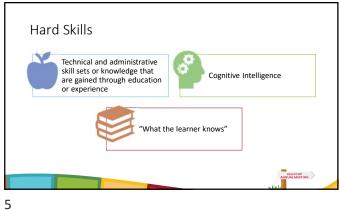
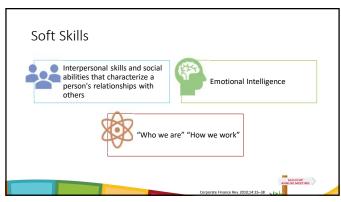
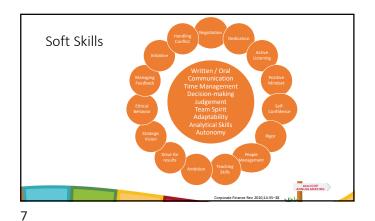


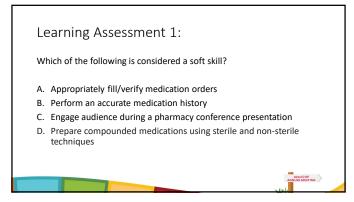
Audience Polling What's your opinion – can you teach interpersonal skills?



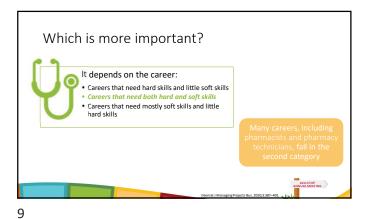


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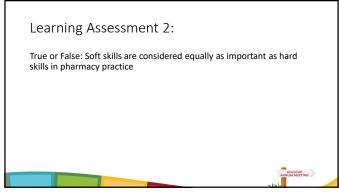




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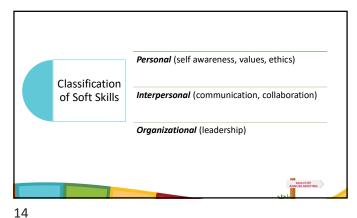
According to a recent article in JACCP, identifying qualified candidates for residency training requires a more holistic process, going beyond the student's ability in the classroom

"...highly qualified candidates (are those) who possess skills, such as work ethic, passion, adaptability, leadership, research experience, communication skills, professionalism, cultural competency, and personality fit."



11 12





How are soft skills developed?

Hard skills are generally learned through formal education or training
Soft skills development is mostly dependent on a person's interaction with their environment

Soft skills need to be continually developed through self-reflection and strengthened through interpersonal interactions
Avoidance hinders growth

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How are soft skills developed?

• Pharmacy training focuses on learning facts (hard skills)

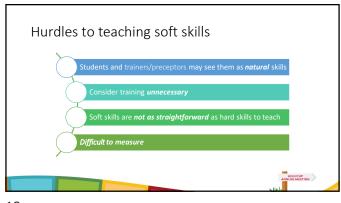
• Many learners have a strong knowledge base with weak soft skillsets

• This is where we come in!

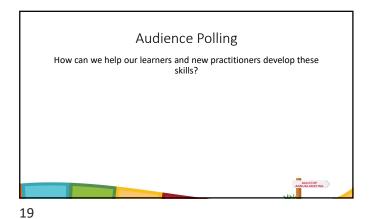
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Audience Polling

What are some barriers you have experienced with teaching or coaching interpersonal skills?

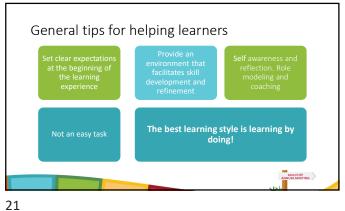


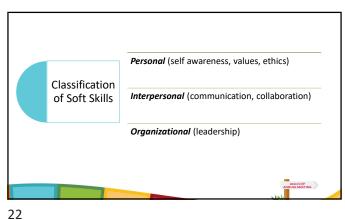
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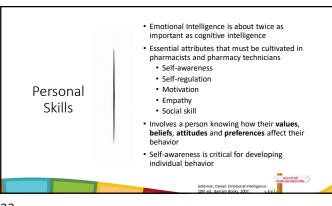




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• Role of the learner: self-reflection • Role of a trainer: role modeling, coaching Preceptors or trainers can provide real-time coaching ("teachable moments") • Example: suboptimal interaction with a provider; helping the learner to realize the cause and effect and that an adjustment may Personal lead to a different or better outcome in the Skills future Facilitating Coaching Instructing

24 23

Example #1 – Preceptor/Pharmacy Resident

Prior to rounds, you met with your resident about patient KB's community acquired pneumonia regimen, which included vancomycin. The resident appropriately identified KB's lack of risk factors for MRSA and planned on recommending discontinuation. In the afternoon, you reviewed patients with the resident. You noticed KB was still on vancomycin, and started to question your resident why this was still the case since there is no indication for vancomycin at this time. This is the second time this week that the resident identified an intervention but did not make it. You tell your resident that it is inappropriate that vancomycin is still ordered, and that it needs to be discontinued before the next dose. Your resident is visibly frustrated but does not say anything.

