



This Student is Driving Me Crazy! Precepting the Nontraditional Learner

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Objectives

- ❖ Identify nontraditional issues and characteristics that may challenge the learning environment
- ❖ Explain how two learning models, andragogy and pedagogy, manifest themselves in the workplace
- ❖ Adapt traditional precepting methods to fit a nontraditional learning style
- ❖ Identify tools to assist with bringing learning differences to light
- ❖ Develop a plan to support ongoing improvement of teaching methods for nontraditional learners



Preceptors, have you ever wanted to bang your head on the wall because...

- ❖ They just aren't getting it?
- ❖ Your usual tricks aren't working for this one?
- ❖ You don't understand why they just did that...again?
- ❖ We already talked about that?
- ❖ You don't know why they waited until the last minute?
- ❖ They aren't listening to your feedback?
- ❖ They put THAT in their note?
- ❖ Etc...

Reference: Many frustrated preceptors



Learners, have you ever wanted to bang your head on the wall because...

- ❖ They didn't tell you that?
- ❖ That's not what your last preceptor said?
- ❖ That is not what they taught you in school?
- ❖ That way just doesn't work for you?
- ❖ You have your own way?
- ❖ You have no idea what they are talking about?
- ❖ That feedback kind of hurt?
- ❖ Etc...

Reference: Many frustrated learners



Nontraditional Learners

- ❖ Learning styles that do not fit the traditional pharmacy mold or the preceptor's traditional mold
 - Think different
 - Behave different
 - Focus different
 - Work different
- ❖ Learners that do not follow the traditional path
 - 935 B.S. enrolled in Pharm.D. program in 2014
 - 1547 unmatched PGY-1 applicants in 2015
 - Work/Life differences



<http://www.aacp.org/about/pages/vitalstats.aspx>
<https://www.natmatch.com/ashprmp/aboutstats.html>



Once upon a time...

- ❖ TT is a 43 year old non-traditional pharmacy resident
- ❖ He has 20 years of experience
 - 10 years at a state run mental health facility
 - 5 years at a mail order pharmacy
 - 5 years as an inpatient pharmacist in a centralized operation
- ❖ Has a wife and 3 young children
- ❖ Has an active role with the local school board
- ❖ Participating in every other month residency training



