

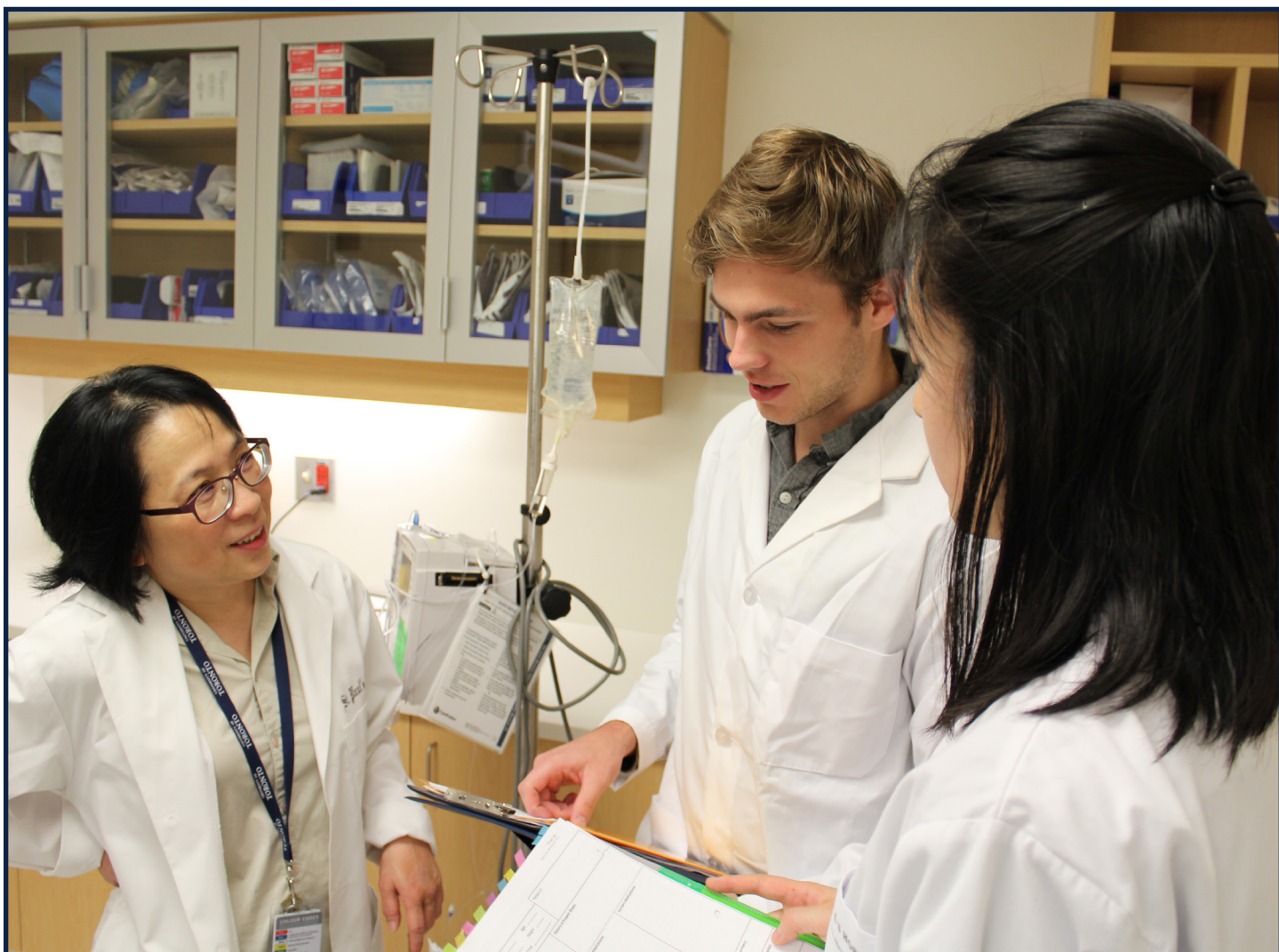


THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Pharmaceutical Sciences



UNIVERSITY OF ALBERTA
FACULTY OF PHARMACY AND
PHARMACEUTICAL SCIENCES



The Near Peer Model in

Pharmacy Experiential Education

A Guidebook for Preceptors

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INTRODUCTION TO THIS GUIDEBOOK SERIES

As a profession, pharmacy has largely adhered to the traditional 1:1 learner to preceptor model. Recently in pharmacy experiential education in Canada, there has been increasing interest in the use of non-traditional learner-preceptor models. This interest is driven by various factors, including increased placement capacity demands resulting from entry level doctor of pharmacy programs, progression of practice to advance the opportunities for learners, preceptor interest to try “new ways” to augment the learner experience, and an increasing awareness of the benefits associated with using these models. As programs and preceptors across the country begin to adopt these non-traditional models, it is important to provide preceptors and experiential education coordinators with guidance to support best practices.

These guidebooks represent an effort to compile the available knowledge, both theoretical and practical pertaining to the following three models:

- Peer Assisted Learning (PAL)
- Near Peer (NP) model
- Co-Precepting model

APPROACH TO GUIDEBOOK DEVELOPMENT

Existing literature pertaining to non-traditional learner-preceptor models in health discipline experiential education was systematically reviewed by Loewen et al at the University of British Columbia (1). The main benefits and challenges described in the literature were summarized and included for each of the learner-preceptor models in each respective guidebook. As well, these guidebooks leverage work already done by the Faculty of Pharmaceutical Sciences, University of British Columbia and the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta (2).

