

Supporting Learners for Success

Preceptor Guide

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Purpose of the document

This document provides supportive strategies to preceptors and experiential education teams working with a struggling learner.

What is a struggling learner in the context of this document?

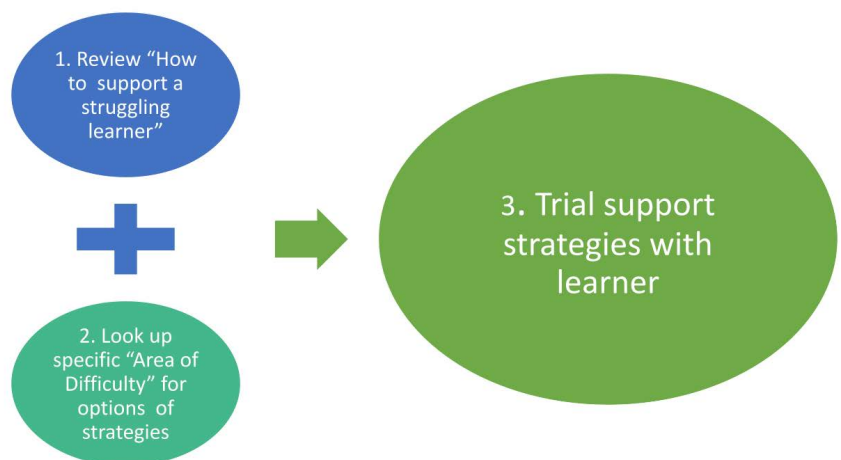
It is normal for a learner to struggle a bit as they put into practice new skills and apply academic learning. A learner who is “struggling” is performing below expectations in knowledge, attitude or skill sets.¹ Learners may struggle to various degrees in different areas during a placement, which may place them at risk of not meeting course expectations. A learner or preceptor may identify area(s) for improvement on their initial or midpoint self or course assessments or any time during the placement. With feedback, intervention, and support, the learner may be able to address the areas that need improvement and demonstrate the competencies expected.

This document offers strategies for preceptors to support success for learners who may be struggling at any time during their placement.

How to use this document

First: Familiarize yourself with the section “How to support a struggling learner.”

Second: Refer in the charts to the specific “Areas of Difficulty” section once a specific area of concern has been identified. **The charts offer suggested strategies** to assist you in your preceptorship role.



Methodology

The approach to the creation of this document consisted of two parts — conducting a literature search and facilitating a focus group.

The literature search was conducted on

PubMed, MEDLINE and CINAHL. The following search terms were used: ((experiential or ExEd or clinical rotation* or clinical placement* or practice experience* or preceptor*)).mp. AND ((student* adj5 (difficult*)) AND pharmac*.mp. After removing duplicates, scanning abstract and full text for relevancy, seven papers were analyzed as part of this literature review. Content in already existing preceptor resources, such as a previous Preceptor Guide² and presentations^{3,4} were utilized in addition to the literature review.

The focus group consisted of four experiential education team members from the University of Alberta (U of A) Faculty of Pharmacy and Pharmaceutical Sciences and one from the University of Saskatchewan (U of S) College of Pharmacy and Nutrition. The document was reviewed by the U of A and U of S participating Pharmacy experiential education team members, two fourth-year pharmacy students, as well as two pharmacist preceptors, a pharmacy manager and clinical practice leader from Alberta Health Services. Suggestions, strategies and approaches from the focus group and reviewers were reviewed and incorporated where applicable.

This document is organized as per Association of Faculties of Pharmacy of Canada (AFPC) outcomes and follows how the student performance assessment is organized. More than one of the following areas may be relevant for a particular learner:

- Care Provider
- Communicator
- Collaborator
- Leader-Manager
- Health Advocate
- Scholar
- Professional

How to support a struggling learner

Creating a safe learning environment by establishing rapport and a trusting relationship is an essential component to precepting any learner. A student's learning is on a continuum of growth. A learner or preceptor may identify area(s) of improvement on their initial or midpoint self- or course assessments or any time during the placement. Learners provide a skills inventory, self-assessment and learning plan to the preceptor in advance of placement. This should include feedback the learner has already received from previous placements. During orientation, the learner then shares their self-assessment and goals for learning with the preceptor, including areas they feel they struggle with. This is a good time for you to encourage them to share how they prefer to learn and receive feedback, and an opportunity for you to tailor the learning to the learner's needs. At midpoint, learners conduct another self-assessment in addition to the preceptor's assessment. This is another opportunity to identify and discuss areas of learning that may need additional support.

It is normal and expected for learners to have a few areas that are not meeting the expectations needed to pass the course at midpoint as they are on their learning journey, new to the practice environment and are solidifying skills. If there are areas identified as not or rarely meeting expectations, or more than three areas requiring consistency and improvement, it is a concern and the learner is at risk of eventually failing, although a pass or fail grade is not issued at midpoint.

Here is the process of approaching a struggling learner to have an honest conversation, regardless of the area of difficulty:

- Give an opportunity for your learner to share how they feel they are doing and offer feedback.
- Discuss your concerns with the learner as part of the regular feedback process. This will enable you to involve the learner in the discussion so they can provide their perspective.²
- Provide specific examples that illustrate your observations and concerns.²
- Balance constructive feedback with positive affirmation to help build confidence.
- Use written feedback to help you clarify your concerns; this will also ensure there is documentation if the situation warrants it.²
- Contact the Faculty with ongoing concerns. Notify your manager or clinical practice leader (if applicable) to make them aware and also to request support or advice.

It is important to note that not all issues are due to the learner themselves. While ineffective study habits, lack of systematic thought process and lack of professionalism are common areas of difficulty, other factors, such as social circumstances, various life stressors, competing priorities and physical and mental wellness may affect the learner's performance.

Some guiding questions to help direct your discussion with the learner:

- What did you notice about the learner's performance?
- Why is it a problem?
- What are the consequences of the problem?
- How did the learner arrive at that action? Explore their reasons.
- How can the problem be resolved?
- What behaviours or skills need to be learned or reinforced?
- How can the learner avoid the same problem or alter their behaviour in the future?²

Process Algorithm

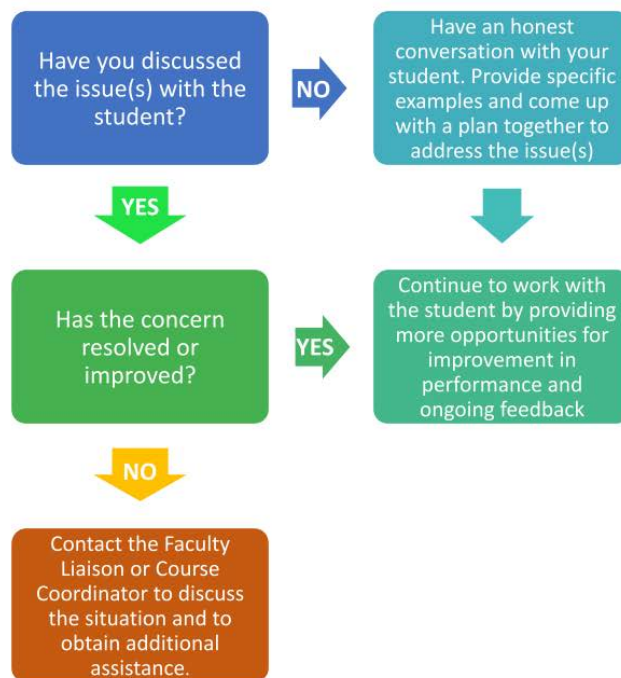


Figure 1. Adapted from Preceptor Guide 2016².

