
REFLECTIONS ON TEACHING

How to Be an Effective Clinical Clerkship Preceptor or, Remembering What It Was Like to Be a Student

Paul L. Doering

ABSTRACT. This paper examines the role of the pharmacy clerkship preceptor in guiding students through advanced practice experiences. Both preceptor and student attitudes are explored, and suggestions for becoming a more effective preceptor are offered. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Preceptor, clerkship, advanced practice experience, clinical pharmacy

Sometimes only a few years separate the competent clinical practitioner from his days as a pharmacy student entering the clinical environ-

Paul L. Doering, M.S., is Distinguished Service Professor of Pharmacy Practice at the University of Florida College of Pharmacy, Box 100486, Gainesville, FL 32610.

Journal of Pharmacy Teaching, Vol. 8(4) 2001
© 2001 by The Haworth Press, Inc. All rights reserved.

69

ment for the very first time. Those days are so distant in our minds, though, that we forget how we felt on that *first* day of our *first* clerkship rotation (now referred to as advanced practice experiences or APEs). The feelings of sheer terror, worrying that the attending physician might ask us something we might not know, have faded with time. Then there was that blank look you gave your preceptor when he told you to “work up the patient on 3-B and be ready to present him at 2 this afternoon.” If you were like most pharmacy students fresh out of the classroom, you probably wanted to run and hide. Yet, somehow you survived this rite of passage, and soon you could claim as colleagues those who just a few months earlier you called “preceptor” (or perhaps worse things in the student vernacular!).

Wouldn't it have been nice if the preceptors would only have realized that you were not miniature versions of them? That you were new to this whole scene? And that their perception that you were a brainless idiot was related more to your lack of familiarity with the clinical setting than an anatomical defect?

Think back to those preceptors you really liked. What was it about them that made a positive impression on you? Was it the fact that they took the time to explain the daily routine on rounds and what was expected on the rotation? Was it their words of encouragement when you had just finished your first stand-up presentation? Or was it your respect for the way in which they gave you suggestions for improvement without making you feel stupid?

Likewise, what was it about some preceptors that made you loathe their mere presence? Was it that sarcastic tone of voice with which they spoke or that characteristic way they had of making you want to quit pharmacy and become a Mary Kay cosmetics consultant? Or was it the fact that you were held to some unreasonable set of expectations regarding your knowledge base, your clinical skills, or simply the number of hours you were putting in (it was never enough, was it?)?

Unfortunately, many of us find ourselves thrust into the role of “advanced practice preceptor” without the least bit of training. We have no idea how to make the rotation an educationally sound experience. Without a clear understanding of what our duties and responsibilities are in this role, we resort to what we know best: we treat our own students the way *we* were treated as clerkship students by *our* instructors. How soon we forget all the things that frustrated us as students. “By God, these students are going to perform *or else*. If *I* had to do it, then they're going to have to do it.” We become quick to criticize the students because they

are not fully functional clinical pharmacists (like us). Why are these students so stupid?

The truly effective preceptor is the one who can set aside his own ego and reach the student on the student's level. If the student has never seen a medical chart, the proper route is to patiently explain the chart and its utility to the clinical pharmacist. Too many times the preceptor assumes that these things were covered in the classroom. Many times these everyday aspects have *not* been covered. Even if they have been covered, the student may not have been exposed to them in a context that promotes long-term recall or complete mastery of the topic. Also, sometimes procedures at one institution (e.g., charting) may be different from what the student experienced in the classroom or on previous rotations.

The same could be said of the knowledge base of the students. Many times at the university we hear preceptors reporting that their students do not know *anything*. This is hard to believe because students who survive a rigorous pharmacy school curriculum have achieved *something*. They may not have the clinical acumen we would expect or their knowledge may be rusty, but they are capable of learning (or relearning) the content necessary to function in the clinical setting. All they need is someone who will take the time to show them how to learn on their own. As I see it, we have two choices when knowledge is lacking: (1) criticize the student and fuss and fume over how stupid they are or (2) show the student how to improve.

To keep this discussion in perspective, it is important to point out that there are some traits in students that need to be corrected without delay. These, indeed, demand the preceptor's swift and decisive action. Among these are students who:

1. Are not putting forth the effort necessary to learn or improve
2. Lack commitment to what they are learning and show little interest in the things they are doing
3. Behave in an insensitive way to the patients they are serving or the health professionals with whom they interact
4. Are chronically late for assigned activities or put other things ahead of their required clerkship activities
5. Constantly whine or complain about how hard they are working or how unfair things are
6. Lack professionalism in attitude and attire.

To remedy these problems, preceptors must communicate in clear terms the expectations established for that rotation. They must make it crystal clear that certain behaviors are unacceptable and that refusal to adhere to these expectations could result in the student being removed from the rotation. Honestly, in 25-plus years of teaching students, I have never had to remove a student from my rotation.