In addition, perspectives and advice from current preceptors who routinely employ these models were solicited through a combination of one-on-one interviews and electronic surveys. In the summer of 2015, preceptors from across Canada who had experience with the NP model were contacted to participate in either a survey, or phone interview. Interview participants included: BC preceptors (N=10), Alberta preceptors (N=3). Participants in the electronic survey included: BC preceptors (N=7) and Ontario preceptors (N=3). The responses provided by these preceptors were then qualitatively analyzed and the key concepts and themes were summarized. Questions were asked in such a way to elicit practical tips and strategies to optimize the experience. The valuable input and perspectives from each of these preceptors, along with expertise from experiential faculty, made this guidebook series possible.

EXPERIENTIAL EDUCATION TERMINOLOGY

Traditional 1:1 Model

A learner-preceptor model employed during placements where one preceptor at a time is responsible for supervising and assessing one learner.

Co-Precepting Model

A learner-preceptor model where more than one preceptor supervises one or more learners. This can occur either simultaneously or in a sequential fashion across a placement.

Entry-to-Practice Program

The first degree program in pharmacy, either an entry-to-practice Doctor of Pharmacy or a Bachelor degree.

Experiential Office

The Experiential Office is a generic term for the office within the faculty/school that coordinates experiential education. They are generally responsible for the administration of learner experiential placements. This involves development of the curriculum for each course, site/preceptor recruitment and retention, learner orientation and support, scheduling of learner placements and preceptor development.

Learners

Synonym: students. May refer to any level of learner: entry-to-practice student, pharmacy practice resident, post-graduate Doctor of Pharmacy student or other advanced learner including those completing a specialized residency or fellowship program.

Near Peer (NP) Model

Synonyms: near peer learning, near peer teaching, pyramidal learning, tiered learning. A learner-preceptor model where the preceptor(s) supervise two or more learners who are at different levels. The senior learner provides learning support to the junior learner(s), e.g. two second year and one fourth year student, one fourth year student and one pharmacy practice resident, one pharmacy practice resident and one post-graduate Pharm D learner.

Peer Assisted Learning (PAL) Model

Synonyms: paired, 2:1 or 3:1 models. Learner-preceptor model where the preceptor(s) supervises two or more pharmacy learners who are at the same level. It is expected that the learners help each other learn and learn by teaching, e.g. Two entry-to-practice learners or two pharmacy practice residents. The principles of PAL also apply to any configuration of two or more learners either assigned to one preceptor or to a co-precepting team.

Pharmacy Practice Residents (or Pharmacy Residents)

Graduate pharmacists who are enrolled in a pharmacy practice residency program. Usually these programs are administered by a hospital, health authority or health region.

Placement

Synonyms: practicum, rotation or experiential placement. Experiential education in a variety of pharmacy practice settings where learners are supervised by practicing pharmacists to gain practical experience and bridge knowledge between the classroom and the pharmacy practice environment.

Preceptors

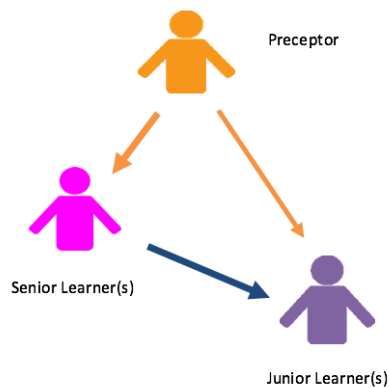
Synonym: practice educators. Practicing pharmacists who dedicate their time to mentor, supervise and assess learners during their placements.

- i. **Primary Preceptors** – those who supervise and are responsible for completing the assessments of learners.
- ii. **Co-Preceptors** – those who share responsibility with the primary preceptor to supervise and contribute to the assessment of learners.
- iii. **Secondary Preceptors** – those who supervise learners for 1-2 days and usually have no direct role in completing written assessments. Feedback on learner performance is given to the primary preceptor and to the learner.
- iv. **Champion Preceptors** – those experienced with non-traditional precepting models who were interviewed and surveyed in the process of developing these guidebooks.

A. THE NEAR PEER MODEL

I. WHAT IS IT?

The Near Peer (NP) model involves at least three parties in a hierarchical structure: the practicing pharmacist preceptor (sometimes referred to as the attending pharmacist), senior learner(s) and junior learner(s), e.g. combination of 4th year and 2nd year entry-to-practice learners, a pharmacy practice resident and a 4th year entry-to-practice learner, or a post-graduate Pharm D student and a resident. The junior learner is directly precepted or coached by their near peer, the senior learner.



The NP model is commonly used in medicine, physiotherapy, and occupational therapy (1). The concept of “cognitive congruence” forms an important basis for near peer learning (3). Cognitive congruence indicates that a mentor with a knowledge base that is congruent or similar to the learner’s knowledge base will be a more effective mentor than an expert in the field who has an “incongruent” or “discordant” knowledge base. That is, practicing pharmacists have a larger “cognitive distance” and are cognitively incongruent with junior learners (4,5). This theory suggests that the NP model may be helpful to learners in its own right. It is also recognized that developing precepting and teaching skills is a potential benefit conferred by this model to the senior learner(s).

The concept of precepting more than one learner at one time and at different educational levels requires preceptors to structure the placement differently (compared to the traditional 1:1 model) to maximize the roles and responsibilities for each learner. This guidebook will outline the key considerations associated with implementing and successfully executing a NP model placement.

“More people should do it! It’s a more efficient use of time in terms of precepting”

- Preceptor

II. WHAT DOES THE LITERATURE SAY?

A systematic review conducted by Loewen et al. outlined the advantages and disadvantages of different experiential models employed by health disciplines from the perspective of learners, preceptors and the placing or receiving institution (1). Twelve articles assessing the NP model were found in the literature. A summary of the findings is reported below.