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Preceptor Pearls

- Preceptor was focusing solely on whether an intervention occurred or not rather than trying to figure out the why
 - Clearly not a knowledge issue the resident independently identified an appropriate intervention.
 - Likely a soft skill issue in this case what else is going on during rounds?
- Difficult balance between ensuring accountability on appropriate patient care and providing role modeling and coaching

ANNUAL MEETING

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Resident Perspective

Preceptor Perspective

discussed prior to rounds twice this week

receive appropriate care

• Preceptor felt ultimate responsibility for ensuring that patients

• Frustrated that things that were agreed upon were not completed as

• Very busy week for the preceptor and difficult to balance precepting

with other responsibilities - difficult to carve out time for coaching

- Resident has been having a hard time interacting with the current fellow on service. The fellow often speaks over the pharmacy resident on rounds and is generally not receptive to interdisciplinary recommendations.
- Majority of recommendations have been discussed after rounds, but the medical residents still need to run it by the fellow.
- Felt guilty that recommendations weren't being accepted but didn't know how to express this to the preceptor.

2023 ICHP ANNUAL MEETING

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Resident Pearls

- Difficult personalities are a workplace reality there is a need to figure out how to work with everyone for the best interest of the patient.
- Self-reflection is key in navigating what worked well, what didn't work, and changing your approach. Trying the same thing over and over and expecting a different result usually doesn't work.
- Preceptors can't help if they don't know what is going on!

2023 ICHP ANNUAL MEETING Communication (verbal, non-verbal and written) skills are among the most important skills:

• Must be clear, concise, professional and correct

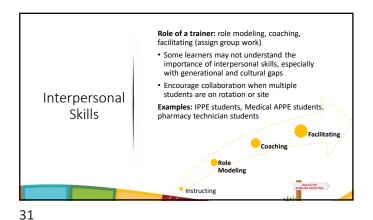
• Word choice, demeanor, tone, eye contact, body language, etc.

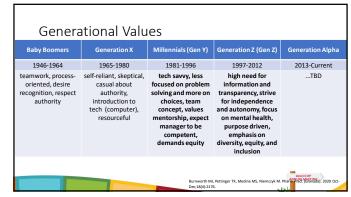
• Ability to facilitate collaborative group interaction and be a team player

Collaboration helps to develop other soft skills:

• Communication, team player, leadership, dependability, adaptability, respect

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Example #2 - New Pharmacy Technician

You are training a new pharmacy technician in your central pharmacy. As the phone rings, the trainee comments that this nurse has been calling all shift. The trainee picks up the phone and politely greets the nurse on the other end. As the technician continues to listen, you notice a growing frustration. Eventually an argument ensues as to whether an inhaler was dispensed and delivered for that patient or not. Right before you intervene, the trainee says "we dispensed this inhaler twice in the last two days. I'm not going to dispense it again," and hangs up the phone.

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Trainer Perspective and Pearls

- Nurse called the pharmacy a few times during that shift requesting urgent medications for a decompensating patient.
- First day personally working with this new technician, but others previously provided feedback that this technician was almost too nice and needs coaching to how to be firmer. (i.e. re-dispensing medications that were recently dispensed)
- Was part of the hiring process for this technician witnessed behavior was very different than what came across during the interview.
- Pharmacy was too busy to debrief in that moment, but committed to providing modeling and coaching for the remainder of the shift and debriefing the situation at the end of the shift.

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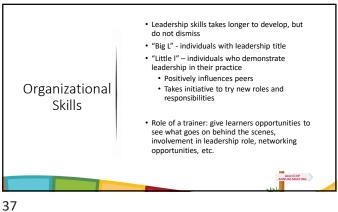
Technician Perspective

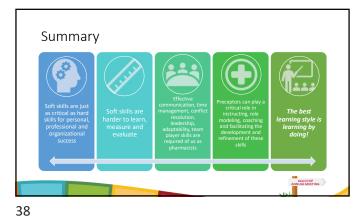
- Nurse had been calling all shift.
- Can see how many times the inhaler was dispensed over the last few days.
- · Didn't appreciate what was being said on the call • Felt accusatory and personal about the technician not doing the job correctly
- · Additional pressures
 - Being watched by the trainer and feeling the need to meet the trainer's expectations
 - Fear of being scolded again for "blindly" re-dispensing or not pushing back on the nurse enough
 - Not typically an aggressive person and wasn't sure how to incorporate previous

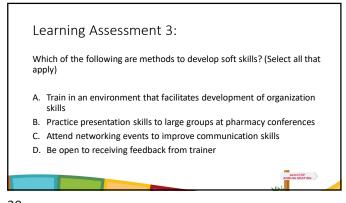
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Technician Pearls

- · Collaboration is key!
 - $\mbox{\footnote{.05em}\hspac$
 - Regardless of who is at fault, the patient is ultimately the one impacted by a missing medication. Partnering with our interdisciplinary colleagues is
 - There may be a time that you need that colleagues help to figure out an issue
- We interact with interdisciplinary colleagues at a point of time during the day but don't necessarily see the rest of their day
- Emphasis on word choice and demeanor during phone conversations







Soft skills are real skills that QUESTIONS? are teachable and learnable!

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