</td>
<td>Attain competent performance</td>
</tr>
<tr>
<td><strong>Learning</strong></td>
<td>Learning activities serve to acquire &amp; maintain “expertise”</td>
<td>Initial instruction &amp; assessment serve as markers of competence</td>
</tr>
<tr>
<td></td>
<td>Highly focused on authentic practice and mastery of skills</td>
<td>May lack authentic focus or concentration on systematic improvement / refinement</td>
</tr>
<tr>
<td><strong>Reflection</strong></td>
<td>Reflection is a central driver for improvement which is facilitated by preceptor / mentor feedback</td>
<td>Feedback &amp; reflection are not of central concern</td>
</tr>
<tr>
<td><strong>Performance</strong></td>
<td>Harmonized internal motivation of learner to improve</td>
<td>Performance often arrested through focus on quantity (rote repetition) vs. quality of activities</td>
</tr>
</tbody>
</table>

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**Deliberate Practice: Learning Activities**

- Make sure they are **authentic** to your learner's future role as a pharmacist
- Be sure to set clear expectations about the knowledge/skills/attitudes needed to achieve the specific competencies:
  - Assessing patient and making a medication therapy plan
  - Patient education / counseling
  - Charting
  - Compounding
  - Etc.
- Provide a clear picture of what success looks like (**Modeling**)
- Create time to directly observe learner, provide feedback, guide reflection (**Coaching**)

**Deliberate Practice: Feedback**

- **Feedback** = formative assessment = to form/guide behavior/skills/attitudes
- Characteristics of high-quality feedback
  - **Objective**: supported by examples
  - **Actionable**: provides clear direction on what learner should focus on
  - **Balanced**: clearly articulate what was good and why, and what could be improved and how
  - **Fair**: assessment of performance considers the knowledge, abilities, and skill level of the learner (i.e., learner performance measured against reasonable expectations)
  - **Timely**: given in real-time within the context of the learning activity
- Discuss learner perceptions about feedback and how best to receive it

**Deliberate Practice: Feedback**

- Utilize feedback methods that incorporate learner perspective to:
  - foster self-assessment / reflection skill set
  - gain learner buy-in to motivate change
  - maintain accountability for performance
Deliberate Practice: Feedback Method

- ARCH Model
  - Ask for self-assessment
  - Reinforce what is being done well
  - Confirm what needs correction
  - Help the learner with an action plan for improvement

Deliberate Practice: Feedback Method

- What? So What? Now What?
  - What: What happened
    - To what extent did you successfully accomplish the intended outcome? (positive/patient interaction, accuracy in entering orders, skill in compounding, etc.)
  - So What: What are the consequences
    - What positive/negative ramifications might result from the situation?
    - What levels/areas that you had difficulty navigating?
  - Now What: Where do we go from here?
    - What should you do next time to improve the likelihood of a favorable outcome?
    - In additional knowledge or skill needed?
    - Should the approach be modified in any way? (change in perspective, communication)
    - (If a positive outcome was achieved) How can you maintain this performance?

Deliberate Practice: Reflection

"Don't believe everything you hear!"
"Don't believe everything you think!"

- Guided reflection
  - Verbal (feedback and reflection can occur in conjunction)
  - Written (weekly, following specific activities, personal journaling)
    - Describe the most memorable learning point for you during this week of the rotation.
    - How does this impact your future pharmacy practice and how would you approach a similar situation in the future?
Framework for Self-Assessment: Habits of Mind

- Provides a framework for preceptors and learners to discuss abilities and opportunities for improvement
- HOM are dispositions that describe effective thinking by thoughtful decision makers
- Dispositions are the inherent qualities of mind and character
- Internalizing these 16 dispositions is a lifetime endeavor


A day in the life... of a pharmacist trainee

Rotation Details
- Pharmacist-managed lipid clinic in a cardiology practice
- Patient referred for education, initiation, uptitration, and monitoring of statin and non-statin therapies under a collaborative practice agreement
- Protocol allows for pharmacist prescribing of the following medications:
  - Statins
  - Fibrates
  - Ezetimibe
  - Rx omega-3 fatty acids
  - PCSK9 inhibitors
- Protocol based on the following evidence-based guidelines:
  - 2013 ACC/AHA Guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults
  - 2017 ACC Consensus decision pathway on the role of nonstatin therapies for LDL cholesterol lowering in the management of atherosclerotic cardiovascular disease risk
  - 2017 AACE Guidelines for management of dyslipidemia and prevention of CV disease

http://www.habitsofmindinstitute.org

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Page 7 of 21
### Rotation Timeline