It is acknowledged in the literature that no one precepting model has been proven to be superior to the others; rather, each has pros and cons and different models may work well for preceptors and learners at various sites (6).

The Near Peer Model

Most commonly cited **advantages compared to the traditional 1:1 model:**

- Junior learners feel more comfortable and less intimidated
- More diverse learning experience
- Enhanced knowledge, teaching skills & professional development for senior learners
- Preceptors report decreased stress and time commitment because the senior learner helps precept the junior learner(s)

Most commonly cited **challenges:**

- Increased workload for senior learner(s) and self-perception that they may not have sufficient knowledge to act as preceptor for the junior learner(s)
- Staff at the practice site may be unclear of expectations and have role confusion in regards to the different learners and the preceptor

Loewen et al. Medical Education 2017. (1)

III. WHAT DO CANADIAN PRECEPTORS AND LEARNERS SAY?

The following tables outline key benefits of the NP model as described by the preceptors and learners who participated in the interviews and the national survey.

a) Benefits for the Preceptors

Advantage	Specifics
Learners are more independent than in the 1:1 model	<ul style="list-style-type: none"> ✓ Junior learner(s) are more prepared for their patient or therapeutic discussions if they discuss their ideas with the senior learner first before approaching the preceptor. ✓ Senior learner(s) help junior learner(s) with case presentations or journal club.
More efficient way of precepting	<ul style="list-style-type: none"> ✓ Direct precepting/coaching and supervision is delegated to the senior learner and preceptor may have more time for other responsibilities, e.g. patient care, research, projects, etc. ✓ When the senior learner starts before the junior learner they can help plan the placement of the junior learner(s) with input from preceptor. ✓ The senior learner can contribute to the performance assessment of the junior learner. ✓ Precepting two learners per placement block instead of two learners over two different placement blocks is more time efficient. ✓ Allows the site to fulfill precepting requirements and build capacity while having some months that are learner-free for preceptors (if desired).
Enhancement of teaching/precepting skills	<ul style="list-style-type: none"> ✓ Having more than one learner allows preceptors to develop additional skills that help foster peer/near peer learning and collaborative team work.
Increased ability to provide more patient care activities	<ul style="list-style-type: none"> ✓ Having more than one learner may facilitate increased patient care because workload is divided among more people, each with different perspectives and insight.

"There is an understanding that the discussion between students is somewhat off-the-record. Junior students will thus run their "shakier" ideas past a senior student, so by the time it gets to me, they are prepared to have a more in-depth discussion."

- Preceptor

"It does take pressure off for the main preceptor. I was able to do a lot of my work too because I got to step out of some of those duties that were directly involved with the [junior learner] and I knew the [senior learner] could handle."

- Preceptor

b) Benefits for the Learners

Advantage	Specifics
Benefits for Junior Learners	
Mentorship and support	<ul style="list-style-type: none"> ✓ The senior learner may be able to better relate to the junior learner compared to the attending preceptor (having recently been in the junior learner's position) ✓ The junior learner(s) often find it easier to access the senior learner compared to the pharmacist preceptor. ✓ The junior learner experiences less anxiety and increased comfort when collaborating with a near-peer. ✓ Eases junior learner(s)' transition to practice.
Increased exposure to career possibilities and further education	<ul style="list-style-type: none"> ✓ Allows the junior learner(s) to appreciate the natural 'evolution' of learning that occurs over the course of their professional career. ✓ Junior learner(s) gain insight into the senior learner's educational program, e.g. pharmacy practice residency.
Benefits for Senior Learners	
Professional development and fostering precepting responsibility	<ul style="list-style-type: none"> ✓ Instills the responsibility of teaching in senior learner(s). ✓ Allows senior learner(s) to solidify their knowledge and skills through teaching. ✓ Allows senior learner(s) to gain precepting experience while having an experienced preceptor for guidance.
Benefits for Both Learners	
Opportunity for richer discussions	<ul style="list-style-type: none"> ✓ The more people, the greater the variety of ideas, perspectives and knowledge that can be shared. ✓ Fosters more two-way learning between junior learner(s), senior learner(s), and preceptor.
Learn to work collaboratively early on	<ul style="list-style-type: none"> ✓ This reflects the reality of team-based practice in their careers. ✓ The learners will develop interpersonal, communication, collaborative, problem solving, and clinical observation skills as well as learn how to provide and receive constructive feedback.
Some of the workload can be divided among the learners	<ul style="list-style-type: none"> ✓ Research, project work, and patient load can be divided up. ✓ This collaboration may yield more thorough and well thought out work.

"I think the junior learner looked up to the senior learner in a different way than they looked to me as their preceptor; based on some unique experiences that the senior learner had in their own learning they could better relate to the junior learner."

- Preceptor

"I think it kind of takes some pressure off the senior learner. If they get stuck they could ask me so they have that support system."

- Preceptor

"When you teach something that's the highest level of learning, so it helps the senior learner develop a more in-depth understanding of the topic or patient care issue."

- Preceptor

"I would say that being the person in the middle of the tier was good because I was able to gain precepting experience and have my first student but also have someone there to guide me when I needed it."

- Senior Learner

B. STRATEGIES FOR SUCCESS

I. PLANNING THE PLACEMENT

It is important to collaborate closely with the faculty and with the residency program (if applicable) well in advance of the placement. This will ensure that learners can be scheduled simultaneously and allows for participation in the Near Peer Model. It may not always be possible to have 100% schedule overlap. Some preceptors prefer it when the senior learner(s) start 1-2 weeks before the junior learner(s) to allow the senior learner time to become familiar with the practice setting and to orient the junior learner(s) when they arrive.

