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Navigating power dynamics between pharmacy preceptors and learners

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A B S T R A C T

Pharmacy preceptors are crucial in pharmacy experiential education. They help develop learners during didactic learning, experiential learning, and post-graduate training. Preceptors hold a position of authority over learners as they are responsible for providing feedback and ultimately completing evaluations that determine whether the student passes or does not pass the rotation. Preceptor status, behavior, and communication style may cause students to feel intimidated. Preceptors should be aware of this power differential and keep generational, gender, cultural, and other factors in mind when providing feedback. Preceptors should also receive training and be open to constructive feedback from learners to ensure the experience meets the needs of the learner and allow for adjustments on the experiential rotation. Students should be empowered to provide open and honest feedback to preceptors in a psychologically safe environment without fear of repercussions.

1. Background

A preceptor can be defined as a teacher or instructor during experiential training; however, those in healthcare know a preceptor is often much more. Knott and colleagues broadly define a pharmacy preceptor as "a practicing pharmacist who serves as a role model to guide a pharmacy student, preregistration trainee, or resident in the development of their professional knowledge, attitudes, and practice skills."[1] There are many characteristics preceptors must possess to fill their role as an educator, role model, and mentor. Table 1 summarizes many of preceptor characteristics from different pharmacy organizations. Some of the common roles described by organizations and referenced throughout literature include role model, teacher, and facilitator. Often these common roles are associated with a position of authority, or could be viewed as a position of power, when considering the preceptor and learner relationship. Preceptors should ensure they are aware of their roles and the perceived power they possess when molding learners into future practitioners.

Experiential learning differs from most didactic learning as learners actively apply their previously acquired knowledge and skills into real world situations. Butler and colleagues explain that experiential learning is where learners do, reflect, think, and apply, which leads to development of critical thinking.[2] Experiential education comprises approximately one third of the required Doctor of Pharmacy (PharmD)

curriculum, including Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE). During IPPEs and APPEs, students apply the knowledge, skills, and attitudes taught during their didactic courses.[3] Students spend a large amount of time with preceptors during their experiential training. Preceptors are responsible for demonstrating professional tasks and interactions, while facilitating opportunities for learners to practice and grow. Similar to didactic-based work, preceptors assess student performance, provide feedback, and determine if the student meets competency and professional standards to progress in rotations and onto graduation. Preceptors frequently write letters of recommendation for learners or verbally recommend a learner to a colleague for future professional opportunities. This inherent infrastructure creates a power dynamic between the preceptor and student, which may cause some strain on relationships that form during their time together.

Kendrick and colleagues describe conflict between preceptors and learners, noting that most preceptors (60%) and most learners (75%) reported experiencing conflict with a negative impact on their relationship.[4] The learners in this study also reported feeling that the conflict had a negative impact on their performance at a higher rate than the preceptors, while preceptors were more likely to take steps to seek resolution. The higher rates of perceived conflict and feelings of negative performance impact, along with a lower rate of conflict resolution initiative among learners may stem from the power dynamics between

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Table 1

What is the role of the preceptor?

Publication	Roles and Characteristics
ACPE Standards, 2016[2]	• Desire for teaching • Instructing, modeling, coaching, mentoring, facilitating • Self-directed professional development • Accept personal responsibility • Advocate for the profession • Serve as a professional role model and mentor
ASHP: Starring Roles[3]	• Instruct, model, coach, facilitate • Provide criteria-based feedback • Pursue refinement of teaching skills
APhA[4]	• Teacher • Coach • Practitioner • Provider • Faculty member

preceptors and learners.[1] The student/preceptor power dynamic can play a strong role in the student's professional identity formation and learning experience, including but not limited to their general perception of the profession, a practice area, and themselves.[5] Learning environment and treatment of learners has been noted to impact professional identity formation and their ability to function within the profession.[6] The power dynamic may even affect how a student chooses to proceed within the profession, depending on their experiences with a preceptor. Preceptors must be mindful of and acknowledge the power they hold, how students perceive it, and the impact it can have. It is easy to forget what it is like to be a student and the emotions and uncertainty an uneasy power dynamic can create. There are many factors that can contribute to the power imbalance between a preceptor and student.

