Teaching Philosophy Statements: Why Have One and Where to Begin

Danielle Evans, PharmD
Massachusetts General Hospital

Objective
Describe the purpose of a teaching philosophy statement

Content
Definition
Purpose
Format
Content
Things to avoid
Helpful references

Definition
Self-reflective statement
Describe and justify instructional approaches
Methods for personal assessment

Purpose
Professional requirements
Clarify and guide practice
Distinctive organizing vision
Articulate goals
Provide stability, continuity, and long-term guidance
Remain focused

Broomfield S. The skillful teacher. 2006.
Format

Present tense
First person
No standard structure
Traditional paragraph
Bulleted
Individualize length

Content, version 1

1. Prepare an introduction
2. Describe teaching beliefs
3. Explain the importance of beliefs
4. Provide evidence based on educational theory
5. Describe teaching methods
6. Describe methods of learning assessment
7. Provide feedback summary
8. Prepare strong conclusion
9. Provide reference list

Content, version 2

Introduction
Learning goals
Teaching methods
Learning assessment
Teaching assessment

Things to Avoid

Listing accomplishments
Empty statements
Generalizations
Appearing unauthentic or boastful
Failing to mention students

References

Journal Articles:

Online Newprint:

Online Academic Institutional Websites:
The Ohio State University, Faculty and TA Development
Duquesne University, Center for Teaching Excellence
University of Colorado, Graduate Teacher Program
University of Michigan, Center for Research on Learning and Teaching
University of Minnesota, Center for Teaching and Learning
Vanderbilt University, Center for Teaching
### The purpose of a teaching philosophy statement is to:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Clarify and justify teaching methods</td>
<td></td>
</tr>
<tr>
<td>B. Define personal and student goals</td>
<td></td>
</tr>
<tr>
<td>C. Identify and apply self-assessment techniques</td>
<td></td>
</tr>
<tr>
<td>D. All of the above</td>
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</tbody>
</table>

### Key Takeaways

Teaching philosophies are self-reflective statements that serve to articulate teaching and assessment methods and goals.

The development of a teaching philosophy is a dynamic and ongoing process throughout the teacher’s career.

There are many online resources that provide examples of teaching philosophies as well as exercises to help get started.

### Transitioning from Protégé to Mentor

**Matthew Borden, PharmD**  
Clinical Pharmacist  
Tufts Medical Center

“The object of teaching a child is to enable him to get along without a teacher.”  
Elbert Hubbard

### Questions to answer

- What are the four roles of a preceptor?
- How can I apply these roles in clinical teaching situations?

### Scenario

- It’s the first week with your new APPE student and while on rounds in the SICU the team approaches you about plans to change a valproic acid dose based on recently low levels.

- You remember valproic acid is highly protein bound and this patient has low albumin.
The Four Roles of a Preceptor

- Instructor
  - Traditional instruction
    - Present information to learner
  - Socratic method
    - Question based
    - Emphasizes critical thinking

- Model
- Coach
- Facilitator

Instructor

- Traditional instruction
  - Present information to learner
- Socratic method
  - Question based
  - Emphasizes critical thinking

Instruction

- Student
  - “We have a low level I don’t understand why we don’t increase the dose of valproic acid?”
- Traditional instruction
  - “Well valproic acid is highly protein bound and only the unbound drug is active.”
- Socratic method
  - “Does this patient have any abnormal lab values that could alter valproic acid availability?”

Modeling

- Learning to apply information
  - Walking to the lab
  - Examining chart data
- Professional assimilation
  - Observed interactions
  - Communication

Coaching

- Student has more control
  - Kinetic dosing
  - Monitoring plans
- Review work and correct mistakes
- Question decision making
  - “What led you to choose this particular dose?”

Facilitation

- Independence and responsibility
- Potential examples
  - Medication reconciliation
  - Calling OSH for medication lists
  - Antibiotic adjustments
- Reflection
  - “What do you feel is the most challenging aspect of the medication reconciliation process?”
**True or False**

The Socratic Method involves using questions to assess a student's level of understanding.

- **True**
- **False**

**True or False**

When students deliver a correct response it should be assumed they fully understand the process.