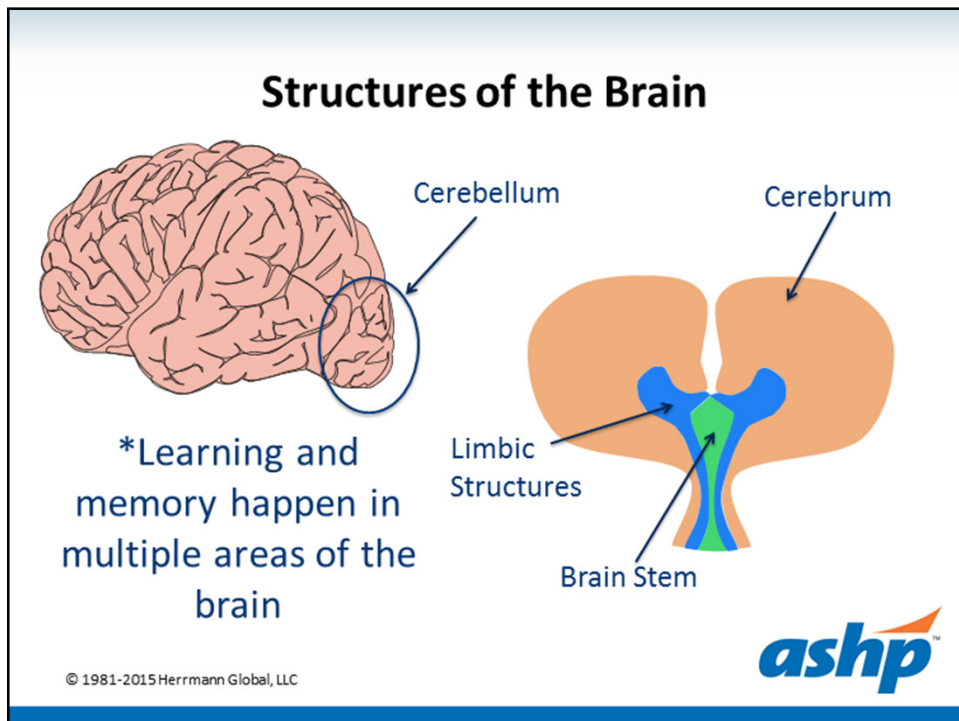
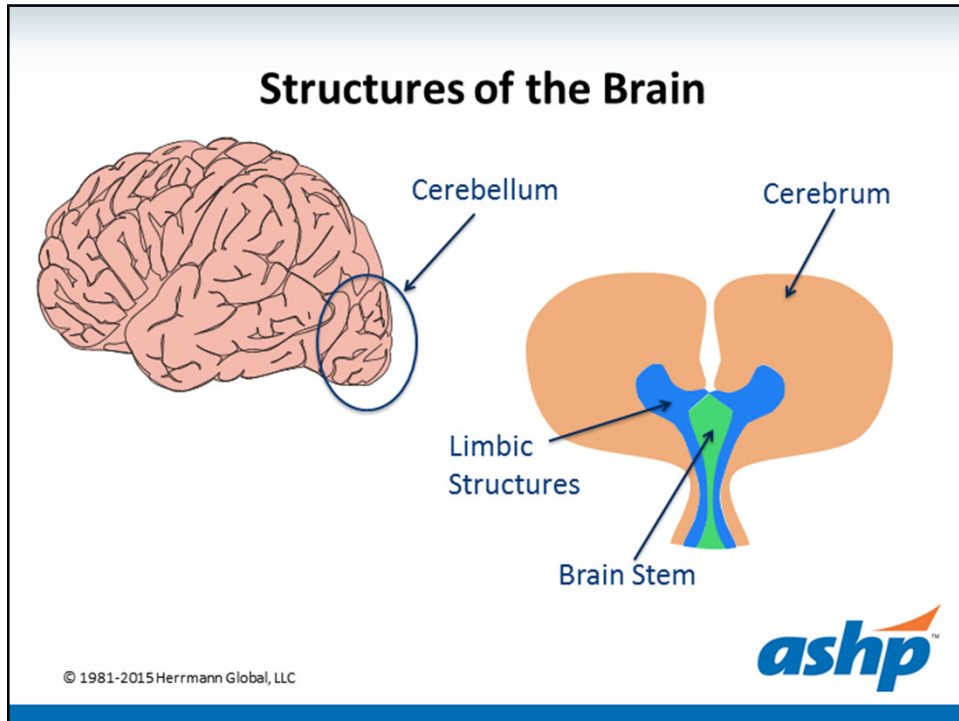
Assessment Question #1

- ❖ Referring to TT, which of his characteristics are most likely to result in some challenges for his preceptors and residency director?
- A. Age, past work experience, & clinical training every other month
 - B. Age, marital status, & outside leadership involvement
 - C. Age, past work experience, & marital status
 - D. Age, past work experience, & parental responsibilities



Where do we start with our training plan?





Left vs. Right Brain

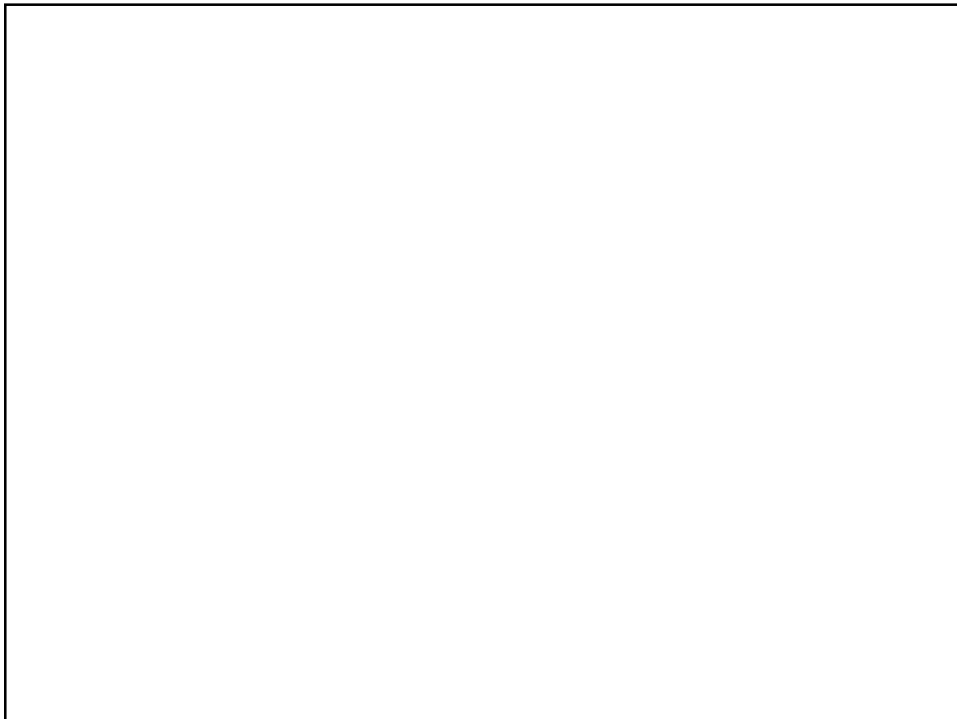
- ❖ Logic
- ❖ Comprehension
- ❖ Mathematics
- ❖ Planning
- ❖ Structure