The authors of this commentary are experienced preceptors in the academic setting (i.e. APPE Directors and clinical faculty) and precept students on clinical rotations. The authors experience with learners spans through varied inpatient and outpatient settings at several institutions and residency programs across multiple states in the United States. Recently, the authors have observed instances in which preceptor and learner power dynamics played an important role in leading to anxiety and frustration in all involved parties. This commentary aims to discuss and address several factors observed by the authors affecting the power dynamic between learners and preceptors in the experiential education setting and how it may impact learning. The authors will discuss past anecdotal experiences with context added by literature. Topics discussed include types of feedback, non-generational differences, and student and preceptor perceptions, followed by a call to action. The goal of this commentary is to highlight the importance of recognizing and managing the preceptor/learner power dynamics that exist to help improve preceptor skills and learner experiences.

2. Student perception of power dynamic

Precepting learners can be a rewarding and fulfilling role for pharmacists. Preceptors can come in a variety of forms from college of pharmacy faculty, community pharmacists, inpatient pharmacists, ambulatory care pharmacists, administrative pharmacists, industry pharmacists, and more. In the United States, it is common for many clinical faculty to have an inpatient or outpatient practice site where they precept students. Additionally, while the learner may be assigned one primary preceptor, often, learners interact with more than one pharmacist on rotations who serve as secondary preceptors or if the learner shadows in a new area as a learning opportunity.

Whether a preceptor has a prior established relationship with the learner can impact the student's experience. For example, an unfamiliar preceptor may provide the opportunity for a fresh slate for students; however, it could also be a source of stress or worry by not knowing the preceptor's expectations in advance. Preceptors may gain a reputation from prior learners regarding if they are fair or unfair, easy or

challenging, kind or rude, etc. These characterizations may then be passed down via word of mouth to future learners who rotate with that preceptor. These practices may influence the learner's perception of the preceptor prior to meeting. For example, some preceptors have a reputation of being especially challenging on rotations, scholastically and interpersonally. This is discussed between graduating classes as a preceptor to avoid or to select as a "badge of honor." Some preceptors enact the "rite of passage" mantra that rotations should be "as challenging (or more) as I had it back in my day."[7,8] This mentality can impede a learner's growth as they may expend their time and energy ruminating on whether the preceptor is challenging with all students or if the conflict is personal.

From the student perspective, conflict between the student and preceptor has been documented in relation to unclear expectations, learning style preferences, and communication.[4] Conflicts may naturally arise during experiential education, which may negatively affect working relationships.[4] Students may lack the experience, assertiveness, or psychological safety to resolve disagreements. They may prefer to just "grin and bear it" when conflicts arise. Some preceptors may feel that conflicts provide a growth opportunity, but learners may feel impeded, discouraged, and unsafe to engage in the discussion of conflict.

Anecdotally, some students may feel more relaxed with a faculty preceptor based on a perceived trans parasocial relationship. For example, the student may know information about the faculty member that the faculty member has disclosed in lab settings or in the didactic curriculum, but the faculty member may not know many details about the student. In a classroom or lab setting, the faculty member may address the class as a whole, know some students by name, but also be less familiar with other students. A familiar preceptor could be a source of comfort if prior interactions have been positive. Contrary, a familiar preceptor may be a source of stress if the student did not perform well in that course or if there was an interpersonal conflict during didactic learning.

Additionally, students may be balancing feedback from multiple preceptors which may be challenging to navigate. Gruenberg and colleagues collated qualitative responses from student pharmacists where one student said, "I had to try to be a certain way for the different preceptors or even different members of the team...or different doctors... almost like a chameleon a little bit..."[3] Students may need to adapt their behaviors for one preceptor but not another based on that preceptor's personal preference. This can be a challenge and impact the student's ability to effectively implement feedback if they feel the feedback from different preceptors is conflicting. This can be navigated if the student discusses expectations with each preceptor to ensure the student is meeting their rotation duties and requirements.

Due to the nature of rotations, learners may feel a need to deliver perfectionism in their patient work ups, patient care experiences, and deliverables. This can be due to the preceptor determining the learner's grade whether it is a letter grade or pass-fail rotation. The added stress can impact a student's ability to perform or recall information on-the-spot for fear of not knowing the answer. Students from underrepresented or minoritized backgrounds may experience stereotype threat, or fear of confirming a stereotype.[9] Underrepresented and minoritized learners who experience stereotype threat may be hypervigilant in their words or actions to avoid being stereotyped. Stereotype threat can lead students to feel anxiety, stumble over their words, and feel uncomfortable being their true selves.[9]

Many times, students are afraid to say, "I don't know." This may be rooted in fear or imposter phenomenon where the student experiences self-doubt regarding their abilities to perform tasks or feeling undeserving of their achievements.[10–12] Another thought is the negative influence of the hidden curriculum in learned behavior which may affect professional growth and not be reflective of practice based expectations.[13] At times this can be mitigated by awareness of these phenomenon and asking the student what they do know about the topic to build confidence and assess their baseline knowledge.