<table>
<thead>
<tr>
<th>Stages of Learning</th>
<th>Bloom’s Revised Taxonomy</th>
<th>Preceptor Role</th>
<th>Learner Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categorizing Creation</td>
<td>Cognitive Dimension</td>
<td>Facilitating Independent Practice</td>
<td></td>
</tr>
<tr>
<td>foundational Skills &amp; Knowledge</td>
<td>Understand</td>
<td>Instruction</td>
<td>Demonstration</td>
</tr>
<tr>
<td>Practical Application</td>
<td>Evaluate</td>
<td>Coaching</td>
<td>Guided Practice</td>
</tr>
<tr>
<td>Categorizing Integration</td>
<td>Analyze</td>
<td>Modeling</td>
<td>Shared Demonstration</td>
</tr>
<tr>
<td>Foundational Skills &amp; Knowledge</td>
<td>Remember</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Transitioning of preceptor and learner roles should be based on direct observation and assessment of learner by preceptor.

---

### Today’s Planned Learning Activities

- **8:00 – 8:20 am**
  - arrive at rotation; patient work-up
- **8:20 – 8:30 am [5-10 min]**
  - present patient work-up to preceptor
- **8:30 – 9:00 am**
  - patient appointment; learner-led (coaching)
- **9:00 – 9:10 am [5-10 min]**
  - appointment debrief and discussion with preceptor
- **9:10 – 10:30 am**
  - write SOAP note; patient work-up for 11:00 am appt
- **10:40 – 10:50 am [5-10 min]**
  - review SOAP note with preceptor

Repeat x 2

---

### Meet our Patient: Jacqueline Smith

- 53 y/o female
- Referred to pharmacist clinic for lipid mgmt
- PMH: MI s/p stent (age 52), DM, HTN
- Social history:
  - Smokes ½ PPD
  - Social drinker (1-2 glasses wine TIW)
- Family history:
  - Mother: HTN (alive)
  - Father: Multiple MIs, 4v CABG, HLD

---
Meet our Patient: Jacqueline Smith

- 53 y/o female
- PMH: MI s/p stent (age 52), DM, HTN
- Fasting lipid profile 1 week ago:
  - TC 208, LDL 110, non-HDL 154, HDL 54, Trig 220
- Current lipid regimen
  - rosuvastatin 10 mg daily (max tolerated dose)
  - ezetimibe 10 mg daily
- She had cognitive effects on rosuva 20 mg and atorva 40
- Baseline lipid values unknown
- No h/o HLD; statin started after MI
- Last HgbA1c = 7% on metformin
- Home BP 120s/130s/70s on losartan + carvedilol

Key points:
- 53 year old female with Clinical ASCVD (MI s/p stent) and premature ASCVD with first event < 65 years
- Risk stratification
  - Statin benefit group 1 indicated for high-intensity statin therapy with primary goal ≥ 50% reduction in LDL (2013 ACC Guideline)
  - Extreme risk due to premature ASCVD and comorbid DM with secondary goal LDL < 55 mg/dL and non-HDL < 80 mg/dL (2017 AACE Guideline)
- Assessment
  - LDL and non-HDL above goal on max tolerated statin + ezetimibe; baseline LDL unknown
  - HDL at goal > 50 mg/dL
  - Trigs above goal < 150 mg/dL but below threshold (< 500) for medication initiation; suggest reduced carbohydrates/sugar intake
  - Continue lifestyle modifications and consider initiation of PCSK9 inhibitor therapy; if affordable and patient amenable (2017 ACC Consensus decision pathway)

Today’s Planned Learning Activities
- 8:00 – 8:20 am arrive at rotation; patient work-up
- 8:20 – 8:30 am [5-10 min] present patient work-up to preceptor
Studying "game film"

Learner presenting patient prior to appointment

Remediation Playbook: "righting reflex"
(recommended against)
Remediation Playbook: Socratic discussion (recommended)
Remediation Playbook: "Go look it up"

Remediation Playbook:
Accepting answers at face value (i.e., not recognizing recitation) (recommended against)
Today's Planned Learning Activities

- 8:00 – 8:20 am arrive at rotation; patient work-up
- 8:20 – 8:30 am [5-10 min] present patient work-up to preceptor
- 8:30 – 9:00 am patient appointment; learner-led (coaching)
- 9:00 – 9:10 am [5-10 min] appointment debrief and discussion with preceptor

Remediation Playbook: Feedback that omits learner reflection
(recommended against)
Remediation Playbook: Feedback that incorporates learner reflection
ARCH Method
(recommended)