- **True**
- **False**

**Key Takeaways**

- **Preparation is important**
  - Have planned activities that incorporate the four roles of a preceptor (i.e. kinetic dosing service, medication reconciliation, etc...)
- **Look for teachable moments**
  - Approach difficult clinical situations as learning opportunities.
  - "I don't know but we'll learn together."
- **Each student is different**
  - Not all students will get to the facilitation step.

**SO, SHOULD I BUY A RED PEN?**

The Transition from Learning to Teaching as a New Practitioner

Prachi D. Bhatt, PharmD, BCPS
Boston Medical Center

**My Background**

- PGY1
- Med/Surg ICU Specialist + Clinical Coordinator
- SICU Specialist
- PGY2 in Critical Care at BMC
- MICU Specialist at BMC

**Objective**

Identify one approach to precepting/teaching for a new practitioner that will actively engage the preceptor in the transition process.
Embrace the Fear

- Anxiety = desire to do right by your student
- Nonchalance = overconfidence or apathy
- Realize this is a new challenge for you

An Exercise in Metacognition:
‘Awareness’ is always the first step

“That’s not what I said at all.”
- the Buddha

Evolving to Preceptorship

- The awareness that the learner is paramount to teaching, thus teaching should be:
  - Dynamic
  - Student centric
  - Conversational
  - Engaging
- Awareness of the big picture:
  - Students career path
  - Goals of rotation
  - Interest level
  - Baseline knowledge

Learn From Your Students

- Distilling complex topics is an exercise in brevity
  - Forces us to determine what is most important
  - Allows us to learn the body of literature
- Student interactions teach us about management
  - Opportunity to grow as a leader
  - Conflict management
- Approach students as opportunities to explore learning together

Awareness of Student Limits

- Be cognizant of the capacity of the student
- Student centric with a caveat:
  - Learn where to push students to grow
  - Set up clear realistic expectations
Interest Fuels Learning

- The key to teaching is not giving information, but creating interest in the student about the subject.
- Knowledge is only translated through students perceiving your passion and involvement.
- Work towards keeping your passion alive your interests strong.

In Summary, Awareness That:

- Teaching is not a passive process.
- Precepting is not a platform to lecture.
- Approach students as opportunity to learning together.
- Learning is a process needing time, involvement, and energy.
- The ultimate goal is to ignite the fire of learning and help it keep aflame.

References

- http://www.chopra.com/sd/7-tips-to-transition-from-student-to-teacher
- http://www.bradbridges.net/2014/12/24/teachers-learn-from-students-5-lessons-students-taught-fall/

How to Use POEMs to Teach Students and Residents Evidence-Based Medicine

William R. Vincent III, PharmD, BCPS
Clinical Pharmacy Specialist, Surgical Critical Care
Boston Medical Center

Objectives

- Explain use of patient-oriented evidence that matters (POEMs) as a tool for teaching evidence-based medicine to pharmacy students and residents.

EBM Defined

- “Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.”
Traditional EBM Framework

- Ask a focused question
- Find the evidence
- Critically appraise the evidence
- Make a decision
- Evaluate your performance


Modified EBM Framework

- Identify Clinical Question
- Find POEMs
- Evaluate POEMs
- Apply POEMs to Clinical Question

J Pharm Pract 2013 Apr;26(2):95-102

Identify Patient-Specific Clinical Question

Traditional, Boring Journal Club
- Preceptor-initiated
  - No question
  - Lacks focus
  - Goal is to find an article to evaluate
  - Application, relevance can be an afterthought

Contemporary, Fun POEMs
- Student-initiated
  - Model, coach to start
  - Student learns to ask good clinical questions
  - Patient-focused
  - PICO provides a better strategy

Arch Fam Med 2000;9:541-7
BMC Med Inform Decis Mak 2007;7:16

Identify Patient-Specific Clinical Question

- Patient or problem
  - “How would I describe a group of patients similar to mine?”
- Intervention
  - “Which main intervention(s) am I considering?”
- Comparison (if necessary)
  - “What is the main alternative to compare with the intervention?”
- Outcomes
  - “What patient-oriented outcomes are important?”


What are POEMs?