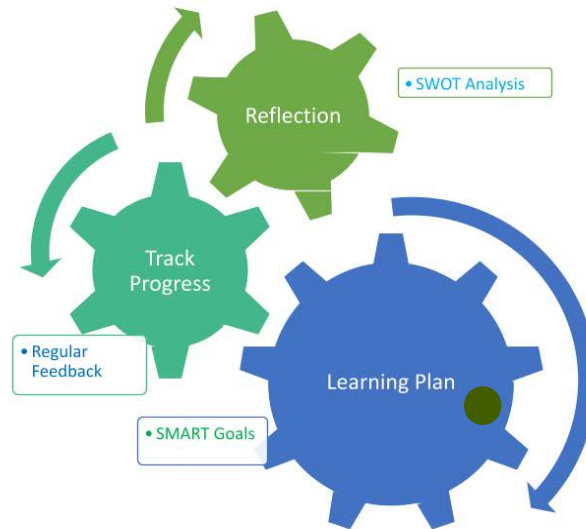
After you discuss the issue(s) with the learner, an effective way for them to track progress is to tailor their learning plan. The learner should update and track progress in the learning plan with a timeline of days/weeks and should describe activities, strategies and the learner's expected level of independence for each activity.³

- Milestone(s) should be based on SMART goals: specific, measurable, attainable, realistic and timely.³
- The learner must discuss the learning plan with you, incorporate your feedback and adapt the plan as needed.

- The learner should track daily progress in an activity log to demonstrate their learning and progress. Learners can include this information in their self-assessments.³
- During the placement, the course coordinator or an experiential education team member can provide support, if the learner is willing, in identifying strategies and goals in their learning plan.

To help build confidence, the following strategies can be utilized:

- To not overwhelm the learner if there are multiple areas they need to address, suggest focusing on one at a time and step back to basic skills.
- Encourage the learner to self-reflect daily and record two things they did well that day and two things they will do differently tomorrow. Encourage the learner to share these reflections with you. Ongoing reflection helps them adapt their plan.
- The learner may conduct an individualized SWOT analysis of own abilities: strengths, weaknesses, opportunities, threats.³
- Provide timely and regular feedback to maximize opportunities for learning.
- Be flexible and ready to adjust the plan based on learner progress.



Preceptor's role

Throughout the process of assisting a learner, be sure to continually assess the learner's skills and adapt your precepting approach. If an area(s) of difficulty has been identified, there are different precepting roles with different strategies you can employ to support the learner. Preceptor roles include direct instruction, modelling, coaching and facilitating.² You can use specific precepting strategies that align with the appropriate role, depending on the level and needs of the learner.

