Entry to Practice PharmD
4th Year Placements [Advanced Pharmacy Practice Experiences (APPE)]
Preceptor Course Review

PHARM 554/555/556/557

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Today’s session is being recorded until the Q&A portion. Please enter your full name in Zoom (open participant box, and beside your name, click dropdown menu to edit)
Overview of:
- Resources
- Importance of orientation
- Assessment processes
- What to do if you have a struggling student?
- Pandemic protocols
- Contact info

Your questions?

Special guest: Nyanza Austin-Bishop
https://www.ualberta.ca/pharmacy/

Course Resources

Faculty Website > Preceptors > Course Information

Course Syllabi
Preceptor Quick Reference Guide(s)
Podcasts
Modifiable calendar templates
A few reminders…

Orientation is important!
  Review schedule, including co-preceptors
  Expectations for placement (discuss level of independence and decision-making, feedback times, timelines for tasks)
  Review student’s Learning Plan

Assessment process:
  Comments very valuable to help students reflect
  Valuable to review student self-assessment pre-midpoint
  Help student design a pathway to success if areas of concern
A few reminders…

Pandemic protocols: involve faculty if student is absent for Covid related illness
   Follow AHS protocol. Currently, PCR test favoured over RAT.

Ensure students have variety in learning activities. Some repetition is OK, but over 8 weeks, there should be varied opportunities.
A few reminders…

Struggling learner?
Discuss your observations with student, get their insights, involve faculty (if needed) and document
Possibility for supplementary assessment to be set-up

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Welcome to our special guest, Nyanza Austin-Bishop

Incidents of racism involving our students have been brought to our attention over the last 2 years.

To increase preceptor awareness, and how preceptors can support students should this happen, we have added discussion points about this to the orientation checklist, delivered 2 preceptor workshops and also have invited today’s guest.
Navigating racism in the workplace

Nyanza Austin Bishop BSc Pharm.
Disclaimers

The information provided in this presentation speaks only to my lived experiences as a Black Canadian woman of Caribbean heritage and may not represent the views or experiences of other visible minorities.
Disclaimers

I have not received any form of remuneration for participating in this event.
You are on your way to early morning patient care rounds and are walking down a dimly lit hallway. You are engrossed in reading your notes when your hair is sharply tugged from behind. You spin around quickly to face a female staff member you don’t know. She smiles at you and says “Well, I just had to see what your hair felt like”. Before you can respond, the woman walks briskly away from you.

How do you respond?
Am I being assaulted?
A complete stranger just touched me without permission. I feel violated.
I’m so scared and angry, I’m shaking
She’s Caucasian, and I’m black. How would she react if some random
black person just walked up to her and touched her hair?
I glimpsed her name tag and she’s a manager from an inpatient unit.
Shouldn’t she know better? Whom do I even report this to?
If I complain, will anything change, or will I be “that angry black woman
who couldn’t take a backhanded compliment”?
My word against hers. Did it really happen?
Unsure of policies/procedures in place for reporting the incident
Fear of reprisal for reporting
Even if I did report it, would anything be done about it?
Fear of being labelled
Dealing with it is just too exhausting
This is my daily reality. Move on
Scenario 2

You and a nurse clinician walk into a room with a patient and his wife/caregiver. Your collective job is to compile a medical profile, complete a best possible medication history and summarize the patient’s most immediate health-related concerns. The patient’s wife pointedly turns away from you when you ask questions about the patient’s medication management and will only respond with “I will address this with the doctor”. You notice that she will only respond to questions that are asked of her by the nurse clinician. At the end of the 40 minute interview, your medication reconciliation is incomplete and you cannot report your findings to the rest of the medical team. What do you do?
Allyship

“Pulling the race card”

Acknowledge the problem

Provide support and possible solutions

Present a united front
Scenario 3

You are asked to consult on a case that involves a poorly controlled type 2 diabetic patient with a history of knee amputation. When you enter the room, he says loudly to the nurse “I thought I told you I don’t want a student in the room” and turns his wheelchair so he is facing away from you.

“I’m not a student, I’m the pharmacist”, you respond.

“I wasn’t talking to you” he retorts, and then ignores you for the rest of his consult.

The nurse confides after the session that he doesn’t like women or people of color.
Professionalism

Pharmacy code of ethics

Don’t take it personally

Work with your team to find creative solutions
Microaggressions

“Where are you from?”
“You are SO well-spoken!”.
“What are your qualifications, exactly?”
“You’re my favorite token black pharmacist”.
Is that your real hair, or is it a weave?
Parting Thoughts

Racism, whether overt or subtle, is part of my daily reality and for many visible minorities
Acknowledgement of privilege is important. It’s not about you, it’s about the system
Education is key. Take steps (with an open mind and heart) to learn about the lived experiences of others
Provide a safe space for students to come forward and report racially charged incidents or other forms of discrimination
What is our legacy as pharmacists and preceptors?
One resource for preceptors:

Twelve tips for responding to microaggressions and overt discrimination: When the patient offends the learner (tandfonline.com) (Wheeler DJ, Zapata Z, Davis D, Chou C, Medical Teacher; 2019:41:1112-7.)