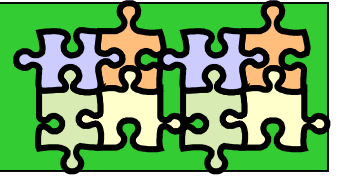


Preceptor Connection

Fall 2009



Preceptor Development Series Review

The M&M's of Being a Preceptor: Modeling and Motivation

Jennifer Pawelek, Pharm.D. and Hetal Oostveen, Pharm.D.



As a preceptor, one of the many responsibilities placed upon you is to be a role model for those you are precepting. Role models are expected to display specific characteristics, including displaying a sense of duty, responsibility, respectfulness, kindness, compassion, enthusiasm, professionalism, and motivation. Responsibility can be thought of in a number of different ways. As pharmacists, we have responsibility for patient care and safety, responsibility to uphold our profession, and responsibility to collaborate with other health care professionals. Through acting responsibly, it is possible to carry out the moral and legal obligations that accompany the profession of pharmacy. These duties include being respectful of patients and their differences in cultural, social, religious, or other beliefs as they relate to medication and health care. It also entails respecting patients wishes regarding end of life issues as well as appropriately responding to and treating pain. Spending time with your patients will let them know you respect and value them and their beliefs. It is also important to remember to display these values towards other members of the health care team. Maintaining patience and composure when collaborating with others will benefit you and patient care. Enthusiasm is necessary to show residents that providing pharmaceutical care can be enjoyable and rewarding. As Ralph Waldo Emerson stated, "nothing great was ever achieved without enthusiasm." Residents are unlikely to perform at their best with a preceptor who is uninteresting or boring. It is also important to portray professionalism when you are precepting. Some ways to do so are to display autonomy and pride in your work, support your profession through involvement in professional organizations, and serving society through volunteering. Finally, it is important to act as a motivator for residents.

Motivation stems from the Latin term "motus" meaning to move. Today, motivation implies the act of providing someone with a "motive," or something that causes a person to act. Motivation can be internal or external, and is usually a combination of the two. Internal motivation stems from an internal experience, which in turn causes a certain outward behavior. This type of motivation requires no outside threat or reward. It is usually a result of a personal drive due to pride or joy in the work involved. Internal motivation can sometimes be thought of as persistence, and often times, creativity is necessary to help maintain this ambition. Motivation can also come from outside sources, and this would be considered "external" motivation. With external motivation, there is usually an outside threat of punishment or reward that causes a person to act. Rewards may come in the form of money, job advancement, or other positive reinforcement. Threats may encompass deadlines, demotion, or even job loss. External motivation usually only persists as long as the reward or punishment is apparent. Striking a balance between internal and external motivation can be a difficult task. External motivators will likely always be present, in the forms of regular pay checks/bonuses, performance goals, and evaluations. Internal motivation may only sometimes be there. In order to maintain internal motivation, one must find something within them to continue to improve personally and professionally. Internal motivators may include improving patient care, safety, and/or teamwork, or decreasing waste and/or costs. To sustain internal motivation, you must think about your individual goals, and what will be personally satisfying to you. Having goals that you are passionate about will help maintain internal motivation.

Get Involved: Resident Recruitment

- **Southeast Michigan Society of Health System Pharmacists (SMSHP)**
 - Wednesday October 14, 2009 5:45-7:00pm
 - Sheraton Detroit Novi; Novi, Michigan
- **Western Michigan Society of Health System Pharmacists (WMSHP)/Ferris State University (FSU)**
 - Tuesday October 27, 2009 5:30pm
 - Grand Rapids Community College, Applied Technology Center; Grand Rapids, Michigan
- **University of Michigan Pharmacy Career Gateway**
 - Tuesday, November 3, 2009 5:00-7:00 pm
 - University of Michigan, Michigan Union Ballroom, Ann Arbor, Michigan

Can you believe it is already the time of year to start thinking about the residency class of 2010-2011? If you are interested in participating in any of the above recruitment events, please contact Renee.

Project ideas?

Drug information question?

Policies/Protocols/Order Sets need development or revision?

Residents can help!

Email ideas to Renee

When things aren't going so well: The art of giving negative feedback

There are times when residents or coworkers do not perform or behave to your expectations. Negative feedback is sometimes necessary to change these behaviors. When delivering negative feedback, here are some points to keep in mind:

- **Get your emotions under control**, you do not want to critique someone else's actions when you are angry or upset
- **Find a private place**, it is not appropriate to give negative feedback in front of others
- **Focus on their actions, not on the person**. Try to avoid creating a barrier with the person, and focus on what you want to change with their performance
- **Be specific**. Use specific examples of the unwanted behavior, not generalizations.
- **Be timely**. Address the negative behavior as soon as possible.
- **Be calm**. Yelling and screaming will likely only cause the person to become defensive, and not hear the feedback you are giving them.
- **Reaffirm your faith with the person**. Let the person know you do not think they are a failure, and that you believe they can improve.
- **Use positive words**. Even though the feedback may be considered negative, you can still use words with positive connotation.
- **Stop talking**. After giving the criticism, give the person a chance to respond, and listen to what they have to say.
- **Define positive steps**. Agree on what changes need to be made, and a timeline for change if necessary.
- **Get over it**. After delivering the negative feedback and agreeing on a resolution, move on. Don't harbor feelings or hover over the person because you fear they may make another mistake

Don't forget to complete online ResiTrak evaluations! ASHP requires evaluations be completed in a timely manner. What does timely mean to you?

Have ideas for future preceptor development newsletter articles?
Have unique precepting ideas?
Have questions regarding ASHP and requirements for preceptors or preceptor development?

Contact:
Renee Marana, Pharm.D.
Bronson Methodist Hospital
PGY1 Residency Program Director

Preceptor Burnout---Don't let it get you!

What is it? Preceptor burnout can be described as a prolonged response to chronic stressors in the workplace, characterized by:

- Emotional exhaustion-feeling physically and emotionally depleted and indifferent
- Cynicism (depersonalization)-negative, cold, distant attitude; disengagement
- Inefficacy-feelings of diminished personal accomplishment

What does it look like? Preceptor burnout can produce a number of different symptoms, and each person may feel the effects in a different way. Some of the symptoms may include:

- Frustration/Anger
- Headaches
- Hopelessness
- Powerlessness
- Chronic fatigue
- Irritability
- Detachment
- Isolation
- Feelings of failure
- Depression
- Apathy
- Disillusionment
- Feeling trapped
- Cynicism/sarcasm
- Insomnia

Is it just stress, or is it burnout? Preceptor burnout is not an acute feeling of being overwhelmed, overworked, or tired. It is a chronic progression of symptoms, leading to a state of exhaustion.



STRESS

Acute
Overly engaged
Anxiety



BURNOUT

Chronic
Disengaged
Depression

What causes it? There are a multitude of risk factors that may lead to preceptor burnout, including:

- Over-committed/spread too thin
- Lack of control
- Unclear or mismatched expectations
- Unrealistic demands/Excessive workload
- Imbalance between demands and importance
- Conflicts
- Mismatch in values/reduced leisure time
- Insufficient rewards/lack of recognition
- Lack of community
- Unfairness

What can we do about it? There are a number of things that can be done to minimize the risk of preceptor burnout.

- Allow time for relaxation and renewal, make time for leisure, friends, and family
- Improve time management skills
- Improve organizational skills
- Learn when to say "no" to avoid becoming over-committed
- Balance your personal and professional life, learn to leave work at work when possible
- Ask for assistance when your workload becomes overwhelming
- Ask for feedback