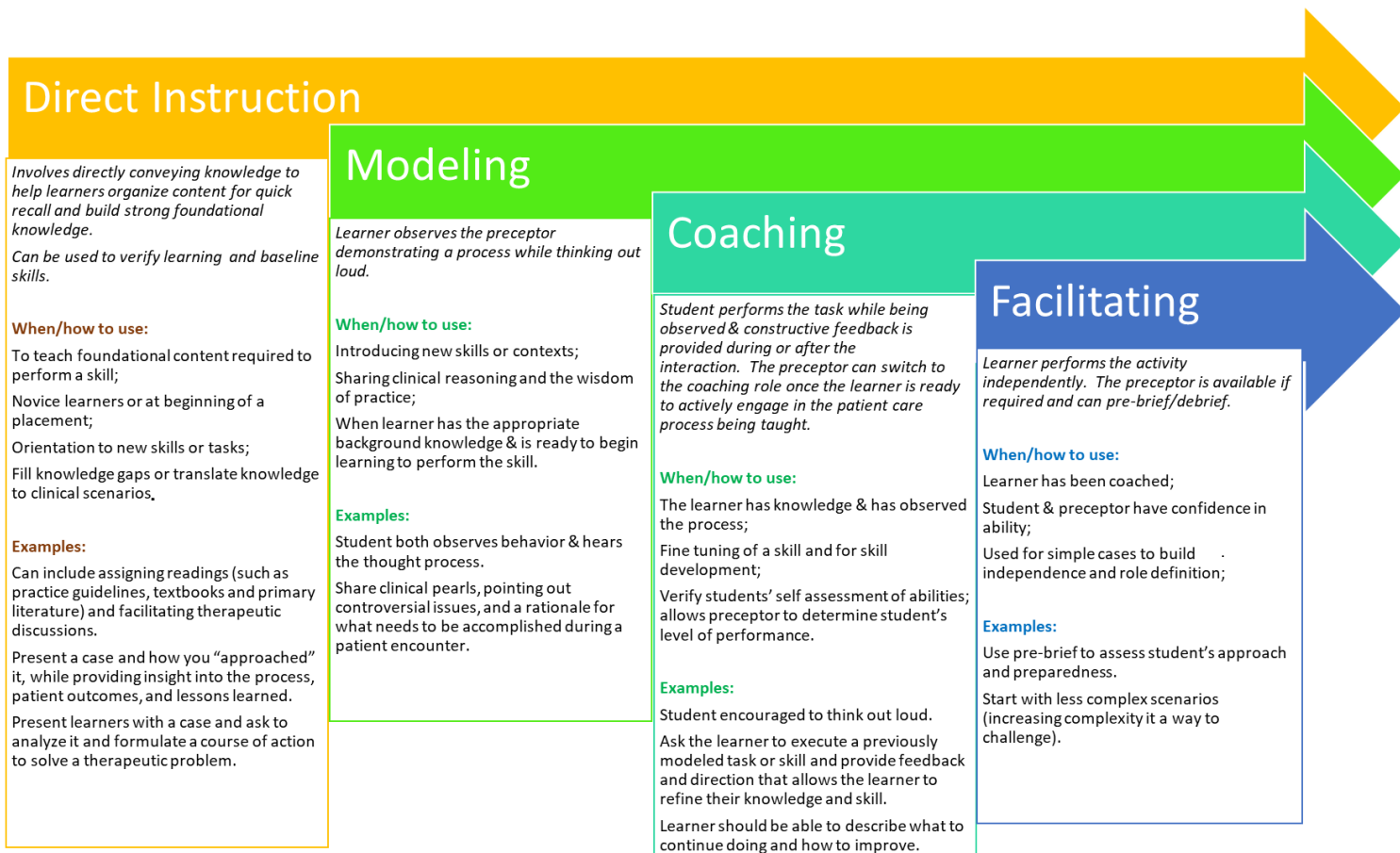


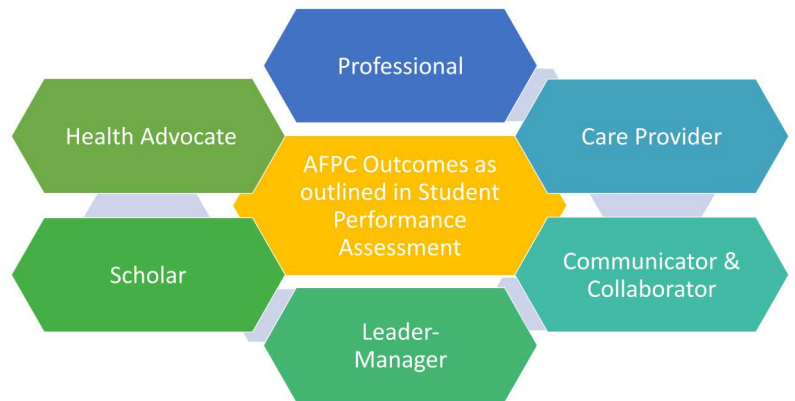
Table 2. Adapted from Preceptor Guide 2016.²

The role of the preceptor depends on many variables, including the learner's stage of learning as well as the type of activity, confidence of the learner, complexity of the situation, urgency, learner's insight into their strengths and limitations as outlined in the above section.

Strategies for improving outcomes based on areas of difficulty

You can use this section to search for your learner's specific area of difficulty and learn possible strategies to support them.

Areas of difficulty are organized as per the AFPC outcomes and generally follow how the student performance assessment is organized. Learners may struggle in more than one area, therefore, more than one AFPC outcome may be applicable. The hyperlinked titles below present a menu of options for strategies based on the area of difficulty and the precepting role that is being embraced. Individualizing the strategies and discussing them with your learner will help you both develop a plan. Exploring the learner's reasons, their rationale or approach will help inform strategy selection.



The following tables were developed from literature findings and were adapted with revisions/additions and suggestions from our experiential education focus group and reviewers.

To access a specific area of difficulty, click on the titles below:

- [Care Provider](#)
- [Communicator](#)
- [Collaborator](#)
- [Leader-Manager](#)
- [Health Advocate](#)
- [Scholar](#)
- [Professional](#)
- [Other areas of possible difficulty or challenges](#)

Other supports available for learners

In addition to the precepting strategies shared, there are various other supports available for learners. Learners and preceptors can discuss these options with the course coordinator or experiential education team member:

- The experiential education team member or course coordinator is available to meet with the learner and/or preceptor to discuss concerns, explore reasons, emphasize accountability, provide support in creating/adapting the learning plan, and provide support/coaching for precepting strategies. Further supports may need to be explored depending on the personal circumstances of the learner.
- Learners are encouraged to:
 - o contact their University Academic Success Centre for 1:1 support or attend various learning sessions on topics such as time management or study/learning strategies
 - o seek professional support, as applicable to their situation
 - o seek out a pharmacist tutor to assist in learning critical thinking and applying academic learning.

FAQs on learner performance and outcomes of placement

What should I do if the learner is continuing to struggle despite an action plan or efforts to address difficulties?

In consultation with the experiential education team, one helpful strategy is to complete a supplemental performance assessment at the three-quarter mark (or even prior to midpoint if needed). This allows you to provide written feedback, document, track progress and help prioritize what the learner should focus on to meet expectations. This would be set up for you by the experiential team member in CORE ELMS.

Throughout the placement, the experiential education team is available to provide coaching support to you and learner and to meet to review progress and the plan.

It is important to have clear communication with the learner if you are concerned that they are at risk of not being successful in meeting the performance outcomes.

What happens if the learner does not meet passing requirements by the end of the placement?

When a learner does not meet passing criteria for a placement, you should award a fail grade for the placement. The course coordinator will review all course requirements before assigning a course grade. Wherever possible, the placement grade should not be a surprise to the learner, as you, the learner and the course coordinator will have been working together to optimize success. If the learner could not achieve all course objectives to a level meeting expectations, it is a signal that they need more time and practice.

This can be very challenging for both the learner receiving the feedback and you, doing the assessment. There can be a stigma associated with failing a placement and preceptors may also feel the student's failure reflects poorly on their abilities as a mentor. It is important for both learner and preceptor to cultivate a growth mindset and acknowledge that the learner needs more time to master certain skills in order to practice at the expected level. As a preceptor, your professional responsibility is to objectively assess the learner's performance. While it may be difficult, the process promotes growth for the learner who must embrace this challenge, persist in the journey to mastery, learn and find inspiration from the feedback.

The experiential education team can provide guidance and support to both the learner and you throughout the placement and at final evaluation to discuss next steps according to Faculty policies. Often, an experiential team member can be present by phone or in person for the final assessment meeting with the learner. In general, learners who do not pass a placement will be given an

opportunity to repeat the placement course in a different clinical location and would be supported by the experiential education team. Depending on timing, this may delay graduation from the program.

What can you expect when you contact an experiential education team member or course coordinator to provide support to the preceptor and/or learner?

Reaching out early in a proactive way creates an opportunity for a collaborative partnership with the experiential education team. However, there can be a reluctance to reach out, especially if you do not know what to expect. You may believe that involving the Faculty may be considered punitive or that one should only reach out as a last resort. Actually, the opposite is true!

When asked for support, the experiential education team member's approach is to listen, explore, seek understanding of the situation, coach and provide support in a non-judgmental manner. The team member will facilitate discussion with you and the learner about possible actions, strategies and other resources that may address the concerns in a positive way.

Preceptors or learners can initially reach out by email or phone to the specific course coordinator or experiential education team member. Depending on the situation, you will either discuss the concern over email or briefly meet over the phone or online (such as Zoom). The experiential education team member may suggest a meeting of all involved to discuss the concern and come up with strategies, next steps and expectations. They may also offer to follow up as needed through short touch-base meetings or over email.

