July is always an interesting month in pharmacy education. Rising P3s become P3s and start the process of scheduling their Advanced Pharmacy Practice Experience (APPE) Rotations which will begin in January. Rising P3s become P4s and, in some people’s eyes, become instantly smarter carrying that P4 designation! A typical P4 in July will have completed 3-5 APPEs in our curriculum by now. Residency programs bring in a new resident or group of residents depending on the site and type of residencies offered. I know that July is one of your busiest and hectic months of the year. The class of 2012 graduated and we believe that everyone seeking a position found one. There could be a couple of stragglers traveling around Europe who have yet to commit to a position. I want to thank you for helping shape and mentor our students during the terminal phase of our curriculum. I personally attribute some of their success to the excellent experiential training we have in Tennessee, the country, and the world. If you haven’t viewed the July College of Pharmacy Newsletter yet, check out the opportunities our students have around the country through government rotations and around the world through our international rotations. I think that many students ultimately decide upon a career path based on their experiences with you, the preceptors.

We are pleased that 31% of our graduates entered into a residency program or graduate education. Todd Bess successfully grew the community pharmacy residency program to 6 sites this year and 5 of our graduates matched into this program! I anticipate steady growth in the community pharmacy residency program. It is also encouraging to know that 2 major inpatient residency programs (Methodist University Hospital, Vanderbilt University Hospital) are expanding their already large programs. This is encouraging because we all know a graduate who didn’t match, but was certainly worthy and capable of completing residency training.

Please note the 7 conferences (see page 4) we have planned between the middle of August through the middle of September. Dean Marie Chisholm-Burns will give a UT College of Pharmacy Update at the luncheons between Residency Day and Rotation Day in both Knoxville and Memphis. I look forward to seeing you at these events and hope to see many of you at the summer TPA Meeting next week.
**WELCOME NEW PRECEPTORS**

<table>
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<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>Gary Morgan Jones</td>
<td>Methodist University Hospital</td>
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<tr>
<td>Suzan Ali</td>
<td>Kroger Pharmacy-LaVergne, TN</td>
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<tr>
<td>Courtney Ball</td>
<td>Wal-Mart Pharmacy-Knoxville, TN</td>
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<tr>
<td>Trent Beach</td>
<td>Community Health System</td>
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<tr>
<td>Anne DePriest</td>
<td>Aegis Sciences Corporation</td>
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<td>Brandi Puet</td>
<td>Aegis Sciences Corporation</td>
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<tr>
<td>Cassey Peters</td>
<td>University of Tennessee Medical Center</td>
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<tr>
<td>Ryan Duncan</td>
<td>Baptist Memorial Hospital</td>
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<tr>
<td>Sadie Cox</td>
<td>LeBonheur</td>
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<td>Timothy Smith</td>
<td>P3 Compounding (New Site)</td>
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**PRECEPTOR DEVELOPMENT BREAK-OUT SESSION SUMMARY – 2011**

The Preceptor Development Conference of 2011 given in all 3 geographic regions of Tennessee brought practitioners of all levels of experience and practice site description together for a stimulating idea and problem-solving exchange. With presentations of “Preceptor Expectations” and “Empathic Listening in Experiential Education”, break-out sessions focused on “Challenges to being an Effective Experiential Educator and a “Scenario in Which Empathetic Listening was Employed (or could have been employed) with a Student”. Preceptors expressed true commitment to student learning and together newer and more seasoned faculty brainstormed answers to preceptors most challenging questions. Representation of faculty at all 3 sites was widespread with experiences being gleaned from community, hospital, and ambulatory care providers.

Listed below are the experiences shared by preceptors across the state during group break-out sessions:

*Describe your group’s top 3 challenges to being an effective experiential educator and specific strategies to overcome those challenges*.

Overwhelmingly preceptors cited time and differing student/resident learning levels as challenges to precepting. Solutions constructed involved utilizing the PGY-1 and PGY-2 residents, where applicable, to educate students (and each other) as resident teaching instruction. Separate resident education was also encouraged via discussions of clinical controversies versus basic topics. Time saving strategies included marrying student’s technological skills in educational activities that would benefit both student and practice while helping preceptors stay up-to-date (new drug-information monographs, new guideline summaries, etc.) Junior and senior faculty alike shared insights about time management that ranged from “just getting it done” to working with flexible calendars. The need for students to take responsibility for their education, was mentioned, as it is in all conferences, as well as emphasis on appreciating the value of each rotation. Other ideas discussed involving communication, teaching students from different schools, ownership and motivation towards true commitment, and letting learners see your own weaknesses.

Dr. Rex Brown expounded on the often non-taught skill of the need for empathic and reflective listening. This skill can be translated into patient care, provider interactions, and student interactions.

Create a scenario in which a preceptor used empathic listening with a student.

Empathic listening discussions involved both evaluating reasons for student tardiness, end-of-life discussions with students about patients, conflicts with providers, patient education, making mid-points evaluations constructive, tailoring rotations to the foci of the student, listening to the student’s perspective on the challenges of a rotation (e.g. experiencing a patient’s death while on a critical care rotation), and helping a struggling student self-assess so they could move forward.