Today’s Planned Learning Activities
- 8:00 – 8:20 am: arrive at rotation; patient work-up
  - present patient work-up to preceptor
- 8:20 – 8:30 am [5-10 min]: patient appointment; learner-led (coaching)
  - appointment debrief and discussion with preceptor
- 9:00 – 9:10 am [5-10 min]: write SOAP note; patient work-up for 11:00 am appt
  - review SOAP note with preceptor
- 9:10 – 10:30 am
Concerns regarding SOAP note

- Inclusion of less relevant content is distracting
- Not concise
- Language lacks specificity
- Contains inaccurate content
- Use of EBM could be improved
- Clinical reasoning could be improved
- Structure/flow could be improved (assessments in subjective/plan sections)

Fast Forward to rotation week 3

- Not much has changed in terms of performance
- *New* HIPAA violation in week 2
  - Learner sent PHI over personal email to work on SOAP note revisions from home after clinic hours
- MIDPOINT evaluation scheduled for Friday of week 3

Failure to Fail

- Reluctance of preceptors to fail poorly performing learners
- Not secondary to inability to identify deficiencies
- Unwilling to give poor evaluations
- Preceptors do not fail learners even when they have judged their performance to be unsatisfactory

Managing Experiential Ed Challenges

**Remediation Action Plans**
- Intended to improve deficiencies in knowledge, skills, and/or attitudes when measured against established training competencies
- Depending on severity, could include:
  - Verbal discussion with action plan
  - Written explanation with action plan
  - Involvement of training program coordinator/director
  - Failure of experiential rotation
  - Program dismissal (rare) – if unable to complete training program requirements

**Disciplinary Action Plans**
- Intended to manage administrative issues and professional misconduct, including:
  - Endangering a patient
  - Unethical behavior
  - Illegal behavior
  - Not adhering to established rules/policies of training program or facility (e.g., HIPAA)
- Depending on severity, could include:
  - Verbal warning with action plan
  - Written warning with action plan
  - Reporting misconduct to Board of Pharmacy
  - Failure of experiential rotation
  - Program dismissal


Formulating an Action Plan
- Should be written in terms of SMART goals
  - **Specific**
    - Define the problem in-depth
    - State specific knowledge, skill, attitude that is desired
    - States consequences if goal is not achieved
  - **Measurable**
    - List specific objective measures
  - **Attainable**
    - Is the remediation plan realistic?
    - Can it be completed?
  - **Relevant**
    - Is the goal pertinent and meaningful to current/future practice?
  - **Time bound**
    - Provide time-line for follow-up and completion

Remediation Playbook: Midpoint that lacks candor and does not provide an action plan to improve (recommended against)
Remediation Playbook: Midpoint that fails to inspire hope or provide an action plan to improve (recommended against)
Tips for navigating the process of remediation/disciplinary action plans

- Consider having an objective 3rd party present for discussions of deficiencies or when disciplinary action is needed
  - Learner, director, and institutional office should be involved
- Recognize the emotional toll this process may have on the learner (and preceptor)
  - Denial, anger, disappointment, embarrassment, anxiety, loss of self-confidence
- Individualization is key
- Early intervention is ideal
- Written action plans with SMART goals that are mutually agreed upon is best
- DOCUMENT everything!
Sample Action Plan

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>Action Plan</th>
<th>Determination of success</th>
<th>Deadline for reassessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Preceptor Signature: __________________________ Learner Signature: __________________________ Date: ______________

How big is the problem of challenging learners?

ASHP Preceptor Skills Development SAG survey

- How has the frequency of challenging learners changed over the last 5 years?
- How many times have you NOT strictly enforced your graduation requirements?
- How many times have you NOT felt comfortable granting a graduation certificate?
Acknowledging the barriers:
Assigning a failing grade to a challenging learner can be difficult

- **Preceptor concerns**
  - Accuracy of assessment ("would other’s view the student’s performance worthy of failing?")
  - Feeling “torn” ("are my emotions / bias leading to this assessment")
  - Failure will not be upheld by program ("it was all for naught")
  - Tarnishing of professional / precepting reputation

- **Logistical concerns**
  - Lack of criteria that establishes “minimum competency” within a given rotation or program
  - Has the preceptor maintained documentation providing objective evidence of earned failure?
  - Lack of remediation options
  - How will appeals be handled?