Appreciation

Our hope is that this guidebook has provided helpful insights and strategies to you for approaching various areas of concern you may encounter in your precepting journey. Precepting a learner who is struggling or experiencing challenges can be stressful for you and the learner. It takes time, patience, insight and understanding from both you and the learner, who must be open to feedback and willing to grow.

The experiential education team and pharmacy programs are very appreciative of your time, insights and caring approach as preceptors. The impact you have as mentors and guides is far reaching and so appreciated in every way!

Thank you very much!



Areas of difficulty and strategies for improving outcomes organized as per AFPC outcomes

Outcome: Care Provider			
	Precepting Role		
Area of Difficulty	Direct Instruction	Modelling	Coaching
The learner has only memorized the facts and is not able to use critical reasoning to apply them to a clinical situation. ³	Assign readings on a specific therapeutic area and facilitate a therapeutic discussion or assess a patient case together.	Think out loud while assessing patient cases and have your learner observe and hear your rationale.	Challenge the learner and change the dynamics of the case using what-if questions, such as “What if the age of the patient was different?” or “What if our first recommendation did not work?” ^{3,4}
The learner is ineffective in collecting, presenting, or interpreting patient data from a medical chart. ¹	<p>Ask the learner to make and utilize a standardized data collection sheet.¹</p> <p>Explain why thorough review of a patient chart is warranted and how to focus on relevant information.¹</p> <p>Explain why identifying pertinent positives and negatives is essential to fully understand a patient scenario.¹</p>	<p>Walk through a patient chart review with the learner while thinking aloud to explain your rationale.¹</p> <p>Highlight areas of uncertainty and controversy to assist the learner in gaining insight on how to approach care.¹</p>	<p>Review a patient chart independently of the learner and compare and contrast collected data and interpretation of the information together with the learner.¹</p> <p>Coach the learner as they develop a process using resources in the course syllabi for patient case presentation that provides clear structure for information organization and analysis as well as identification of content areas for self-directed learning.</p>
The learner makes inappropriate or harmful therapy recommendations, indicating poor clinical judgment or application of information in the context of actual patient care. ¹	<p>Ask the learner to reflect on what could have potentially happened. Have the learner think through their thought process and formulate rationale for why their recommendation was inappropriate or harmful to the patient.¹</p> <p>Provide feedback and direct instruction if the learner lacks insight. Set expectations to review recommendations with you before sharing with the interprofessional team or patient until they can consistently provide care in an appropriate way.</p>	<p>Model how to approach a given patient-care scenario to formulate a recommendation and make clinical decisions in light of evidence, local protocols, and clinical experience and explain your thought process/rationale out loud.¹</p>	<p>Use the learning plan to outline opportunities for structured learning activities, feedback as well as reflection that facilitates comprehensive skill development and refinement.¹</p>

<p>The learner does not apply the patient care process consistently.</p>	<p>Direct the learner to read and review the faculty patient care process document.</p> <p>Ask the learner to write out the patient care process steps in their own words to create their own checklist and review with you. Provide your own templates, if available, to the learner.</p> <p>Require the learner in their care plan to assess and write out IESA (Indication, Efficacy, Safety and Adherence) for each drug the patient is on, including when there are medication changes in follow up.</p>	<p>Think out loud to explain the steps in your patient care process and demonstrate how you evaluate IESA while assessing patients. Have your learner observe and hear your systematic process.</p> <p>Preceptor resource eModules are available for review 'Precepting the Patient Care Process.'</p>	<p>Complete a patient care assessment independently of the learner and compare and contrast the patient care process steps completed together with the learner.¹</p> <p>Coach the learner as they apply their patient care process in the development of their patient care plans. Ask the learner to talk out loud their patient care process steps to help identify where they may be missing or skipping steps (or possibly being too detailed).</p>
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**** If patient safety is a concern, discuss options for consequences and next steps. In collaboration with the experiential education team member and pharmacy manager and depending on the situation and impact on patient care, options to stop/pause the placement or remove the learner can be discussed.**

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Outcome: Communicator

Precepting Role			
Area of Difficulty	Direct Instruction	Modelling	Coaching
<p>The learner is using excessive medical jargon in interactions with patients.</p>	<p>Make note of jargon used during an interaction, discuss afterward what could have been said instead.</p> <p>To better adjust to wide variation of health literacy, advise the learner to think of the patient as someone who could have a Grade 6 education.⁵</p> <p>Direct the learner to review applicable patient education materials for exemplars of how to explain medical terms in language appropriate for patients.</p> <p>Have the learner think back to Year 1 of university and how little they knew about medications; how would they want unfamiliar terms explained?</p>	<p>Have the learner listen to you or another pharmacist conducting patient education. Encourage the learner to reflect on the terminology used throughout the encounter.</p> <p>Have the learner consider experiences with interprofessional team members who have difficult conversations with patients – ie: social work, mental health, palliative care, home care.</p>	<p>Either role-play as a patient or allow the learner to counsel a patient in your setting. Observe the interaction and provide timely feedback on areas of improvement.</p> <p>Have learner reflect on how they would assess patient’s health literacy and determine appropriate language and terms to use in the interaction.</p>