When planning the placement, it is important to consider the objectives of both the junior learner's and the senior learner's placement to ensure that the objectives are met for both. For senior learners, some programs employ the NP model with specific learning objectives for precepting skills or teaching competencies. For these placements, the objectives may be quite different than those of regular required or elective direct patient care placements. The approach to assigning patient care workload and precepting responsibilities should take into account the focus and objectives of each learner's placement.

Prior to the placement, the primary preceptor should engage key stakeholders (such as other pharmacists and multidisciplinary team members) and ensure that they understand the roles and expectations of each learner. (2)

In addition to the usual strategies to prepare for a traditional 1:1 placement, preceptors familiar with the NP model suggest the following:

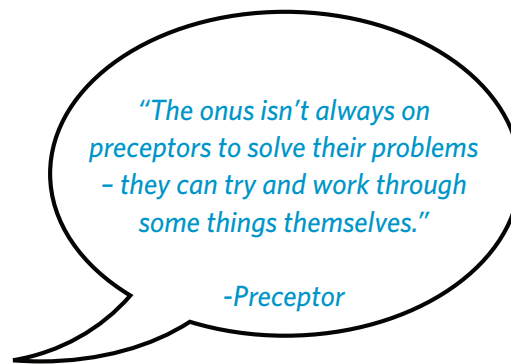
Preceptor Tips for a Successful Placement

- ▶ Be aware of the placement objectives and expected educational outcomes for each learner. Identify and plan activities that support all learners, including activities that the senior learner can lead with the junior learner.
- ▶ Create a schedule or calendar that includes all debriefs, discussions and assessments and update it as needed during the placement. If feasible, involve the senior learner in the development of the calendar. It should outline what each of the learners will be doing, with whom and when. Learners appreciate knowing what to expect during their placement.
- ▶ When planning ahead in regard to physical space issues consider not only workspace for the learners, but also places to meet, have discussions, and do presentations.
- ▶ Be organized and cognizant of time during the placement. It's easy to fall behind schedule. This is especially important with multiple learners. Have checklists for things that need to be done by certain times during each learner's placement. Task learners with keeping track of their own key objectives and deadlines and check-in on their progress intermittently.
- ▶ Schedule a debrief at least once daily, preferably at the same time(s), to discuss cases and how things are going for the learners. Some preceptors and learners like to do this before rounding with the team so that patient updates and recommendations can be discussed prior to meeting with the rest of the team.
- ▶ Conduct the majority of activities and discussions as a group. This will save time and encourage the senior learner to participate in learning and provide feedback to the junior learner under the preceptor's supervision.
- ▶ Formal assessments must be scheduled individually, however the preceptor should solicit feedback from the senior learner and the junior learner when formulating assessments.

II. SETTING EXPECTATIONS OF THE LEARNERS

Preceptors should communicate the expectations of this model to the learners in advance of the placement and review these again during orientation. Learners should come into the placement knowing that they will be working and learning together as a team and understand their respective roles and responsibilities within the NP model.

Expectations	Specifics
Roles	<ul style="list-style-type: none"> Establish expectations of the senior learner as a preceptor or coach Depending on the start dates of the junior and senior learners and whether the senior learner is in a precepting placement, determine the degree of involvement of the pharmacist preceptor vs the senior learner in: <ul style="list-style-type: none"> Orienting the junior learner to the site and clinical practice area Assigning patients to junior learner(s) Overseeing daily activities of the junior learner(s) Reviewing the junior learner's care plans, recommendations and documentation Leading therapeutic/topic discussions Both learners are expected to provide patient care to their assigned patients. Ensure that the expectations of the senior learner pertaining to assessment of the junior learner are clear <ul style="list-style-type: none"> The senior learner should be encouraged to provide frequent formative feedback to the junior learner(s) Generally, it should be the attending preceptor who completes the summative assessments for both the senior and junior learners If the senior learner's objectives include precepting skills as competencies, the senior learner can complete the mid-point and final summative assessment for the junior learner under the supervision of the preceptor.
Supervision	<ul style="list-style-type: none"> For both learners, establish the degree of supervision required based on the learning outcomes and expected level of performance of the learners. This should be reassessed continuously over the course of the placement. <ul style="list-style-type: none"> See Appendix I for Preceptor Roles, Near-Peer Teaching Guide from the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta. Review with senior learner(s) when it is most appropriate to provide direct instruction, modeling, coaching or facilitation.
Workflow	<ul style="list-style-type: none"> Review the daily routine and reporting structure for each learner. Review expected format for: <ul style="list-style-type: none"> Patient care discussions (report) Discussions - alternating between learners to answer questions Providing and receiving feedback Discuss when and where to meet as a group. Discuss milestones where more precepting/coaching responsibilities will be transferred to senior learner.



Experiential Faculty Tips on How to Ensure that Expectations are Met

- ✓ Review the course objectives, learners' own goals, schedule, and assessment criteria with the learners on day one. It is also important to outline the expectations of the individual learner, when they are expected to work independently and/or together, how to provide feedback, and the expectations associated with the near peer model.
 - o Ask the junior learner to respect senior learner as a preceptor/mentor
 - o Ask the junior learner to consult the senior learner first before going to the preceptor
- ✓ Consider the senior learners' previous experience and the complexity of the practice setting. If the senior learner is new to the area or early in the program, the role and expectations may need to be modified (2).
- ✓ Have learners sign off on an orientation task list or learning contract that outlines these expectations. By doing this, learners will know from day one exactly what they need to do to be successful.
- ✓ Consider scheduling 1:1 debriefs with each learner as needed. Some learners may not be comfortable sharing issues/challenges in a group setting with their peers/near peers.