Key Takeaways

- **Playbook Play 1:** Deliberate practice builds expertise
  - Involve the learner in the process to harness internal motivation
  - Hold learners accountable for their performance

- **Playbook Play 2:** Learners should know the ‘why’ instead of just ending up in the correct place
  - “Luck favors the prepared”
  - Remediation should incorporate strategies to get at the question behind the question
  - Avoid the "righting reflex"

- **Playbook Play 3:** Provide clear expectations so all “players” know their role & can anticipate outcomes
  - Use SMART goals in Remediation and/or Disciplinary Action Plans
  - Be candid and inspire hope when discussing action plans with the learner
S:
A 53 y.o. African American female was referred to clinic for dyslipidemia management. She does not have a history of hyperlipidemia and we have no record of her cholesterol levels before she was started on statins. Patient states that she is unable to tolerate a higher statin dose because of foggy thinking that makes it difficult for her as a judge. She smokes .5 pack of Marlboro Light® cigarettes each day that she buys at the QT station on her way to work in the morning. She likes white wine but only drinks three days per week. Her mother is alive and has high blood pressure. Her father also has high cholesterol and has had at least 3 heart attacks and CABG x4 that was done in California. Her diabetes is reasonably well controlled with a A1c of 7% last month. She takes metformin which is an appropriate first-line oral drug for diabetes. Metformin may reduce her CV risk in the future and should be continued even if she needs to be on insulin therapy in the future (Standards of Medical Care in Diabetes. Diabetes Care. 2018;41(Suppl1):S73-S85).

PMH: Dyslipidemia, MI with stent, hypertension, diabetes

Family History:  Mother: HTN (alive), Father: Multiple MI’s, CABG x4, HLD (alive)

Social History: smokes ½ pack/day, social EtOH (1-2 glasses of wine TIW)

Medications:
Rosuvastatin 10 mg daily  Carvedilol 12.5 mg twice daily
Ezetimibe 10 mg daily  Aspirin 81 mg daily
Losartan 100 mg daily  Metformin 1000 mg twice daily

Allergies: NKDA

O:
Vitals: BP = 120-130’s/70’s (home values), HR = 80, Wt. 111 lbs, BMI 20

Labs:  TC 208, TG 220, HDL 54, LDL 110, non-HDL 154
(baseline lipid levels are unknown; statin started after MI)
AST: 45, ALT: 42
Glucose: 135 mg/dL, A1c= 7.0%
Scr= 0.9 mg/dL, K+= 4.1, Na+= 134

A:
1.) Clinical ASCVD due to history of MI (per ACC ASCVD Risk Estimator App)
2.) Presents in statin benefit group 1
3.) LDL not controlled but may have already had a 50% reduction
4.) PCSK9i is appropriate to start if affordable (Repatha® package insert)
5.) Metformin is working well

P:
1.) Recommended LDL goal of < 70 with a non-HDL goal of <100. Patient is in statin benefit group 1 and requires primary prevention. Continue high-intensity statin treatment with rosuvastatin 10 mg daily and ezetimibe 10 mg daily. Start PCSK9i if insurance approves prior authorization.
2.) Continue metformin.
3.) Give phone number for smoker’s help line.
# Remediation Playbook for Preceptors: Practical Strategies to Achieve Learner Competency

## Example Remediation & Disciplinary Action Plan

### Remediation Action Plan

<table>
<thead>
<tr>
<th>What is the deficiency</th>
<th>Action Plan</th>
<th>Determinations of success</th>
<th>Reevaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tardiness</td>
<td>Be on site and ready to begin patient care at/before 8:00 AM (grace period of 5 minutes)</td>
<td>Reporting to rotation on time Reporting late &gt;3 times in remaining rotation will lead to immediate failure</td>
<td>Daily</td>
</tr>
<tr>
<td>2. Knowledge deficit</td>
<td>Assigned topic reviews</td>
<td>Report information you learned and be able to explain it in 3 different ways in your own words Report information you learned and be able to apply in case situations</td>
<td>Weekly for remainder of rotation</td>
</tr>
<tr>
<td>3. Skill deficit</td>
<td>Preceptor and learner will compare notes after each patient visit to determine if key points match Will grade the accuracy of SOAP notes every day</td>
<td>SOAP notes will be graded daily Each section will be scored on a scale of 1-10 (1-2= poor, 3-4= fair, 5-6= good, 7-8= very good, 9-10=excellent) The average score of all sections must be at least a 70% Quality components to be assessed for each SOAP note: - accurate content - concise - adheres to EBM - complete - well-reasoned - logical structure/flow - language is clear specific - focused on relevant content</td>
<td>Weekly for remainder of rotation</td>
</tr>
</tbody>
</table>

### Disciplinary Action Plan

| 4. HIPAA violation -- Placed protected health information from the patient chart into personal email | Complete a module on HIPPA and protected health information Incident report filed with site and training program | Completion of HIPAA and PHI training module Required to repeat workplace HIPAA training A single additional HIPAA violation will result in immediate failure and possible further disciplinary action from training program | Daily |

A copy of this signed document will be provided to the learner, preceptor, and training program.

Preceptor Signature: ______________________   Learner Signature: ______________________   Date: ______________