<p>The learner is not confident in patient interactions.</p>	<p>Have the learner have a non-medical conversation with a patient to practise building rapport.⁵</p> <p>Ask a patient beforehand if they might be willing to participate in a conversation with the learner so the learner can practise communication skills.</p> <p>Discuss the best use of open- and close-ended questions.⁵ Advise the learner to optimize open-ended questions to open up topics and gather as much information as possible, rather than closing off conversation with the patient.</p> <p>Together, brainstorm different phrases the learner can use to bring the conversation back to the topic in a gentle way if the patient goes off topic.⁵</p> <p>Discuss non-verbal communication skills such as going to the patient's physical level (ie: if in bed), mirroring, using touch to the hand or arm if comfortable.</p>	<p>Allow the learner to listen to you or another pharmacist during an interaction with the patient. Encourage the learner to reflect on how the interaction went and whether they would say anything differently.</p>	<p>Either role-play as a patient or allow the learner to counsel a patient in your setting. Observe the interaction and provide timely feedback on areas of improvement.</p>
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<p>The learner is not confident in communicating information (such as answering questions), especially in a large group.</p>	<p>Create a safe learning environment by helping the learner build rapport with other team members and providing positive affirmation (verbal and non-verbal).</p> <p>Encourage the learner to feel comfortable making mistakes, as this is how they will become more comfortable voicing their recommendations. Encourage a safe place where it is OK to “use the learner card” (only valid for four years!).</p> <p>Advise learner that it is OK to say, “I do not know the answer now but I can look it up. How quickly would you like an answer?”</p> <p>When answering drug-information questions, have learner formulate answers like a presentation.</p>	<p>Encourage the learner to observe therapeutic discussions between members of the pharmacy team and other health-care professionals. Encourage the learner to reflect on how these interactions went, how recommendations were made and questions were answered.</p>	<p>Encourage the learner to answer questions and debrief with the learner afterwards to provide timely feedback.</p> <p>Learner can practise presenting presentations or role-play patient interactions with other learners at the practice site or with their preceptor.</p>
<p>The learner demonstrates interpersonal skill deficit, as demonstrated by difficulty in effectively interacting with preceptor, learner or health-care providers. This can include interactions described as socially awkward, aggressive or lacking assertiveness.¹</p>	<p>Ask the learner to reflect or assign reflective writings to explore the learner's perspective on interactions. Topics for reflection could include impact of communication on patient safety, characteristics of effective interprofessional health-care teams, value of pharmacists in patient care and differentiation of empathy and sympathy.¹</p> <p>Provide specific instructions on how to handle potential scenarios.¹</p>	<p>Demonstrate how to interact effectively in various scenarios, including telephone, face-to-face, and in a group. After each interaction, reflect with the learner on what went well (and why) and what could be improved (and how). Discuss how a past scenario may have been approached differently.¹</p>	<p>Prior to interactions, ask the learner to brainstorm three questions the recipient of the information may ask and prepare appropriate responses in advance to ease nerves and maximize success.¹</p>
<p>The learner is struggling with lack of confidence in written documentation.</p>	<p>Instruct the learner to balance conciseness and completeness, erring on the side of completeness.</p>	<p>Point out examples of exemplary documentation during the rotation and discuss what is done well and what can be improved upon.</p>	<p>Before documenting, verbally discuss what should be included and what will go in each section.</p>

	<p>Provide and review the documentation template used in your clinical area and explore areas the learner feels less confident in.</p> <p>Provide a sample documentation to review.</p> <p>Acknowledge that it is acceptable to formulate their own template; for example, they do not have to copy what you/the school uses. It is acceptable to individualize, provided the content is there.</p> <p>Refer learner back to AFPC e-resource (used in labs for documentation examples).</p>	<p>Have the preceptor write the note while the learner directs the preceptor what to write.</p> <p>Have both learner and preceptor write a documentation note about the same topic and compare.</p>	<p>Break writing into chunks – have learner only write one section at a time and then check in with the preceptor for feedback.</p> <p>Do frequent check-ins on progress of note (every 15 minutes) so time is not lost.</p> <p>As confidence increases, discuss expectations and goal setting for the length of time it takes to document and the timeliness of completing documentation to meet patient-care needs.</p>
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Outcome: Collaborator

Precepting Role			
Area of Difficulty	Direct Instruction	Modelling	Coaching
<p>The learner over-explains concepts to physicians and other health-care professionals verbally or in their documentation.</p>	<p>Question whether this level of detail is necessary for the physician's (or other health-care professional's) management of the patient.</p> <p>Advise that crisp sentence fragments are preferred over long paragraphs and that they should ensure conciseness in grammar and format.⁵</p> <p>Introduce the learner to specific structures of presenting information either verbally or in a written manner (such as SBAR, SOAP, etc.).</p> <p>Tell the learner that the information needs to be prepared in case the clinician wants to have a discussion, but does not necessarily need to all be provided initially.</p>	<p>Ask the learner to listen to interactions between health-care providers and reflect on the conciseness of these interactions.</p>	<p>Role-play by asking the learner to provide a recommendation to you or another health-care professional. Debrief and provide timely feedback on areas of improvement.</p> <p>Ask the learner to reflect on what level of detail they would want/need if they were receiving this recommendation.</p>
<p>The learner is not confident making recommendations to physicians and other health-care professionals.¹</p>	<p>It is optimal to know what the specific recommendation would be if asked, but reasonable to present the options first to engage collaboration and then determine if that discussion alters the specific recommendation.</p> <p>Advise that recommendations should lead other health-care professionals to investigate and come to their own conclusions. The learner should use collaborative language, as opposed to being dictatorial and may present their recommendations as "options", rather than directive next steps.⁵</p>	<p>Walk through the general process of making recommendations to physicians and other health-care professionals. Encourage the learner to embrace the learner role and ask questions of physicians and other health-care professionals to allow them to explain their therapeutic approach.</p>	<p>As the learner prepares recommendations, have them pre-brief with you to role-play and practise how they would communicate these to others. Provide timely feedback on areas of improvement.¹</p>

	Encourage to minimize appearance of correction: frame “bad” choices as “suboptimal”. Explain existing contraindications and warnings, and whether this medication is the best for the patient and whether it may be best to stop it. ⁶		
In interdisciplinary groups of learners, some learners may feel that their chosen discipline is superior to others and may resist collaborative learning or behave in a condescending manner toward learners in other fields. ⁷	Engage in a discussion about the importance of each health-care professional in a team. Assign readings, discussion and/or reflective writings on the roles of different health-care professionals and what contributes to trust and team effectiveness. Discuss this concern as part of reflections on any interprofessional shadowing activities.	Encourage the learner to observe the dynamics between different health-care professionals within an interdisciplinary team and share how each professional contributes to the care of the patient and relies on each other.	Ask the learner to reflect on what the disciplines can teach each other. Have learners teach each other, participate in the development of their placement activities and take responsibility for ensuring that their experiential education goals are met. ⁷ Teaching each other will also allow learners to develop an appreciation of the important contributions of each discipline to the health-care team. The preceptor can help learners gain increased respect for one another through collaborative activities and help dispel any misconceptions about the hierarchy of disciplines. ⁷

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Outcome: Leader-Manager

Precepting Role			
Area of Difficulty	Direct Instruction	Modelling	Coaching
<p>The learner frequently makes errors in their recommendations and/or actions.</p> <p>**See Care Provider section for more strategies in regards to managing errors.</p>	<p>Reassure that health-care providers do make errors; it is important to behave appropriately after making a mistake and learn how to avoid and prevent errors in the future.</p> <p>Remind the learner that once an error has been recognized, the health-care provider who made the error will gain skills or knowledge that would prevent them from making that error again. After all, an error is not a reason to be disciplined, but being neglectful or intentionally malicious (such as covering up an error so it cannot be fixed) is.</p> <p>Discuss the dangers of covering up an error so it cannot be fixed and how this negatively impacts patient care. As part of this discussion, emphasize the importance of reporting near misses, even if there was no harm done. Identifying those errors to others can help point out systemic flaws and will be the first step to addressing them and creating a culture of safety.</p> <p>Have the learner complete the steps to report the error in your specific site’s medication-reporting system and also correct any miscommunication to team members or patients.</p> <p>** If patient safety is a concern, you can discuss options for consequences and next steps. In collaboration with the experiential education team member and pharmacy manager, depending on the situation and impact on patient care, you might discuss options to stop/pause the placement or remove the learner.</p>	<p>To assist the learner to recover from the error, walk the learner through the path/systematic thought process to the error.</p> <p>Have an open discussion about an error/potential error and invite the learner for valid self-reflection in order to identify the source of the error. Verify that the learner understands why certain procedures are necessary or integral in preventing future errors, such as reviewing all of the checkpoints required to verify a prescription.</p> <p>Model by sharing, explaining and following appropriate reporting processes if you or the placement pharmacy make an error during the placement.</p>	<p>Allow the learner to share their vision of the path to the error and their plan for recovery. Provide appropriate feedback in a timely manner.</p>