- ❖ Creativity
- ❖ Strategic thinking
- ❖ Spatial thinking
- ❖ Musicality
- ❖ Relationship building

Cerebral vs. Limbic

- ❖ Thinking
- ❖ Curiosity
- ❖ Challenging
- ❖ Visual arts
- ❖ Goals/Purpose

- ❖ Control
- ❖ Cautious
- ❖ Communication
- ❖ Written arts
- ❖ Emotions



Beyond brain structures, how does learning happen?

Pedagogy vs. Andragogy



Pedagogy

- ❖ Greek ancestry
 - paid* (“child”) + *agogus* (“leading”)
 - Definition: the art or science of teaching [children]
- ❖ Early and most common research focused on effects by children from this learning model
- ❖ Predominant philosophy used today:
instructor-led

“pedagogy.” Merriam-Webster.com. 2015. <http://www.merriam-webster.com> (Accessed May 28, 2015).
Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Englewood Cliffs, NJ: Cambridge Adult Education; 1980. pp40-59.



Is Pedagogy It?

“...no longer functional to define education as a process of transmitting what is known; it must now be defined as a lifelong process of continuing inquiry...the most important learning of all – for both children and adults – is learning how to learn...”

Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Englewood Cliffs, NJ: Cambridge Adult Education; 1980; p 41.



Andragogy

- ❖ Similar origins with Greek derivation
 - andr* (“man, not boy”) + *agogus* (“leading”)
- Original definition: the art or science of teaching adults
- Better definition: assisting a learner with self-directed learning
- ❖ Philosophy becoming more common and somewhat integrated into schooling

Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Englewood Cliffs, NJ: Cambridge Adult Education; 1980; pp 40-59.



So, what is andragogy?

❖ The act of learning for the sake of learning

Perception that knowledge of ____ will help them in some way, shape or form

Experience dissatisfaction from lack of competency compared to a standard

Pleasure is derived from the activity, the learning is *fun*

Stamm JS. *Bright from the Start*. New York, NY: Penguin Books, 2007. p69.

Knowles MS. *The Modern Practice of Adult Education: From Pedagogy to Andragogy*. Englewood Cliffs, NJ: Cambridge Adult Education, 1980; pp 40-59.



Why does any of this matter?



Assessment Question #2

❖ Considering the philosophies of pedagogy and andragogy and their application in the United States educational system, it should be expected that all pharmacy staff over the age of 25 are engaged and active learners such that formal educational sessions in the workplace are unnecessary.


- A. True
- B. False



Pharmacists & Precepting




How Pharmacists Think




Preferences

- Factual
- Scientific
- Practical
- Problem solving
- Procedural
- Sense of accomplishment

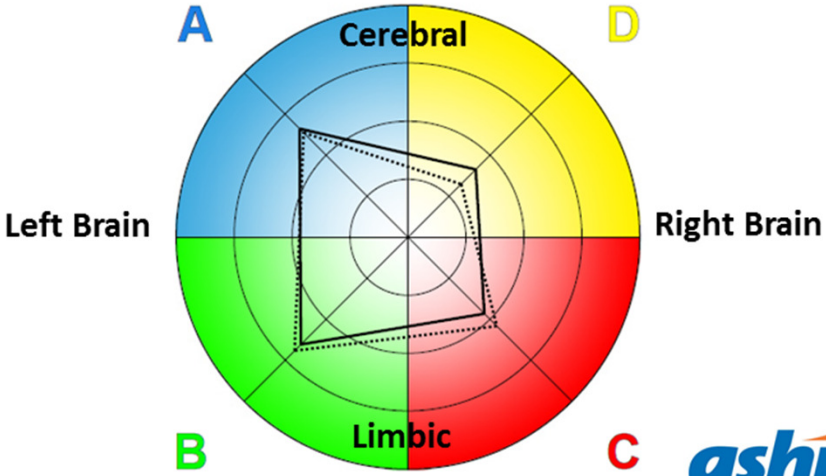


Discomforts


- Conceptual
- Risk taking
- Ambiguity
- Unconventional methods
- Open-ended opportunities
- Sensitivity



Do pharmacists learn the same as everyone else?