III. SUGGESTED JOINT ACTIVITIES TO BE COMPLETED BY LEARNERS

Direct and non-direct patient care activities can be done as a group (2). However, each learner's personal learning objectives and formal assessments should be discussed one-on-one with the preceptor.

Topics for joint discussions with learners:

- ☐ Orientation and scheduling
- ☐ Expectations around the Near Peer model and how to provide feedback
- ☐ Review of safety policies, ethical judgment, and activities outlined in course syllabus
- ☐ Therapeutic discussions and daily debriefings (see below)

Ideas for collaborative learning activities:

- ☐ Patient care activities, patient care discussions (report), therapeutic discussions, journal clubs, patient case presentations
 - o The senior learner can lead or facilitate the discussions as a way to mentor the junior learner(s) during these activities. As the junior learner(s) progress during the placement, the junior learner can alternate leading the discussions while senior learner(s) can provide feedback.

- o During discussions, the preceptor can challenge the senior learner with more advanced concepts and save more basic questions for junior learner(s).
- o The junior learner(s) can observe the senior learner performing various patient care tasks, e.g. gathering a medical and medication history, and provide feedback/debrief; additionally, the senior learner can observe, coach and provide feedback to junior learner(s) for many activities.

- ☐ Debriefings of activities and experiences to facilitate learning
- ☐ Patient care rounds
- ☐ Informal constructive feedback between learners

IV. OPTIMIZING THE NEAR PEER EXPERIENCE

The champion preceptors were asked specifically about which strategies they employed to overcome the challenges commonly described in the literature or anecdotally associated with the NP model.

Preceptors identified the following as the top two most frequently encountered challenges and offered solutions to address them.

Providing learners with feedback and completing assessments may be time consuming

- Review standardized criteria for assessment on day one; this way the preceptor and the learners know exactly what they need to do to be successful or excel in the placement.
- Provide frequent informal feedback. Do so after every patient care activity, team member encounter and on every patient work-up, documentation activity or drug information request.
- Start the assessment process as early as possible and in 'real-time'. Document examples of learner performance (behaviours, accomplishments, things to work on) continuously like an evaluation diary. Use this information to facilitate the completion of the written or online assessments.
- Schedule a set time during the day to provide feedback.
- Complete the assessment during the slowest times of your typical work week.
- Some preceptors suggest completing the senior learner's assessment the day before the end of the placement.
- Ask the senior learner to provide feedback on junior learner's activities, patient interviews or reports and likewise, ask the junior learner to provide feedback on the senior learner's ability to precept and coach.

Limited resources, computers, or space

- When possible, plan ahead to make sure there is workspace and laptops/computers set aside for the learners.
- Borrow or beg if necessary! Share computers on the unit or in the pharmacy, use alternate computers elsewhere (e.g. library, vacant offices), and if possible have extra laptops available. Work with what you have.
- Ask learners to bring in their own laptops/devices and use wireless internet, if available/permitted.
- Utilize computer time judiciously (only to gather necessary patient information to provide care); encourage learners to spend most of their time in the patient care area and gather information directly from patients and other team members. Provide clear guidance about how much time the learners are allowed to spend away from the patient care setting.
- If necessary, print information/documents so learners can work without a computer.
- Inform learners of space that is designated for other workers and is not intended for their use.
- Stagger time that learners use the shared workspace, take breaks, and do independent activities. Have learners coordinate amongst themselves who is going to use the space and when.
- If it is crowded on patient care rounds, the main learner on the case should go into the patient's room; the other learner should still participate in any discussions that occur afterwards.

The following were indicated to be potential challenges by half of the preceptors who took the survey.

Differences in learning styles or personalities

- Exposure to different learning styles/personalities can in fact be a positive experience for the preceptor and learner(s).
- Set ground rules and expectations on the first day regarding mutual respect (including the importance of respecting the senior learner's role as a mentor/coach), how to address conflict, and working as a team despite differences.
- Encourage the learners to be open to new approaches and embrace new experiences.
- Be flexible and engage in a variety of teaching approaches to meet the needs of different learning styles.
- Take turns having learners answer questions or present patients; ensure that quiet or shy individuals are given the chance to engage first in activities.
- Address any issues that arise right away; this will help to minimize any conflicts or problems later.
- During conflicts, address the person(s) with the issues individually, provide feedback, give him/her the specifics of what has been observed, ask for his/her opinion and have an open dialogue about strategies to improve the situation that align with the expectations of the NP model. Schedule regular meetings to monitor the situation. Try to use these situations to facilitate discussions about effective teamwork and associated skills.

Time and workload management

- Before the placement, inform supervisors and colleagues that you may not be able to take on extra work/projects during this time and that you may need some support.
- Schedule 'project time' prior to and after the placement.
- Do as many activities as possible as a group (see Section III above).
- At the beginning of the placement, invest extra time into modeling and observing activities, providing feedback and establishing the hierarchy. This will help the senior learner more readily assume the precepting/mentorship/coaching role and allow both learners to become independent more quickly. In the second half of the placement, delegate more precepting/coaching responsibilities to the senior learner and have the learners take on as much of the patient care as they are able.
- Ask the senior learner to lead a therapeutic discussion, have the junior learner present a topic to the other learner(s) or together they can debate a therapeutic controversy. While these are being prepared the preceptor can focus on non-teaching activities.
- Schedule similar activities at the same time each day to minimize mental transitions.
- Leverage your relationships with colleagues including other health professionals. Ask them to provide introductory sessions on their area of expertise and refer the learners to them on matters within their domain.