Outcome: Health Advocate			
	Precepting Role		
Area of Difficulty	Direct Instruction	Modelling	Coaching
The learner is not aware of appropriate resources in the area (outpatient followup, home outpatient clinics/services, allied health supports, etc).	<p>Discuss the different resources available nearby that patients are frequently referred to from your facility.</p> <p>Encourage the learner to research and outline appropriate resources for various populations (patients with diabetes, etc).</p>	Allow the learner to listen in on a patient interaction where you or another pharmacist provides information to a patient about resources in the area. Walk through your process of finding these resources. This can include various websites, pamphlets, interprofessional connections, etc.	Before meeting with the patient, ask the learner what resources they think are appropriate for that patient.
The learner fails to integrate health promotion.	<p>If the learner does not mention the importance of adoption of healthy behaviours in various disease states, have a discussion regarding the importance of holistic care and the role that healthy behaviours and non-pharmacological recommendations play in disease management. Refer the learner to read/review appropriate resources on non-pharmacological evidence and recommendations.</p> <p>Refer learner to review previous lab skills activities regarding self-management and health-behaviour change.</p>	Encourage the learner to identify health promotion in your practice. This can include patient education, discussion with other health-care professionals, etc.	<p>Prior to the learner's interaction with a patient, discuss how to integrate health promotion into the conversation .</p> <p>Provide timely feedback on how health promotion can be integrated into the learner's patient-care process.</p> <p>Remind learners to include non-pharmacologic therapy alternatives/ additions as part of the care plan.</p>

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- [Professional](#)
- [Other areas of possible difficulty or challenges](#)

Outcome: Scholar

Precepting Role			
Area of Difficulty	Direct Instruction	Modelling	Coaching
<p>The learner is lacking the appropriate knowledge base for their level of pharmacy education.</p>	<p>Assess the learner’s baseline knowledge and skills at the start of an experience and have them design a plan that helps them achieve the desired knowledge and skill levels in the appropriate time frame.</p> <p>Ask the learner to review specific topics, content and skills before, during and after the rotation. Self-directed learning is expected in an experiential setting.</p> <p>Have the learner prepare for therapeutic discussions with pre-readings and self-identify questions and areas where they lack understanding.</p> <p>If there are multiple learners at a site, have them prepare small therapeutic discussions for each other and learn by teaching each other.</p> <p>Discuss the learner’s study skills. Simply reading textbooks has been shown to not be an effective method of studying or revising material. Encourage utilizing alternative learning strategies, such as testing oneself, making outlines, making charts to compare and contrast drugs and drug classes, writing out flash cards, making or using visual study aids and revising the material with others by explaining different concepts. Inquire whether the learner is only studying parts they understand and avoiding the material they do not understand.^{8,9}</p>	<p>Walk the learner through how you look up relevant information during patient care. You can outline different resources you use and your overall process.</p>	<p>Have the learner walk you through how they approach learning a specific topic within therapeutics. Provide appropriate feedback on their strategy and suggest additional methods they may try.</p>

	Suggest the learner review study strategies in Chapters 7 and 8 in this text: Evidence-Based Learning Strategies for Student Pharmacists PharmacyLibrary		
The learner is unable to grasp a controversial therapeutic area. ¹⁰	<p>Have the learner prepare for therapeutic discussion on the topic with pre-readings and self-identify questions and areas they are struggling with.</p> <p>Clarify any misunderstandings the learner may have about the topic and explore the various aspects to the controversial issue, such as 'grey' areas, evidence (or lack thereof), patient factors, system factors, etc.</p>	<p>Have the learner listen to you or someone else navigating a controversial therapeutic area.</p> <p>Encourage reflection on factors that led to a certain decision.</p>	<p>Organize an informal debate on the therapeutic area with a group of learners or pharmacists and learners. Assign learners a certain topic and a certain position. The learners can prepare a handout with key points and support from the literature. Provide timely feedback.¹⁰</p>

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Outcome: Professional

Precepting Role			
Area of Difficulty	Direct Instruction	Modelling	Coaching
<p>The learner exhibits poor time management as evidenced by chronic procrastination, being unprepared, not completing patient-care activities or assignments on time and overall poor performance.³</p>	<p>Have the learner set up an electronic or paper calendar system that includes a daily to-do list.</p> <p>Schedule smaller checkpoints/deadlines with the learner to help break big tasks down into smaller, more manageable pieces.³ Set a time limit for tasks and be accountable to that.</p> <p>Have the learner set SMART goals (specific, measurable, attainable, relevant, time bound) and ensure that the learner has clear expectations and understands deadlines.</p> <p>Encourage the learner to balance work and personal life. Ensure the learner is taking time to destress and take care of themselves to prevent burnout.³</p> <p>Poor time management may be caused by overcommitment to other matters (hobbies, work, child care, etc). Ask key questions and encourage thoughtful reflection to ensure the learner is able to prioritize and think about what is on their plate.</p>	<p>Walk the learner through your work day, time management strategies and your task prioritization process.</p> <p>Explain to the learner when you have had to adjust timelines or re-prioritize during the day.</p>	<p>Ask the learner to reflect on where their time is being spent.</p> <p>Hold learners accountable to set deadlines.</p> <p>Have learners lay out their plan for the day with approximate times of each activity, have that plan re-evaluated as the day progresses.</p> <p>Engage in a candid discussion and provide feedback as appropriate to coach on areas for improvement.</p>
<p>The learner demonstrates poor attendance or lack of punctuality.¹</p>	<p>Confirm expectations and outline the negative impact of poor attendance or lack of punctuality.</p> <p>Ascertain potential contributing factors and whether the source of the deficit is a need to juggle required responsibilities and personal desires.¹</p> <p>Emphasize that gaining competence in practice</p>	<p>Set an appropriate example for the learner by being punctual. Follow through and communicate clearly when your schedule changes.</p>	<p>Discuss benefits of attendance.</p> <p>Discuss what happens to patient care if no followup occurs.</p>