- POEMs evaluate outcomes that affect our patients
  - Developed by A. Shaughnessy and D. Slawson
  - Focus on clinical outcomes (patient-oriented)

Usefulness of medical information = Relevance (R) x Validity (V) x Work (W)

J Fam Pract 1994;38:505-13
BMJ 2002;325:983
### Find POEMs

<table>
<thead>
<tr>
<th>Traditional, Boring Journal Club</th>
<th>Contemporary, Fun POEMs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student picks article</td>
<td>Let the experts help</td>
</tr>
<tr>
<td>PubMed article, JAMA, NEJM, current events</td>
<td>UpToDate, DynaMed</td>
</tr>
<tr>
<td>Lacks relevance, quality</td>
<td>Meta-analyses, systematic reviews, clinical guidelines</td>
</tr>
<tr>
<td>Preceptor picks article</td>
<td>Currency unimportant</td>
</tr>
<tr>
<td>Recently published</td>
<td>Need to understand past</td>
</tr>
<tr>
<td>Student eats for a day</td>
<td>Student eats for a lifetime</td>
</tr>
<tr>
<td>Approach unexplained</td>
<td></td>
</tr>
</tbody>
</table>

### Evaluate POEMs

<table>
<thead>
<tr>
<th>Traditional, Boring Journal Club</th>
<th>Contemporary, Fun POEMs</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30 min of extensive critique</td>
<td>Usually only 10-15 minutes</td>
</tr>
<tr>
<td>Stern looks, pensive thought</td>
<td>Covers basics</td>
</tr>
<tr>
<td>Obligatory, painful review of advanced stats</td>
<td>Smiles are welcome</td>
</tr>
<tr>
<td></td>
<td>Discusses only relevant limitations, statistical analysis</td>
</tr>
</tbody>
</table>

### Apply POEMs to Clinical Question

<table>
<thead>
<tr>
<th>Traditional, Boring Journal Club</th>
<th>Contemporary, Fun POEMs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population oriented = difficult to apply</td>
<td>Patient oriented = easier to apply</td>
</tr>
<tr>
<td>Students are beginners, limited clinical experience</td>
<td>Compares patients</td>
</tr>
<tr>
<td>Lacks focus</td>
<td>Compares with best evidence</td>
</tr>
<tr>
<td>Would you use this therapy, yes or no?</td>
<td>Traffic light helps apply evidence to patient</td>
</tr>
<tr>
<td>Choose wisely!</td>
<td>Go, high confidence</td>
</tr>
<tr>
<td></td>
<td>Caution, unsure</td>
</tr>
<tr>
<td></td>
<td>Stop, limited confidence</td>
</tr>
</tbody>
</table>

### Modified EBM Framework

**Identify Clinical Question**

**Find POEMs**

**Evaluate POEMs**

**Apply POEMs to Clinical Question**

### Traditional, Boring Journal Club - Example

- **Population oriented = difficult to apply**
  - Students are beginners, limited clinical experience
  - Lacks focus
  - Would you use this therapy, yes or no?
  - Choose wisely!

- **Patient oriented = easier to apply**
  - Compares patients
  - Compares with best evidence
  - Traffic light helps apply evidence to patient
  - Go, high confidence
  - Caution, unsure
  - Stop, limited confidence

- **No clear question**
  - PubMed search for nimodipine
    - 3932 hits
  - Lacks relevance, validity = no utility
  - Interesting but will not change practice
Contemporary, Fun POEMs - Example

- Nimodipine vs. placebo to improve cognitive recovery, mortality in aSAH
- Review aSAH clinical practice guidelines or DynaMed→ meta-analyses→POEM
- Outcomes oriented, review of NNT
- Relevant, high impact, patient-oriented literature for aSAH

POEMs focus on which of the following?

- Patient-oriented outcomes
- Population-oriented outcomes
- Disease-oriented outcomes
- Pharmacy-oriented outcomes

Key Takeaways

- PICO helps engage EBM novices in the care of their patients
- Online evidence based POC summaries help find POEMs
  - Don’t give them the fish
  - Take it easy with critique, focus on relevant aspects and limitations

Like Burger King, You Can Have it Your Way: A Resident Focused Rotation

Laura Carr PharmD
Joanne Doyle Petrongolo PharmD
Massachusetts General Hospital

Objective

- After this presentation, the preceptor will be able to identify ways to tailor the residency rotation based on the interests of the residents.