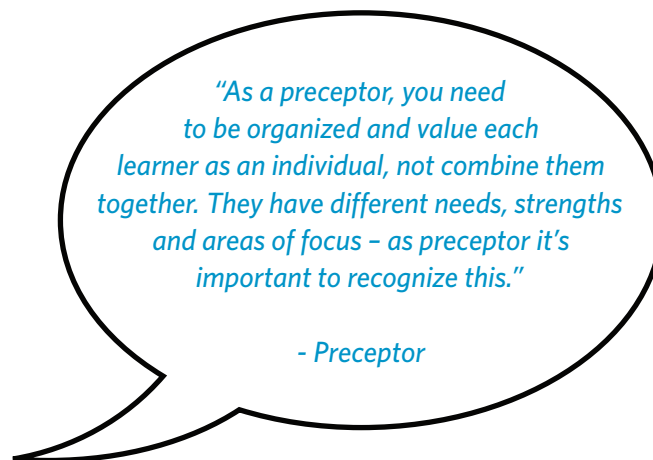
Struggling learner

- Remember, you may need to involve another colleague and/or contact the faculty or program coordinator for support. Do this early to ensure that you have the support you need.
- Have a private conversation with the learner and listen to what they have to say. Identify the specific challenges that the learner is experiencing.
- If necessary, support the struggling learner with individualized one-on-one coaching and support.
- Develop a strategy that addresses the factors involved. Have the learner identify and document personal learning objectives, an action plan and a timeline for achieving the outcomes in question. Develop this plan early and review it at scheduled time intervals to track progress.
- The specific support strategies will depend on whether it is the senior or junior learner who is struggling (see suggestions below).
 - ***If the junior learner is struggling:***
 - Encourage the senior learner to support the junior learner and ask for the senior learner's input on how to assist the junior learner. Coach the senior learner on strategies to support the struggling learner.
 - The senior learner can follow the same patients as the junior learner, and provide modeling, feedback and coaching.
 - The preceptor may need to provide more support and guidance to the senior learner relating to workload management, how to best guide the junior learner, tailor their learning objectives and provide constructive feedback.

- Adjust the junior learner's workload and assign less complex patients if necessary.
- **If the senior learner is struggling:**
 - The preceptor needs to identify what the senior learner is struggling with and develop a plan to address the issue(s). If necessary, the senior learner's precepting responsibilities may need to be reduced and/or their patient care assignment may need to be reduced or limited to less complex patients.
 - The preceptor may need to treat the learners as peers and have them present their work to the preceptor together.

Interpreting and meeting learning expectations

- For near peer learners, the expected levels of performance for each learner will differ and it is important to review the learning outcomes of the individual learners before the placement. Plan the placement activities in advance to meet these learning outcomes.
- Frequently check-in with the learners individually and assess observed performance against expected levels of performance.
- Allocate sufficient time with each learner to focus on identifying opportunities for them to grow and meet the expected level of proficiency.
- As the preceptor, it is your responsibility to get to know and assess each learner based on his/her individual performance. To avoid comparing learners, document your feedback and observations of each learner separately in a journal or log book.



Although these last two barriers are reported in the literature and by other health disciplines, they were not deemed to be problematic issues by most of the preceptors surveyed or interviewed.

Shortage of patients – maintaining learning opportunities

- Learners can provide care to all the patients in your clinical practice regardless of complexity. Assign more complex cases to the senior learner, less complex ones to the junior learner.
- The senior learner can provide care to the same patients as the junior learner. The senior learner can supervise the activities of the junior learner, such as the patient interview. They can then work on care plans independently and justify their own recommendations. Try to use more complex/challenging patients in these cases.
- Assign patients from a clinical practice area/unit other than your own. This may create logistical challenges around making recommendations to an unfamiliar team but it also represents a learning opportunity.
- Develop a list of alternative activities (such as projects) prior to the placement that can be assigned during slow times.
- Provide case-studies based on previous challenging patients you've encountered and have the learners complete work-ups and plans.

Minimizing competition among learners

- Set ground rules early on that emphasize collaboration rather than competition. Discuss expectations. See Section B. II Setting Expectations of the Learners. Ensure that the learners understand their role in the NP model/hierarchy.
- Consider whether the behaviour is truly competitive or whether the learner(s) may be trying to compensate because of a perceived imbalance in or lack of one-on-one attention.
- Aim for similar one-on-one time with each learner and provide consistent opportunities for individual questions, discussion and feedback so that the learners perceive that they are being supported equally.
- Sometimes it may be a lack of self-confidence or insecurity on the part of one learner. Setting expectations ahead of time is critical to help avoid comparison.
- When different opinions are expressed, it is important to have an open conversation together as a group about the pros and cons of each perspective. This can serve as an excellent learning opportunity since it encourages each learner to defend their recommendation or idea.
- Keep each learner's performance assessments confidential.
- If competition begins to interfere with either learner's performance or the placement itself, contact the faculty or program coordinator for support.

C. MYTH VS. TRUTH

Myth #1: Senior learners are seldom keen on teaching a junior learner.

Truth:

- ▶ Most of the preceptors interviewed reported that senior learners usually value the opportunity to develop precepting/mentoring skills under the guidance of a preceptor. If the senior learner seems reluctant to teach, try to determine why.
 - The senior learner may be unclear of their role. In this case the preceptor needs to be explicit and set the expectations on the first day. (See: Setting Expectations of the Learners)
 - If the senior learner feels that they lack therapeutic knowledge or the experience needed to precept, they may need more support and reassurance. Remind them that they don't need to be an expert on the topic. Consider meeting with the senior learner ahead of time to briefly review topics or the patient care process steps that the senior learner will be discussing with the junior learner(s). (See: Myth #2)
 - If the senior learner is struggling with time management, help the senior learner prioritize workload. If the junior learner is expecting too much of the senior learner's time, coach the senior learner on how to set realistic expectations for the junior learner.
 - If senior learner feels that his/her learning objectives are not being met, arrange some quality one-on-one time with the senior learner to ensure he/she is reaching his/her level of competency.