	<p>requires being present and actively involved in the rotation.¹</p> <p>Set expectations and state the consequences of absenteeism or tardiness.¹</p> <p>Hold the learner accountable. Address and document every violation.¹</p>		
<p>The learner demonstrates a deficit in the area of professionalism, as evidenced by disrespectful communication and unprofessional behaviour (inappropriate jokes, stereotyping).¹</p>	<p>Openly address and document all forms of inappropriate behaviour.¹</p> <p>Review expectations of professional behaviour. Discuss inappropriate behaviours and consequences in terms of patient care and how the learner, the preceptor, and the pharmacy profession are perceived.¹</p> <p>Have the learner write a reflection paper or prepare a reflection discussion based on identified issues. This can be on the impact of tone and non-verbal communication, as well as the negative impact of behaviour on colleagues, health-care teams and patients.¹</p> <p>Directly observe the learner's interactions to monitor performance and provide continuous feedback.¹</p>	<p>Demonstrate professionalism in your practice setting.</p> <p>Encourage the learner to observe other members of the health-care team and reflect on their professional behaviours.</p> <p>Role-play exercises to develop professional characteristics or behaviours (such as how to professionally handle disagreement during discussion).¹</p>	<p>Determine the root cause of problematic behaviour (such as lack of self-awareness, impulsivity, nervousness) and the learner's intention to identify the best course of action.¹</p> <p>Encourage the learner to develop self-awareness to manage emotions internally and improve their reaction to future situations.</p>
<p>The learner demonstrates a lack of accountability as evidenced by failure to accept responsibility for medication outcomes.¹</p>	<p>Discuss the consequences of necessary interventions not being implemented (such as patient safety and cost implications).¹</p>	<p>Model how appropriate followup occurs – have a plan for followup and abide by that plan.</p>	<p>Implement a structured plan for end-of-day followup to hold the learner accountable. Use this plan until you're confident that the learner is making necessary interventions appropriately.¹</p>

<p>The learner demonstrates overconfidence as evidenced by lack of humility, speaking with authority to hide lack of knowledge and degree of overconfidence exceeding level of training.¹</p>	<p>Set clear expectations regarding the learner’s scope of practice at the rotation site. Discuss the learner’s role, level of competence and experience within the rotation. Discuss or assign a reflection paper about the unintended negative patient-care consequences of oversights and simple mistakes and to research sentinel events involving pharmacists.¹</p> <p>Require the learner to review recommendations with you or other preceptors prior to delivering them.¹</p>	<p>Demonstrate to the learner that health-care professionals must be transparent regarding their knowledge and its scope. Normalize stating that you need to look up certain pieces of information; after all, it is best to check rather than make an incorrect recommendation by being overconfident.</p>	<p>When the learner presents recommendation for approval, ask them to elucidate how the accuracy was confirmed and to list potential unintended negative consequences of implementing the recommended intervention.¹</p> <p>Have a discussion with the learner about the importance of gracefully accepting constructive criticism and implementing it.</p>
<p>The learner demonstrates a lack of confidence as evidenced by poor performance in dynamic situations and performing below expectations given the knowledge base (potentially due to shyness, apprehensiveness, nervousness and insecurity about abilities).¹</p>	<p>Introduce learners to team members so everyone is familiar and knows the learner’s role.</p> <p>Emphasize the importance of pharmacists using their voice on the patient-care team and that in the team environment, all members bring specific skills.</p> <p>Emphasize that learning requires “productive discomfort”.¹</p> <p>Set the learner up for success by reaching out to team members in advance to let them know the learners will be approaching them to ask a question or discuss something.</p>	<p>Encourage the learner to observe other health-care professionals in dynamic situations.</p>	<p>In a safe, one-on-one environment, discuss observations and ask probing questions:</p> <ul style="list-style-type: none"> ● Does the learner agree with the assessment? ● Are personal character traits or team dynamics contributing to the behaviour?¹ <p>Discuss learner’s questions and recommendations before a predetermined interaction. Role-playing and hearing the learner’s outline of key counselling points will help build confidence.¹</p>
<p>The learner demonstrates a lack of motivation as evidenced by lack of initiative or inability to engage in self-directed learning; disinterest in the rotation site, activities, or patient care.¹</p>	<p>Acknowledge the value learners bring to patient care at the practice site and encourage engagement.</p> <p>Encourage the learner to enter the placement with an open mind, as learners often change their mind about a placement after they experience the setting.³</p>	<p>Demonstrate instances where you and other health-care professionals take initiative and engage in self-directed learning to ensure optimal patient outcomes.</p>	<p>Discuss observations of the apparent disinterest with the learner and ask probing questions:</p> <ul style="list-style-type: none"> ● Does the learner identify with the observations? If so,

	Look for relevant connections between current learning and the learner’s future and encourage the learner to reflect on how the skills they learn on the rotation may be applicable to their future practice. ³		<p>why?</p> <ul style="list-style-type: none"> • Are personal issues affecting performance?¹ <p>Revisit the learner’s rotation goals. Help the learner find relevance in training. Work to set mutual goals for how to use the time during the rotation to best meet the learner’s needs.¹</p>
The learner inappropriately uses technology in the practice setting. ⁷	<p>Review concepts of plagiarism early in the rotation.⁷</p> <p>Review expectations and guidelines regarding the use of social media, texting, email, online resources and use of personal devices in your workplace.⁷</p> <p>If phone use is a distraction and resources are available on the desktop computer, the preceptor can ask the learner to not use the phone during placement hours.</p>	<p>Set an example of appropriate use of technology.⁷</p> <p>Demonstrate the appropriate use of information obtained from the Internet, including how to reference online sources appropriately.⁷</p>	Provide timely feedback when you observe the learner using technology inappropriately.

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Other areas of possible difficulty or challenges

While the AFPC Educational Outcomes provide a method of categorization of areas of difficulty, they do not encompass all the difficulties that may arise during the placement. The following table was taken from a paper by Davis et al.¹ and was adapted with revisions/additions and suggestions from our experiential education focus group and reviewers. Please refer to the following table regarding other challenges you may encounter, and strategies for their resolution.

Potential challenges are grouped according to the experiential education stakeholder involved — preceptor, practice setting, and learner. If any of the following challenges arise, the preceptor should contact the Faculty for advice and direction.