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Tools of the Trade

- ❖ Journal club
- ❖ Case presentation
- ❖ Topic discussions
- ❖ Written drug information
- ❖ Medication-use evaluations
- ❖ Newsletter articles
- ❖ Public health screenings
- ❖ In-service education
- ❖ Committee participation
- ❖ Policy, procedure
- ❖ Patient care rounds
- ❖ Consults
- ❖ Clinic appointments
- ❖ Interdisciplinary shadowing
- ❖ Distribution activities
- ❖ Patient specific drug use review
- ❖ Patient counseling
- ❖ Regulatory compliance
- ❖ Socratic questioning (pimping)



Left Brain

- P/A.** Journal club
- P.** Topic discussion
- P.** Socratic questioning →
- P/A.** Drug information
- P/A.** Patient workup
- P.** Shadowing
- P.** Develop policy or procedure
- P.** MUE/DUR
- P.** Distributions
- P/A.** Consults

Right Brain

- P/A.** Patient Counseling
- P/A.** Newsletter article
- P/A.** Noon conference presentation
- P/A.** ← Patient care rounds and appointments
- P/A.** ← Case presentations
- P/A.** Public health screenings

Disclaimer: Individual preceptor's styles and approaches can and will change categorization!

P = Pedagogical

A = Andragogical



Assessment Question #3

- ❖ When working with a learner that appears to be more right brained than left brained, which of the following tips may be helpful when using some traditionally left brained precepting tools such as a journal club and topic discussion.
 - A. Allow freedom for the trainee to present in a format of their choosing
 - B. Create a 1:1 environment since the trainee may be nervous around others
 - C. Provide clear and detailed instructions for the activity
 - D. Utilize a mentor to show the learner the appropriate way to do the activity



Back to TT...

- ❖ Rotation design was standard for resident:
 - 6 weeks
 - 2 weeks shadowing, 4 weeks ownership
 - Journal club x 1
 - Formal case presentation x 1
 - Teach medical noon-conference x1
 - Once weekly topic discussion
 - Daily review of issues with preceptor
 - Every other day review of new admissions



What other aspects should we consider when thinking about nontraditional learners?



Nontraditional Considerations

- ❖ Generational differences
- ❖ Experience
 - Career
 - Learning
- ❖ Working preferences
 - Learning style
 - Behavior
 - Thinking
 - Strengths
- ❖ Work/Life balance
 - Hobbies
 - Health
 - Community
 - Family
 - Finances



Classic Generations

- ❖ Baby Boomers (~1946-1964)
 - Optimistic, self-help, team work, live to work
- ❖ Generation X (~1965-1980)
 - Critical, work to live, independent, competitive
- ❖ Generation Y/Millennials (~1981-2001)
 - Multitaskers, collaborative, grade focused, close to family



Martin CA, Tulgan B. *Managing the generation mix: From collision to collaboration*. Amherst, MD: HRD Press; 2002.

Experience Considerations

- ❖ What have they done for the last 20 years?
 - How do they capitalize on this to maximize their impact?
 - Can they teach this to the other learners?
- ❖ How has technology changed?
 - Drug information?
- ❖ How has teaching changed?
- ❖ Are they ready for self-directed learning?
 - To what extent?



Work/Life Balance

❖ Challenge the notion of perfect balance

- What is meaningful engagement?
 - Career
 - Family
 - Community
 - Self



Fuentes DG, Ogden RR, Ryan-Haddad A, Strang AF. Reframing our pursuit of life balance. *Am J Pharm Educ.* 2015;79(3):Article 34.

Our story continues...