"Once the senior learner realizes their responsibility to teaching & precepting down the road, it tends to open their eyes and make them more accepting of the whole process and value the opportunity to hone these skills under another preceptor."

- Preceptor

"The senior learner should know it's their job to precept and that they will be evaluated on their precepting as well."

-Preceptor

"I think the major one is the attitudes of the people involved - to get them to buy-in. The more they can be satisfied that their learning objectives will be met the more likely they are to buy-in."

- Preceptor

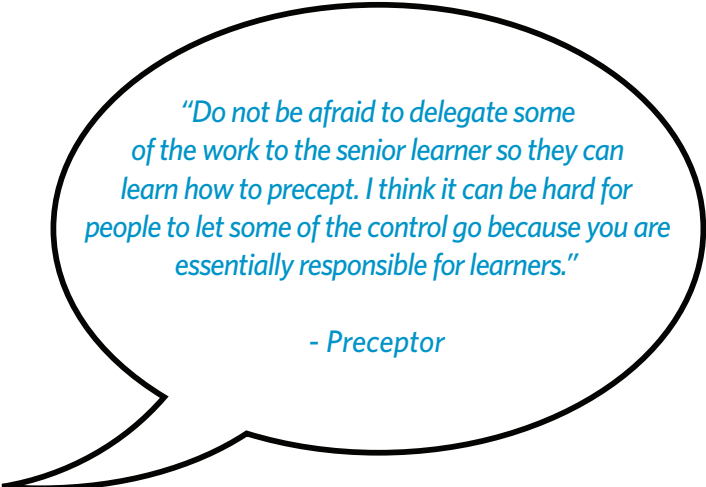
"I would tell them it is manageable! And to take advantage of it, use it to develop your teaching skills."

- Preceptor

Myth #2: Learning for the junior learner is compromised because the senior learner is less knowledgeable than the preceptor.

Truth:

- ▶ In the NP model, it is important to balance delegating appropriate tasks to senior learner while at the same time ensuring that the senior learner is modeling and teaching accurate information to the junior learner(s).
- ▶ In the first week of the placement, try to assess the competency level of the senior learner and get a feel for how he/she is precepting the junior learner(s).
- ▶ The senior learner needs to gain experience in precepting in order to become an effective preceptor in the future. If the senior learner does run into any difficulty, he or she may ask the preceptor for guidance.
- ▶ Most senior learners are more than capable of overseeing junior learner's daily activities, such as medication reconciliation, patient interviews, chart reviews, discharge or targeted medication counselling sessions.
- ▶ Remind the senior learner that helping the junior learner(s) to develop the skills to independently find the right answers is more valuable than providing them with the answer. In this regard the senior learner doesn't need to feel responsible for knowing everything.



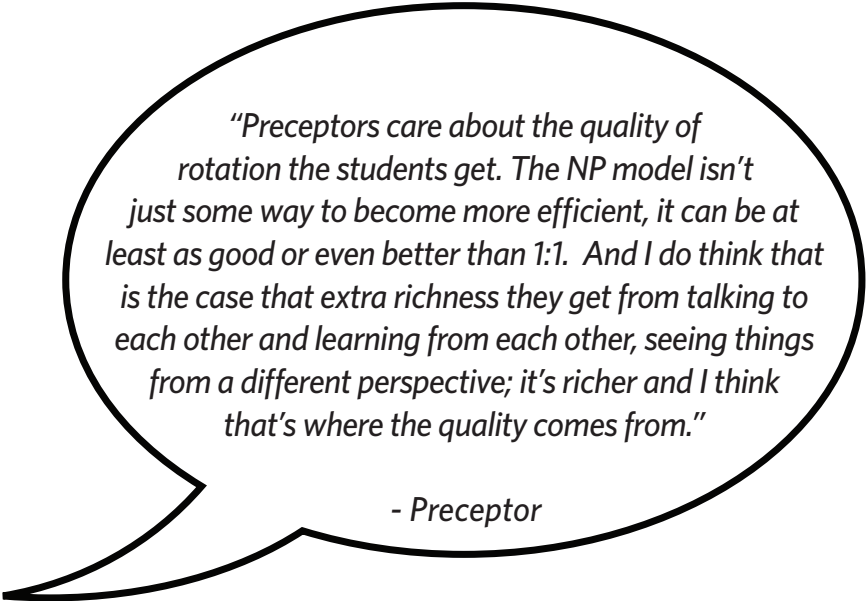
"Do not be afraid to delegate some of the work to the senior learner so they can learn how to precept. I think it can be hard for people to let some of the control go because you are essentially responsible for learners."

- Preceptor

Myth #3: Learning is compromised because there is less one-on-one time with the preceptor compared with the traditional model.

Truth:

- ▶ It is true that there may be less individualized one-on-one time with the attending pharmacist preceptor; however, this does not mean that learning suffers. (See Section A: Benefits for the Learners)
- ▶ Junior learner(s) can learn from senior learner(s) and senior learner's perspectives and experience add diversity to the placement experience.
- ▶ Senior learner can help junior learner problem solve simple issues – this way, the time spent with the preceptor will be the most beneficial use of time possible.
- ▶ Richer discussions occur when multiple learners are present. During discussions, the preceptor may direct the more challenging questions to the senior learner(s) and ask the junior learner the easy questions. It's also appropriate to push both learners to learn more, and present back to the group. This helps solidify concepts, and exposes both learners to real-world, self-directed lifelong learning.
- ▶ Have open communication with both learners to ensure each one has enough quality time with the preceptor.