Preceptor

Challenge	Strategies for Resolution
Mismatched preceptor and learner expectations.	<ul style="list-style-type: none"> ● Revisit primary course syllabus and orientation to reconsider goals and expectations. ● Explore misunderstandings and clarify expectations. Discuss why there are differences. ● Help the learner identify their role and find relevance in training. Document preceptor/learner goal setting. ● If unable to get on the same page, provide feedback, document the circumstances and contact the course coordinator for more support.
Teaching strategies not aligned with learner's needs.	<ul style="list-style-type: none"> ● Preceptor and learner to discuss learning and precepting strategies that best support the learner and how these can be incorporated into the placement experience if possible. ● Ask the learner how they like to receive feedback and try to incorporate that (written vs. verbal, end of day vs. right after a skill). ● Revisit stages of learning and preceptor's roles to optimally align teaching strategies implemented. Reach out to the experiential education team for support and coaching.
Preceptor stress (demanding workload).	<ul style="list-style-type: none"> ● Identify specific tasks for the learner to contribute to patient care within the preceptor's workload. During rotation planning, consider reduction of non-clinical workload during precepting times. Preceptor time can be made available when learners work independently on assignments/projects, or when they are shadowing other professionals. ● Engage with pharmacy manager and experiential education team for support to identify additional supports for learner or alternative experiences for learner to help reduce preceptor burden. ● Consider reaching out to other preceptors or sites with learners to set up collaboration/case-sharing sessions in order to support the preceptor's workload. ● Consider interprofessional shadowing activity when workflow is heavy.
Negative influence of perceptions about learner.	<ul style="list-style-type: none"> ● Have an open, nonjudgmental approach. ● Complete independent assessment of the learner at the start of rotation to develop an unbiased, objective precepting plan.
Inability to provide effective documentation of learner's strengths and deficits due to time constraints or lack of	<ul style="list-style-type: none"> ● In advance of the placement, review experiential education assessment expectations and learner-performance standards as outlined in the course syllabus and performance assessment. Document examples that support assessment ratings. Document with examples in the performance assessment in real time during the placement, and save

knowledge of documentation requirements for completion of assessments.	<p>comments.</p> <ul style="list-style-type: none"> ● Pre-schedule designated time to complete assessment. ● Request clinical coverage so you can set aside time to complete performance assessment.
Personality clash between you and your learner, which can result from your precepting or communication style not matching the learner's learning or communication style.	<ul style="list-style-type: none"> ● In such situations, consider being open-minded and flexible and ensure the learner is too. ● It may help to step into your learner's shoes and imagine what this situation is like for them. ● Ensure that the expectations are communicated on both sides and the learner understands what they need to work on in order to be successful. ● Be aware of emotions, acknowledge them and be objective. ● Present situations to a trusted coworker or leader and ask for objective opinions. ● Reach out for support to the Faculty to discuss together.

Practice setting

Challenge	Strategies for Resolution
Lack of clear vision of how learners fit into practice.	<ul style="list-style-type: none"> ● Preceptors to discuss ideas and strategies with peers and managers to incorporate learners into practice. ● Develop departmental and/or systemwide plans for how to best incorporate learners into practice. ● Collaborate with the experiential education team for support and ideas.
Inconsistencies in supervision of learners between co-preceptors or inconsistencies in assessment of learners between co-preceptors.	<ul style="list-style-type: none"> ● Meet with co-preceptors to discuss and review standards for supervision of learners at different levels. ● Come to consensus on approach for supervision during the orientation process to ensure competency of learners and patient safety. ● As a co-precepting team, discuss expectations to ensure consistency and share observations regarding assessment. Explore various views in a curious, non-judgmental way to understand the various perspectives. ● Collaborate as a team to develop an expectation document for your practice setting so all preceptors and learners know what is expected. ● Make time for communication between preceptors. ● If co-preceptors are in disagreement over the assessment and unable to reach consensus, seek out a third party such as the experiential education team member or manager to assist in facilitating a consensus on the performance of the learner.
Lack of ongoing feedback or assessment of learner's skills.	<ul style="list-style-type: none"> ● Encourage daily communication in preceptor-learner relationships. ● Provide feedback often, especially after activities are performed. Be specific, ask open-ended questions to explore, identify the behaviour/skill to learn/reinforce, provide rationale for your feedback and engage the learner in the new behaviour. ● Schedule specific time for discussion of learner performance assessments.
Overwhelming patient care responsibility placed on learners.	<ul style="list-style-type: none"> ● Determine learner's workload based on previous experience and level of learner; create realistic expectations and balance workload.

Learner

Challenge	Strategies for Resolution
<p>Failure to improve despite acknowledgment of deficit or undesirable behaviour (possibly due to sense of inadequacy or insecurity).</p>	<ul style="list-style-type: none"> • Discuss learner's expectations, assumptions, and reflections on progress and training plan; explore possible reasons with the learner. Reach out to the Faculty Liaison or experiential education team member or course coordinator for support. • Further support is also available from Student Services and the University Academic Success Centre.
<p>Life circumstances (illness, financial stressors, work and personal commitments) are negatively affecting performance.</p>	<ul style="list-style-type: none"> • Engage in candid discussion and goal setting with the learner; encourage learner to seek support from course coordinator, Student Services or the University of Alberta Wellness Centre. A leave of absence can be considered in certain circumstances; learner to discuss with the course coordinator. It may be warranted in some situations for the course coordinator to suggest a hiatus from extracurricular projects/activities that may be affecting attendance and performance.
<p>Learning disability.</p>	<ul style="list-style-type: none"> • Prior to placement starting, the learner is to seek support from the University of Alberta Academic Success Centre for identification, strategies and development of accommodations for placement and share/liase with course coordinator. Course coordinator to liase with the practice site regarding accommodations needed.
<p>Mental health issue or suspected substance abuse or chemical dependency.</p>	<ul style="list-style-type: none"> • Engage in open, caring and candid discussion with the learner and the experiential education team to explore supports. Learners can consider confidential self-referral to university or appropriate available health-care clinics and see family physician or walk-in clinic. A potential leave of absence or other agreed-on accommodation in accordance with policies of the learner's institution can be considered in discussion with the experiential education team and Student Services.
<p>Behavioural problems, which may include repetitive behaviours that are not socially acceptable and the learner is not receptive to feedback. E.g.: inappropriate actions (feet on table, repeated interruption, talking loudly); inappropriate language (poor jokes, swearing); disrespectful communication with preceptor/staff/patients.</p>	<p>Manage through graduated interventions:</p> <ol style="list-style-type: none"> 1. Provide feedback for single incident 2. Provide feedback and ask learner to reflect for subsequent event(s) 3. Contact course coordinator to discuss concerns and develop a collaborative plan to address concerns with learner 4. Learner to develop a specific action plan (incorporating goals and assessments) and share with preceptor and experiential education team to address areas of concern 5. Follow-through with stated consequences per policy if the intervention plan does not produce consistent change in behaviour. Possible consequences could include (depending on the situation): direct supervision required for all or certain activities, ending placement early, etc.

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