❖ Experience #2 (Intern Med) you detect hints of concern:

- Motivation seems high
- Resident spending lots of time working-up patients
- Often missing critical details despite topic review
- A couple of near errors caught in documentation
- Timeliness issues
- Unable to answer questions as expected by preceptor
- Difficulty with focused recommendations
- Preceptor mood: Concerned (we are at the midpoint)
- Resident mood: Feeling busy, stressed, working hard



Selected Intervention

❖ Midpoint discussion

- Affirm timeliness expectations
- Time management skills inventory and assessment
- Provide examples of focused recommendations
- Discuss importance of the double check
- Re-demonstration of the preceptor's approach
- Performing well with a fixed script
 - Presentations
 - Counseling



Validated Personal Assessment Inventories



Use of Validated Instruments

- ❖ Allows for better understanding of educators' and learners' perspectives
 - Preferred learning
 - Preferred working styles
 - Coaching and mentoring
 - Communication
 - Eye opening for self-reflection and assessment



Validated Instruments

- ❖ **Behavioral Based**
 - DiSC®
 - Myers-Briggs Type Indicator (MBTI®)
- ❖ **Learning Based**
 - Learning Styles Inventory (LSI)
 - VARK®
 - Multiple Intelligences Self-Assessment
 - Pharmacist's Inventory of Learning Styles (PILS)
- ❖ **Thinking Based**
 - Herrmann Brain Dominance Instrument (HBDI®)
- ❖ **Strength Based**
 - StrengthsFinder



Assessment Question #4

- ❖ Which of the following validated instruments may provide insight to a trainees preferred learning style?
 - A. DiSC®
 - B. Myers-Briggs Type Indicator (MBTI®)
 - C. Pharmacist's Inventory of Learning Styles (PILS)
 - D. StrengthsFinder



About DiSC®

- ❖ Self-identification of characteristics related to **dominance, influence, steadiness, and conscientiousness** to facilitate change that results in improved teamwork and conflict minimization
- ❖ Based on behavioral theories of William Marston
 - First assessment developed by Walter Clarke in 1956
 - Further adaptations by John Geier and now Inscape Publishing
 - Current version is Everything DiSC®



Inscape Publishing. History of DiSC. <https://www.discprofile.com/what-is-disc/history-of-disc/> Accessed May 28, 2015.

DiSC® Profile

❖ D Dominance

Skills

Results
Confident
Competitive
Bottom line
Straight forward

Need help

Empathizing
Patiently waiting for information
Listening to others

❖ i Influence

❖ S Steadiness

❖ C Conscientiousness



Inscape Publishing. DiSC Overview. <https://www.discprofile.com/what-is-disc/overview/> Accessed May 28, 2015.

DiSC® Profile

❖ D Dominance

❖ i Influence

Skills

Relationships
Openness
Enthusiastic
Like group projects
Like to receive attention

Need help

Researching facts
Staying focused
Getting to the point

❖ S Steadiness


❖ C Conscientiousness



Inscape Publishing. DiSC Overview. <https://www.discprofile.com/what-is-disc/overview/> Accessed May 28, 2015.

DiSC® Profile


- ❖ **D** Dominance
- ❖ **i** Influence
- ❖ **S** Steadiness
 - Skills
 - Cooperation
 - Sincerity
 - Dependability
 - Calm
 - Overly accommodating
- Need Help
- Confrontation
- Adapting
- Multitasking

- ❖ **C** Conscientiousness


Inscape Publishing. *DiSC Overview*. <https://www.discprofile.com/what-is-disc/overview/> Accessed May 28, 2015.

DiSC® Profile

- ❖ **D** Dominance
- ❖ **i** Influence
- ❖ **S** Steadiness
- ❖ **C** Conscientiousness
 - Skills
 - Quality
 - Accuracy
 - Competence
 - Independent work
 - Details
- Need Help
- Delegation
- Quick decision making
- Joining social events



Inscape Publishing. *DiSC Overview*. <https://www.discprofile.com/what-is-disc/overview/> Accessed May 28, 2015.

Myers-Briggs Type Indicator®

- ❖ Based on Carl Jung's psychological theories
- ❖ Developed by Katharine Briggs and Isabel Myers
- ❖ Evaluates **four** personality characteristics and classifies people into **1 of 16** personality types

- Extroverted or Introverted
- Sensing or Intuitive
- Thinking or Feeling
- Judging or Perceiving

ISTJ	ISFJ	INFJ	INTJ
ISTP	ISFP	INFP	INTP
ESTP	ESFP	ENFP	ENTP
ESTJ	ESFJ	ENFJ	ENTJ

The Myers & Briggs Foundation. *MBTI® Basics*. <http://www.myersbriggs.org/my-mbti-personality-type/mbti-basics/>. Accessed May 28, 2015.