The organization and operation of a hospital or clinic may be foreign to the student who has had little practical experience before beginning clerkship instruction. We speak of the “attending” as though everyone knows that we are referring to the physician ultimately in charge of a patient’s care. Yet the hierarchy and organizational structure of the medical team (with all the nuances that go with it) may be as unfamiliar to the student as the Russian language. Take a moment to explain terminology that may be new to the student.

Students learn best when they have good role models. Seeing their preceptors functioning as clinical practitioners does more to motivate fledgling pharmacists than anything else. In the classroom they have been told much about what pharmacists do and don’t do. To finally see a pharmacist rendering “pharmaceutical care” in a responsible and accountable way brings life to the endless facts and figures memorized for exams and quizzes. You may not realize it, but every move you make as a pharmacist is being watched by your students. When you interact with the team and you make recommendations that are then implemented, the student is inspired to do likewise. If you show indifference or preoccupation with other things, the student senses that as well.

Frequent and specific feedback is important to the learning process. No clerkship student should make a poor grade if the preceptor is doing his job. When the final evaluation is given there should be no surprises because early identification of problems and quick action to solve them will prevent any misunderstandings at the end. Strengths as well as weaknesses should be discussed. A specific plan for improvement in problem areas should be established, hopefully with measurable outcomes.

During the advanced practice experiences it is performance that counts. Some students come to the practice setting wearing their classroom accomplishments on their sleeves. Frankly, I don’t really care how good or bad a student was in the classroom. On the first day of the rotation I tell students that they are starting with a clean slate. But I also remind them that they begin making impressions, both positive and negative, from the first moment they arrive. I usually give them the guaranteed formula for success on my rotation:

1. Show energy and enthusiasm for what you are doing and you can accomplish great things.
2. Do more than your share of work. When times are slack, volunteer for special projects or ask to help in tasks that typical students are not always involved with (e.g., writing an article for the P&T newsletter).
3. Be interested in what your preceptor has to say and jot things down for later recall. Nothing flatters a preceptor more than to see students actually use a piece of information they were taught only yesterday.
4. Try hard to answer questions, even when you are not sure of yourself. A good preceptor will create an environment where the student feels comfortable synthesizing an answer from knowledge already gained, even if it is not totally correct or complete. Students should be reminded that preceptors learn a great deal from the students as well and that learning is truly a two-way street.
5. Don't make excuses. Many times a student will become defensive when an error or shortcoming is pointed out. Often the student will try to cover up the error with statements like, "I was going to do that next," or, "I meant to do that but I didn't have time." Learn to take responsibility for your actions and choices.
6. Ask for help when something is not clear. The student who is willing to stay late or come early for special help makes a long lasting impression on his preceptor.
7. By all means, don't whine. Whining does more to turn off a preceptor than perhaps any other single behavior. If you haven't done the work, then face the fact that you haven't gotten the job done. Nothing good can come out of whining.

The preceptor must realize that every student is different. Each arrives at your practice site with varying degrees of experience and a head full of aspirations, expectations, and fears. I try to work to the strengths of each student by adopting a style individualized to the student's personality. I can honestly say that my relationship with each student is different. Some respond to lighthearted prodding while others would be crushed at the mere suggestion that they are less than perfect. Every student should be pushed to accomplish things he never knew he could accomplish. You will find that students will meet you at different levels of achievement. Why not take them to their highest level by keeping a firm hand on their back, pushing them to that next level?

What evidence do I have that my approach works? None, really, except for the fact that we have seen our students go on to achieve great things in pharmacy. We do get very good evaluations for our rotation, and some students take the time to write a note or a card expressing their thanks for our extra efforts. Sometimes it is years later that students will stop you at a meeting somewhere and tell you what an impact you had on their professional lives. Let's put it this way: it certainly makes it more fun to be positive and supportive in the way one deals with students than to be critical and destructive.

Accepting the responsibility of being a preceptor for a pharmacy student should come only after careful consideration and reflection. It should not be based on the need for power and authority; let's face it, you have all the power and the student has none. Like the Wyatt Earp of the Wild West days, the effective preceptor is the one who keeps his guns in his holsters. The real challenge is to motivate students to want to learn, to make learning as enjoyable as possible, and to make students feel good about what they have accomplished. If the practitioner cannot commit to these simple tasks, perhaps both the student and the pharmacist would be better off if the practitioner declined the invitation to teach.

RECEIVED: 05/02/00

REVIEWED: 06/22/00

REVISED: 07/17/00

REVIEWED: 08/15/00

REVISED: 10/06/00

ACCEPTED: 10/12/00