

Guiding Principles of Off-site Preceptors in Primary Care



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Rady Faculty of
Health Sciences



**University
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Background:

Experiential education is a crucial component of the Pharmacy program at the University of Manitoba; this practical experience allows the students to apply their academic knowledge and to further develop their professional knowledge, skills, and behaviours.

Pharmacy interns in their final year will undertake four 8-week rotations, one of the rotations located in a primary care setting. Many primary care centres in Manitoba do not have a pharmacist as part of their interprofessional team or only have a pharmacist part-time.

Electives Program experience:

Over the past few years, pharmacy students have completed their Elective project in a primary care setting to investigate the role of a pharmacy intern at these sites. Being interns, these students could be indirectly supervised.

At sites with part-time pharmacists, interns were given assigned tasks to work on when the pharmacist was not on site. The pharmacist preceptor was available via phone/text/video conference but the intern always had other regulated health care professionals at the site to contact if questions arose. The teams may include physicians, nurse practitioners, nurses, physician assistants, medical residents, occupational therapists, physiotherapists, and dietitians all who are skilled at providing patient care information within their scope. Most often any questions or clinical problems that arise in primary care do not need to be resolved immediately and can often be responded to the next day.

At sites with no on-site pharmacists, interns had access to an off-site pharmacist preceptor for support. Specific roles and learning activities were clearly defined before the intern arrived based on discussions with OEE and site staff. Site staff (e.g. medical lead) provided site specific orientation but the off-site pharmacist preceptor helped orient interns in person during the first week. The off-site preceptor also had regular scheduled meetings but was also available via email or phone to answer questions and advise the interns in their care of patients. Logistical questions and site-specific questions were handled by staff at the site.

Lessons learned:

These are growth inducing learning experiences for interns. They described feeling uncomfortable not having a preceptor on site but felt much more at ease and independent as they progressed through the 7 week rotation and needed less support as they felt more established in their role and got familiar with the staff. The staff also became more familiar with what the pharmacy intern could do to help them. As interns continue to do rotations in these sites the staff will be more familiar with the role of a pharmacy intern on their team.

Quote from an intern: *“I felt I was frightened to do this placement because I wanted more supervision and I felt that this was my last chance as a student to “get it”. But in retrospect I’m very glad that I was given the freedom to try - it was more empowering for me to figure it out myself than to be told how to do it. It will be a lasting thing that I will bring with me into my career. Specific techniques will come later. This is a transferable skill.”*

Preparation of the site was key. An introductory meeting with the site manager and medical/clinical lead was key to orient them to what pharmacy interns can do and brainstorm specific roles/activities that would be mutually beneficial. It was helpful to ascertain where their gaps in care might be and where our interns could help fill those gaps if possible. Follow up meetings with staff closer to the beginning of the rotation to answer questions and review the suggested learning activities and coordinate orientation were very beneficial.

Send interns in pairs where possible. Especially when the site does not have a pharmacist, placing interns together will decrease intern anxiety and they can collaborate and problem solve together and learn from each other. Our experience with pairing interns is mostly positive in all settings (e.g. hospital and community pharmacy).

Description of Supervision, Roles and Responsibilities for Preceptors, Off-site Preceptors and Clinical Teachers during Primary Care APPE Rotations (Adapted from College of Rehabilitation Sciences (CoRS), specifically Dept. of Occupational Therapy):

Preceptor: The preceptor must be a licensed pharmacist and meet preceptor criteria by the College of Pharmacy (CoP) and the College of Pharmacists of Manitoba (CPhM) and is the professional pharmacy support for the interns. The preceptor is responsible for providing educational opportunities, evaluating and supervising the intern or pharmacy student in accordance with information provided by the University of Manitoba, College of Pharmacy and/or CPhM, and in compliance within the policies and procedures at the pharmacy. The preceptor also retains overall responsibility for the care, treatment and safety of the preceptor's own patients and clients. A preceptor must be competent to perform and supervise the activity of the student or intern. They must understand the scope of practice of the student/intern and the level of supervision required for each. Also, the preceptor must be able to allocate the necessary time and resources for preceptor activities. Preceptors are provided an orientation which includes UM policy on the expectations of a respectful workplace environment and guidance for an appropriate learning environment for pharmacy students and interns. The preceptor is the person who also determines when an intern may engage in the practice of pharmacy under indirect supervision, if appropriate.

Off-site Preceptor:

The Off-site Preceptor must be a licensed pharmacist and meet preceptor criteria by the College of Pharmacy (CoP) and the College of Pharmacists of Manitoba (CPhM) and is the professional pharmacy support for the interns. The preceptor is available for consultation and will meet with the interns and Clinical Teachers on a regular basis to review progress and is responsible for completion of the intern evaluations at the rotation midpoint and final. The off-site preceptor is the person who determines when an intern may engage in the practice of pharmacy under indirect supervision, if appropriate.

Clinical Teacher (non-pharmacist in non-pharmacy patient care setting): Clinical Teachers are responsible for providing educational opportunities and supervising the intern or pharmacy student in accordance with information provided by the University of Manitoba, College of Pharmacy and in compliance within the policies and procedures at the Primary Care facility. The Clinical Teacher supports the pharmacist preceptor, who may be on site or supporting the intern remotely. The Clinical Teachers will possess a Nil Salaried Academic Appointment within the Rady Faculty of Health Sciences.

The Clinical Teachers are also staff members at the site, who serve as the contact for the interns for general questions/logistical issues and to provide orientation to the site. The Clinical Teachers collaborate with the intern/preceptor to provide a weekly schedule. The Clinical Teachers provide feedback about student performance to the off-site preceptor at midpoint and final evaluation. There may be more than one Clinical Teacher at the site.