Transitions in Care/ Amcare Rotation at MGH

- Preceptors informed of new Ambulatory Care/Transitions in Care Rotation
- First resident starts
  - Resident responsibilities modeled after STAAR program pharmacist**
- Preceptors reassessed the goals and responsibilities of the rotation
  - Changed the focus of the activities based on the interests of the resident
- Survey created to assess the residents learning experience
**Transitions in Care/Amcare Programs**

- **STAAR Program**
  - Inpatient Multidisciplinary team whose goal was to reduce readmission

- **iCMP**
  - Outpatient Multidisciplinary team whose goal was to improve coordination of care for high risk patients

- **Meds to Beds**
  - Inpatient and Outpatient Pharmacy collaborate to provide a medication bedside delivery service

**Initial Responsibilities**

- Medication reconciliation for patients upon admission and at discharge
- Participating in daily multi-disciplinary rounds on inpatient floor
- Addressing medication access and adherence issues
- Medication teaching
- Facilitating medication dispensing
- Follow up and outpatient outreach
- Drug information and education to the healthcare team including pharmacists, nurses, case managers
- Some Ambulatory Visits

**Challenges**

- Similarities to general medicine rotation
- Missed opportunities if resident was rounding
- Did not focus on the strengths or opportunities for the resident

**Reinventing the rotation**

- Medication Therapy Management Visits in Outpatient Setting
  - Polypharmacy charts
  - Drug information consults
- Shadow case managers, social workers and financial services associates
- Home visits with Palliative Care team
- Community service programs
- “Special projects”
  - Patient education competency modules
  - UHC best practices
  - Herbal handout for Providers
- Submitting Prior Authorizations through Cover My Meds
- Participating in non pharmacy professional development programs
  - Capacity and Guardianship
  - How to handle patients with Mental Health issues
- Data collection for projects

**Core Topics**

- Population Health Management and Medical Home
- Medication Reconciliation
- Resident Focused Activities
- Medication Adherence
- Motivational Interviewing

**Key Takeaways**

- **Key Takeaway #1**
  - Consider the overall responsibilities of the rotation
    - Focus on the residents interests and areas of opportunity
    - Maintain the core structure
- **Key Takeaway #2**
  - If it is broken, you need to fix it
    - Rapid cycle of change
- **Key Takeaway #3**
  - Making it valuable for their future career path
Optimally Engaging Students on QA/QI Projects

John Marshall, PharmD, BCPS
Clinical Pharmacy Coordinator - Critical Care

Disclosures

- I have nothing to disclose in relation to the content of this presentation

Objective

- Summarize best practices when collaborating with students on Quality Assurance projects

Clarification

- These pearls are intended for QA/QI projects, NOT research
- If involving students in research projects, additional considerations apply:
  - Institution-specific research training
  - IRB requirements
    - Protocol amendments
    - Qualifications of research staff

QA/QI

- Intended to evaluate/improve care at a single institution. Findings would most commonly not be generalizable/applicable elsewhere.
- Examples:
  - Modifications to your physician ordering system to improve medication reconciliation
  - Evaluating the use of IV acetaminophen in appropriate patients (NPO)
  - Evaluating the use of prothrombin complex concentrate in warfarin-associated intracerebral hemorrhage

What’s in it for me?

Preceptor

- Data collection
- Data analysis
- Summary preparation

Student

- Project management
- Data collection experience
- Time management
- Presentation opportunity
Essential components to successful collaboration

- Make goals and expectations SMART
  - Specific
  - Measurable
  - Assignable
  - Realistic
  - Time-related

You better check yourself...

- Consider student experience when determining data points to be collected (3rd year ≠ 6th year)
- Before you unleash the student:
  - Assign a small number of patients that both of you will collect data
  - Verify data accuracy by comparing data points

Ensure value for the student

- Empower them to:
  - Educate themselves on the topic
  - Create the data collection tool, including what data to collect
  - Analyze/Summarize the data
  - Present to pharmacy and other hospital/health system stakeholders

Key Takeaways

- Key Takeaway #1
  - Utilize the SMART pneumonic to assist designing a student-conducted QA/QI project
- Key Takeaway #2
  - Empower the student to work as independently as possible, with appropriate supervision
- Key Takeaway #3
  - Provide the student with the opportunity to showcase their work (presentation/internal poster presentation).