"Preceptors care about the quality of rotation the students get. The NP model isn't just some way to become more efficient, it can be at least as good or even better than 1:1. And I do think that is the case that extra richness they get from talking to each other and learning from each other, seeing things from a different perspective; it's richer and I think that's where the quality comes from."

- Preceptor

Myth #4: Having more than one learner at different educational levels requires extra preceptor training.

Truth:

- ▶ Most preceptors who currently use the NP model did not receive formal training relating to this model and learned through experience.
- ▶ They report that it is very similar to having just one learner because the majority of activities can be done as a group.
- ▶ Having a conversation with someone who has used the NP model to see what a typical day is like can help to prepare you for having multiple learners.
- ▶ When possible, have a preceptor who is experienced with the NP model act as a co-preceptor or peer-mentor, be available to provide support, and perhaps assist with various activities, like debriefs.

NON-INSTITUTIONAL PRACTICE SETTINGS

The experience and perspectives presented in this guidebook were shared by preceptors mostly from institutional settings; however, the principles of the NP model could be applied broadly in community, primary care or ambulatory practice settings. Preceptors in non-institutional practice settings are encouraged to adapt the strategies provided in this guidebook to their own practice setting.

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APPENDIX I. PRECEPTOR ROLES: DESCRIPTION AND IMPLEMENTATION²

Preceptor Role & Type of Supervision	Description	Implementation	Comments
Direct Instruction Direct Supervision	Providing readings, lectures, discussions. Refer learners to relevant resources & check understanding.	To teach and/or review foundational content required to perform a skill (i.e. performing BPMH, gathering medical history). Novice learners or beginning of a placement	Differs from classroom learning as preceptor can place responsibility for content on the learner. Use to verify learning later in a placement.
Modeling Direct Supervision	Demonstrating a process while thinking out loud.	Used when learner has the appropriate background knowledge & is ready to begin learning to perform the skill.	Learners both observe behavior and hear the thought process.
Coaching Direct Supervision	Learner performs the task while being observed and feedback is provided during the interaction. Learner is encouraged to think out loud.	Used when learner has knowledge and has observed the process. Fine tuning of a skill.	Used until corrective feedback is no longer required. Quality feedback is essential in this role. Learner should be able to describe what to continue doing and how to improve.
Facilitating Indirect Supervision	Learner performs the activity independently. The preceptor debriefs and is available if required	Learner has been coached. Learner and preceptor have confidence in ability.	Preceptor can also use pre-brief to assess learner's approach and preparedness.

APPENDIX II. TIMELINE

Below is a compilation of suggestions from preceptors on what to do before, on the first day, the first week and by the end of placement. Note that this is very similar to what you would expect with one learner on site.

Philosophies to embrace throughout the placement:

1. It is important to plan ahead but adjustments will always have to be made as patients are admitted or referred to you

2. Make the learners feel like part of the team

3. Ensure open communication among the group

4. Encourage the learners to engage in NP learning with senior learner acting as a coach/mentor

5. Ask colleagues for their opinion if you encounter a challenge with the learners.

6. Be open minded - Part of the solution is tackling the situation with the right mentality. Don't restrict yourself in doing things one particular way.

Before the placement

- ☐ Familiarize oneself of the learners' different goals, activities, objectives
- ☐ Make contact with learners and provide:
 - general placement information, common resources and pre-readings, as appropriate
 - expectations of the NP model, what it is, the advantages
 - which other learner(s) they will be working with
 - have learners bring in a checklist for what should be done by the first week
- ☐ Let other site stakeholders know that there will be more than one pharmacy learner on site and outline expectations for each level of learner
- ☐ Arrange activities for learners to spend with other disciplines/pharmacists, if complementary to their learning
- ☐ Prepare a calendar outlining your action plan, including:
 - what's happening on each day
 - when assignments should be completed
 - what discussions are going to be had and when
 - group activities, individual assessments and/or anything else that is planned for the placement
 - how many patients each learner needs to follow
- ☐ Secure options for a workspace, computer access and resources ahead of time, including IT access
- ☐ Prepare for therapeutic discussions, if planned & assign topics to senior learner
- ☐ Adjust your schedule recognizing that placements are busier in the 1st week

First Day

- ☐ Do a general site orientation as a group. (can be led by the senior learner)
- ☐ Go over a patient workup as a group so learners know how to access information and work up a patient systematically
- ☐ Introduce learners to the members of the team
- ☐ Review expectations regarding a collaborative work environment and the roles of the junior learner(s), senior learner(s), attending preceptor within the NP model
- ☐ Review the schedule for the group, expectations for joint activities and time for individual assessments
 - Set a defined time to meet each day as a group and/or individually
- ☐ Have a brief individual discussion with each learner to review any areas of concern they may have, identify their learning style and expectations

First week

- ☐ Model your practice then observe the learners and provide regular feedback
- ☐ Observe competency level and how the senior learner coaches junior learner(s)
- ☐ Be cognizant of learner progress in order to identify a struggling learner early
- ☐ Pay attention to group dynamic and potential personality conflicts; it is better to deal with these early in the placement
- ☐ Check in frequently with the learners in the beginning

Week 2 to end of placement

- ☐ Delegate more precepting tasks to senior learner as appropriate
- ☐ Adjust the level of supervision based on learner performance & ability

APPENDIX III. ACKNOWLEDGEMENTS

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