Learning Styles Inventory

- ❖ Developed by David Kolb and published in 1984
- Focuses on experiential learning
- Learning can start anywhere but often begins with an experience




McLeod, S. A. *Kolb - Learning Styles*. <http://www.simplypsychology.org/learning-kolb.html>. 2013. Accessed May 28, 2015.










VARK®



- ❖ Published by Fleming & Mills in 1992
- ❖ Identifies learning in four modalities
 - Learners can be multimodal
 - MM Type 1: switch between modalities as necessary
 - MM Type 2: prefers inputs from all preferred modalities





Visual

Aural

Reading /
Writing

Kinesthetic



VARK Learn Limited. The VARK Modalities. <http://vark-learn.com/introduction-to-vark/the-vark-modalities/>. Accessed June 8, 2015.

Multiple Intelligence Theory

- ❖ Developed by Howard Gardner and published in 1983
 - Divides intelligence into 7 areas

Linguistic

Spatial -
Visual


Bodily –
Kinesthetic

Musical

Logical –
Mathematical

Interpersonal

Intrapersonal



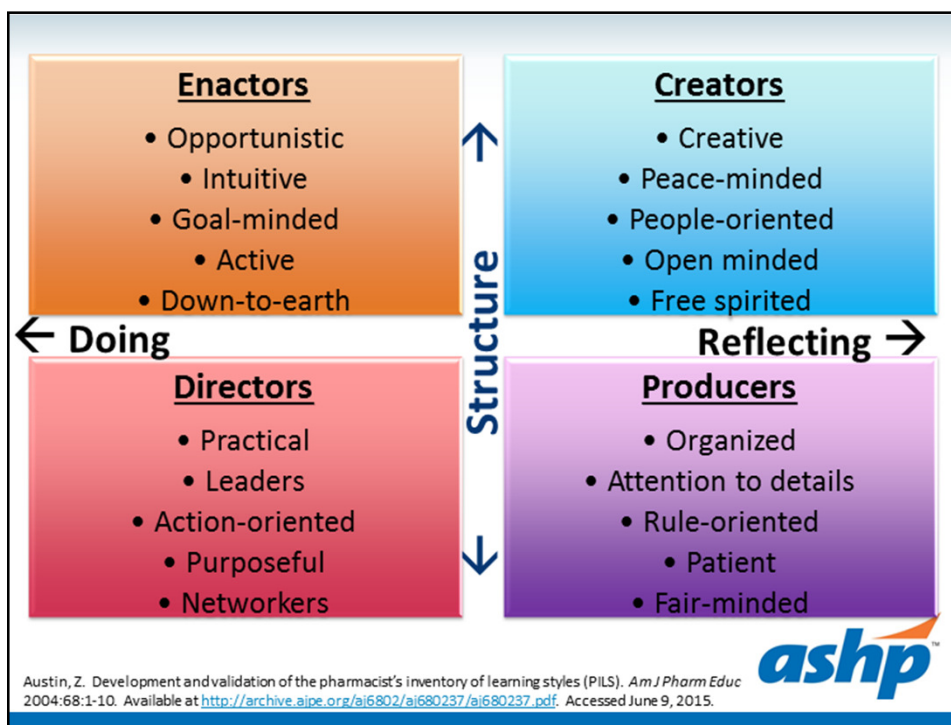
Chapman, A. Multiple Intelligences Concept. <http://www.businessballs.com/howardgardnermultipleintelligences.htm>. 2003-2014. Accessed May 28, 2015.

Pharmacist's Inventory of Learning Styles

- ❖ Developed by Zubin Austin and published in 2004
- ❖ Applies learning theory to complex decisions specific to health care practitioners
 - PILS (Pharmacists)
 - H-PILS (Health-care Practitioners)



Austin, Z. Development and validation of the pharmacist's inventory of learning styles (PILS). *Am J Pharm Educ* 2004;68:1-10. Available at <http://archive.ajpe.org/aj6802/aj680237/aj680237.pdf>. Accessed June 9, 2015.

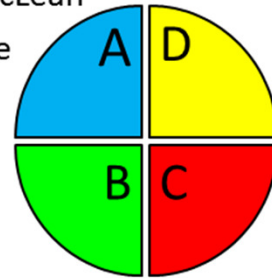


Austin, Z. Development and validation of the pharmacist's inventory of learning styles (PILS). *Am J Pharm Educ* 2004;68:1-10. Available at <http://archive.ajpe.org/aj6802/aj680237/aj680237.pdf>. Accessed June 9, 2015.