There was such involved discussion on the first 2 points that little time was left to discuss the final break-out discussion point of level of autonomy of students on rotation.

-Prepared by Dr. Anita Airee
Dr. Justin B. Usery is a clinical specialist in internal medicine/infectious disease at Methodist University Hospital in Memphis, TN and serves as a part-time Assistant Professor in the Department of Clinical Pharmacy. He precepts students in APPE rotations for internal medicine and also serves as a preceptor for applied therapeutics.

What formal pharmacy training did you have before becoming a faculty member?
I attended The University of Mississippi School of Pharmacy from 2001 to 2005. Following my pharmacy school training, I completed a PGY-1 pharmacy practice residency at Methodist University Hospital. I then decided to stay at Methodist to complete a PGY-2 residency in internal medicine. After completing this PGY-2 residency, I became a Board Certified Pharmacotherapy Specialist (BCPS).

Why did you pursue a career as a part-time faculty member?
I knew that I wanted my primary role to be in a clinical position, but I also wanted the opportunity to teach students and complete research activities as a secondary focus. Being a part-time faculty member allows me to have this desired balance between my clinical work and my teaching and scholarly work.

Why did you choose medicine/infectious disease as a career direction?
Originally I chose internal medicine because I enjoyed so many different areas during my training that I didn’t want to select one specific area of focus. Internal medicine provided me with a diversity of patients that I wanted in my practice. More recently my clinical role has taken on new responsibilities related to infectious disease. Infectious disease was always an area of interest for me, so when the opportunity was presented to expand my role, I was excited for this change. Now I am able to round with the infectious disease service and participate in the hospital’s antibiotic stewardship, which have challenged me and allowed me to grow professionally, including working towards obtaining certification in antimicrobial stewardship (MAD-ID).

What is it like balancing your personal and professional life?
Very difficult. Dr. Bill Greene used to tell me that you have to cap your hours that you work in a week, and if you go over during the week, then you need to re-pay yourself the next week. He basically was expressing the idea that you have to set personal limits on your work time to make sure your priorities are in line. It’s important to be working to live and not living to work. I’m still mastering the art of this balance.

What do you enjoy the most about being a preceptor?
The most enjoyable part is teaching and interacting with the students. I like being able to give back to the profession because preceptors took the time to teach me as a student. Interacting with the students is also beneficial for me because I learn from them too.

How do you handle a student that has substantial deficits in their database?
The most important thing is to treat each student as an individual and not to expect that they will all come to your rotation knowing the same information. Wherever they are in their educational development, I try to meet their specific needs. Usually I start by asking the student about the areas that they feel they need to improve. That way we can spend the month improving on their deficits rather than covering information that they already know.

Have you ever learned something new from a student?
I always learn new things from students each month, especially in areas that are not part of my daily practice. For example, students may have already had rotations in specialized topics, such as oncology or transplant, and they can share information that they learned in those rotations. This helps me stay informed about specialties that I am not exposed to regularly.
HOW DO YOU HANDLE A STUDENT WHO HAS INAPPROPRIATE PROFESSIONAL BEHAVIOR ON A ROTATION?
This doesn’t happen frequently, but it usually involves a student’s failure to recognize the line between work and play. I try to help them understand that you have to have a different mindset at work because you want to portray yourself as a professional to the healthcare team. Certain discussions and actions would be fine if you’re out with friends but may not be appropriate in the hospital. I try to clearly define the limits for my students and exemplify this same behavior in my interactions with other healthcare professionals.

WHAT ASSIGNMENTS DO YOU GIVE TO YOUR STUDENTS THAT PROMOTE SELF LEARNING?
I place a tremendous amount of emphasis on the application of knowledge, so all of my activities over the month are focused on teaching the student to use information in a clinical setting to take care of patients. For the most part this involves asking open-ended questions to get the students thinking critically. I don’t give direct answers or ask multiple choice questions—I make them think for themselves and tell me their thought processes so that they can problem solve. We have some topic discussions that require students to review material on their own as preparation, but a larger part of the time is spent discussing patient cases so that they can have concrete examples of how to put their knowledge base to use.

WHAT ADVICE WOULD YOU GIVE TO A NEW PRECEPTOR?
Be open to changing your teaching style for each student. Every student is going to be unique with different learning styles and areas of deficiency. I usually start off the month by finding out the student’s interests, career plans, and information that they would like to cover during the rotation. That helps guide me in my teaching activities. I also try to use a variety of teaching methods, such as PowerPoint slides, handouts, and question/answer sessions. I even offer the students the choice of an oral or written final exam. Most importantly, just listen to the students.

UPCOMING EVENTS

**EAST TENNESSEE**

**Preceptor Development**
Tuesday, August 14, 2012 (1-4:00pm)*

**Rotation/Residency Day**
Wednesday, August 15, 2012 (8:30-2:30 pm)

**WEST TENNESSEE**

**Preceptor Development**
Wednesday, August 22, 2012 (1-4:00 pm)

**Rotation/Residency Day**
Thursday, August 23, 2012 (8:30-2:30 pm)

**MIDDLE TENNESSEE**

Preceptor Development Conference
Tuesday, September 18, 2012 (1-4:00pm)

*EDT (Knoxville) - CDT (Memphis/Nashville)