Effective Feedback Systems

Katelyn R Richards, PharmD, BCPS
Clinical Pharmacist - Solid Organ Transplant
Beth Israel Deaconess Medical Center

Objectives

- Define feedback and how it can enhance the educational experience for the student and preceptor
- Identify barriers to feedback and techniques to overcome them
- Outline how to prepare to give feedback
- Compare feedback models
- Summarize methods to provide constructive feedback
The Value of Feedback

<table>
<thead>
<tr>
<th>Learner</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gauge progress</td>
<td>Modify behaviors early</td>
</tr>
<tr>
<td>Improve Confidence</td>
<td>Redirect learning to strengths and weaknesses</td>
</tr>
<tr>
<td>Learn Feedback Techniques</td>
<td>Improved communication</td>
</tr>
<tr>
<td>Encourages Communication</td>
<td>Makes final evaluations easier</td>
</tr>
<tr>
<td>Sets checkpoints for final evaluation</td>
<td>Allows for internal comparison to students peers</td>
</tr>
</tbody>
</table>

Barriers to Giving Good Feedback

- You’re not skilled at giving feedback
- You don’t have all the data you need
- There’s not enough time!
- You don’t want to hurt anybody’s feelings

Feedback: Setting the Stage

- Set rotation expectations
  - What is expected
    - Rotation learning objectives
    - Professional goals
  - When to expect feedback
    - Formal vs informal
- Prepare to give feedback
  - Know the school of pharmacy / RLS requirements
  - Use teachable moments
  - Know the learner’s broader professional goals and aim feedback towards their achievement

Feedback Models

- Feedback Sandwich
- Transtheoretical (“Stages of Change”)
- SBI – Situation, Behavior, Impact
- Start, Stop, Continue, Change

Feedback Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Explanation</th>
<th>Critique</th>
</tr>
</thead>
</table>
| Feedback Sandwich      | - Positive, constructive, positive  
|                        | - Easy to perform  
|                        | - Can be used for many scenarios                                            | - Limit use due to mixed messages and distrust of positive feedback  
|                        | - Limited evidence for improved performance                                 |
| Transtheoretical       | 1) Precontemplation  
| (“Stages of Change”)   | 2) Contemplation  
|                        | 3) Determination  
|                        | 4) Action  
|                        | 5) Maintenance  
|                        | 6) Relapse can happen at any point during the cycle                        | - Requires constant reinforcement  
|                        | - Labor intensive and may take away from clinical experiences              | - Share the same educational goal                                          |

Feedback Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Explanation</th>
<th>Critique</th>
</tr>
</thead>
</table>
| Start, Stop, Continue, Change Model | - Start doing  
|                        | - Stop doing  
|                        | - Continue doing                                                            | - Allows for timely feedback  
|                        |                                                                              | - May be used during formal feedback                                    |
| SBI Model (Situation, Behavior, Impact) | - Create scene for learner, describe learners actions, describe impact of behavior | - Must be detailed  
|                        |                                                                              | - May be used for constructive and positive feedback                     |
|                        |                                                                              | - Allows to self reflection                                               | - Doesn’t focus on the future
Effective Feedback Dialogue

- Provide feedback immediately and frequently
- Be aware of your environment
- Do not overwhelm the learner with multiple issues
  - 2-3 comments per interaction
- Objectivity is KEY
  - Discuss specific behaviors you observed and their potential impact
  - Avoid passive aggressiveness – Be direct

Effective Feedback Dialogue

- Allow the learner to provide their perspective on the issue(s)
  - Ask open-ended questions
- Stress that preceptor feedback is important in learning how to care for patients effectively and safely

If Timely Feedback Does Not Work...

- Set a meeting with the learner
- Assess the learner’s readiness to accept your feedback
- State purpose of meeting and performance issue
- Ask the learner for their reactions
- Problem solve together

If Timely Feedback Does Not Work...

- Support learner and re-establish your expectations
- Define future actions and follow up
- Ensure the learner understands/accepts the discussion
- Summarize conclusion and follow up
- Document

Difficult Feedback Tips

- Use personal stories or humor to place the learner at ease
- Demonstrate positive regard for learner
- Focus on specifics, not generalizations
- Label subjective data such as
- Discuss “Perception vs Reality” concept
- Big picture
- Focus on plan for improvement

Take Home Messages

- Feedback is the heart of precepting
- Pick a model and practice it – use it daily, start with it and positive feedback until it is second nature
- Focus on behavior and future performance
- Set clear expectations or re-set them – share those with the team
MSHP
2015 PRECEPTOR PEARLS

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2. Fill out online evaluation within 7 days:
   www.mashp.org

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