Herrmann Brain Dominance Instrument®

- ❖ Developed by Ned Herrmann in 1970's
 - Based on research of Sperry and McLean
 - Application of learning in workplace
 - Whole Brain® Thinking



A: Logical/Analytical/Mathematical

B: Organized/Detailed/Safekeeping

C: Interpersonal/Kinesthetic/Emotional

D: Integration/Strategy/Artistic



Herrmann, N. *The Whole Brain Business Book*. McGraw-Hill: Washington, DC; 1996.

Clifton StrengthsFinder

- ❖ Developed by Donald Clifton and others in late 1990's
 - Focuses on strengths-based leadership and work
 - Classification of 34 talents
 - Latest version is StrengthsFinder 2.0

Executing	Influencing	Relationship Building	Strategic Thinking
ACHIEVER	ACTIVATOR	ADAPTABILITY	ANALYTICAL
ARRANGER	COMMAND	DEVELOPER	CONTEXT
BELIEF	COMMUNICATION	CONNECTEDNESS	FUTURISTIC
CONSISTENCY	COMPETITION	EMPATHY	IDEATION
DELIBERATIVE	MAXIMIZER	HARMONY	INPUT
DISCIPLINE	SELF-ASSURANCE	INCLUDER	INTELLECTION
FOCUS	SIGNIFICANCE	INDIVIDUALIZATION	LEARNER
RESPONSIBILITY	WOO	POSITIVITY	STRATEGIC
RESTORATIVE		RELATOR	



Rath, T. *StrengthsFinder 2.0*. New York, NY: Gallup Press; 2007.

Reveal Ventures. *StrengthsFinder Leadership Themes*. <http://www.strengthstest.com/strengthsfinderthemes/leadership-themes.html>. Accessed June 9, 2015.

Use of Instrument Results

- ✓ Conversation
- ✓ Sharing with each learning experience
- ✓ Team building
- ✓ Coaching
- ✓ Keep results on file



Case continued...

- ❖ 2 weeks later, preceptor FRUSTRATED
 - Per report:
 - The “talk” did no good
 - The same issues continue to challenge
 - Resident is not taking the necessary initiative to...
 - Resident clearly in the upset and stressed range
 - Feels improvement
 - Feels cannot make the preceptor happy
 - Sick Grandmother
 - Preceptor topic discussions are very helpful, the best!



Preceptor vs. Resident

❖ **BLUE** and **GREEN**

❖ **The Reformer**

- Right vs. Wrong

❖ **Baby boomer**

❖ **PILS: Producer**

❖ **RED** and **YELLOW**

❖ **The Helper**

- Relationships matter

❖ **Generation X**

❖ **PILS: Creator**



Next Steps for TT

What can the RPD do next to facilitate a discussion?



Case #2

- ❖ AA is a 24 yo female student on her 5th APPE rotation
 - She is unsure of her career path
 - After 1 week you notice the following:
 - She seems to be scatterbrained
 - When presenting patients, she misses many points despite you having covered them multiple times already
 - In casual conversation, you are amazed at what she does appear to know
 - Team dynamics and communication are good, but her confidence is low
 - Overall, she appears 'defeated'



Next Steps for AA

What should be the preceptor's next steps?



Home Work

- ❖ Has training on nontraditional learners been incorporated at your site?
 - If so, continue to add to that conversation and tool-box
 - If not, begin that dialogue with preceptors
- ❖ Try out various learning instruments and select one or two that you can use at your facility to have a common language
- ❖ Create a virtual or real tool-box for preceptors to fall back on when having difficulties



Assessment Question #5

- ❖ Creating an electronic toolbox, with examples of altered activities and strategies that can aid preceptors in challenging experiences with trainees, is a proactive approach and may prevent both preceptor and learner frustration.

- A. True
- B. False



Wrap-Up

- ❖ Everyone doesn't learn or teach via a standard model, nor should they
- ❖ Familiarization with available tools and options is helpful in difficult situations
- ❖ Nontraditional learners may need preceptors to redesign traditional tools
- ❖ Open communication and preparation plays a large role in consistent success





This Student is Driving Me Crazy! Precepting the Nontraditional Learner

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