There are times when learners may feel that the feedback received from a preceptor is not actionable.[14] Thus, it is important that preceptors provide specific and actionable feedback to learners. Based on the power differentials between preceptors and learners, learners may be hesitant to provide preceptors constructive feedback.

3. Preceptor perceptions of power dynamic over students

Precepting pharmacy learners often comes with many challenges. Although this manuscript has discussed student perceptions, preceptors should be mindful of the disproportionate power dynamic between the learner and preceptor. The preceptor's assessments heavily weigh on student progression in the experiential curriculum.

Preceptors should be aware of the perceived power dynamic between the learner and their position as the preceptor. Given that "pharmacy is a small world," students may also feel the pressure to perform due to the dynamic of preceptor to learner where the preceptor may be asked to provide a letter of recommendation for jobs or post-graduate training.[15–17] Verbal recommendations are also common when students are applying for jobs or post-graduate training. Preceptors should be cognizant as they are writing these letters or providing verbal recommendations to minimize the use of verbiage related to gender-bias and unconscious biases given their position of power over the learner.[15–18]

The initial rotation expectations and objectives are typically modeled by the preceptor, but there may be a mismatch. If a student is late or dresses too casually, it may be deemed unprofessional; however, if a preceptor does these same things, there may not be any repercussion. The "do as I say, not as I do" mantra without true explanation may leave the learner feeling like the playing field is not even and that the preceptor can abide by a different set of arbitrary rules. The modeling role of precepting may be compromised, particularly if the student does not feel inclined to share their thoughts due to fear of retaliation personally or professionally.

Another example may be tasks designated to students that could be perceived as "busy work" with examples including excessive labeling of medications and restocking inventory. Anecdotally, students have shared their concerns regarding completing "medication reconciliations all day" as a deterrent to selecting certain rotations. These are tasks that pharmacists complete routinely which have tremendous value in patient care. This impact should be shared with the learner; however, it should not be their sole duty for the duration of their rotation. While there is value in performing these duties, it is important to consider the limited timeframe students have on rotation and the need for diverse learning opportunities that meet rotation objectives.

A strategy that has been utilized in medical and pharmacy education to assert power in a learning environment is "pimping."[19–25] Although often described using this term in literature, the authors feel that this terminology is inappropriate and unacceptable as it upholds gendered hierarchies associated with poverty, hostility, and suffering.[20,22] The authors will rename this term "toxic quizzing."[21,22] Toxic quizzing is "the practice of asking trainees questions in a manner that establishes and reinforces a dominant intellectual hierarchy and stresses the trainee."[21] From a student perspective, a barrage of endless challenging questions can often result in humiliation and embarrassment.[19,23] In contrast, Socratic questioning involves asking students questions about a relevant topic with the goal to have them build their knowledge without any intentional or unintentional humiliation.[26]

This begs the question, are preceptors creating a psychologically safe space for our learners?[27] The learner should be comfortable asking questions, making reasonable mistakes, and providing feedback as well as receiving feedback. Preceptors may be unaware of their own nonverbal cues that occur during student discussions such as eye rolling, looking away frequently, or distracting behavior. Some preceptors may compare one student to another in abilities, which may be a biased comparison that is not conducive to a positive learning environment.[27] All of these may give the impression to the learner that they are performing poorly or are not deserving of their preceptor's time and attention. Thus, they may not feel comfortable sharing this feedback and the preceptor's growth will be limited and the precepting patterns will continue.

4. Non-generational differences that affect precepting

Bridging generational gaps in education has been the subject of much discussion and debate; however, additional considerations should be noted that can affect the student-preceptor relationship. Factors including age, gender, socioeconomic status, and cultural background may impact the learning dynamic between the student and preceptor. Demographic information among graduating pharmacists and the general pharmacist workforce reveals that most survey respondents identified as female (61.9%, 62.8% respectively) and white (78.2%, 53.4% respectively).[28,29] The data also showed a large percentage of graduates age 30 or younger (83.7%) compared to practicing pharmacists in the National Pharmacist Workforce Study (NPWS) (15.4%).[28,29] The current demographic landscape of practicing pharmacists may be more representative of the preceptor pool. While there may be nonresponse bias in these surveys, the difference between student and preceptor demographics may impact student success, particularly with younger learners from underrepresented groups.[28]

Preceptors may not have similarities in backgrounds or values with learners. This can lead to communication style differences or personality conflicts.[4,30] A real-world example experienced by the authors involved a nontraditional male student pharmacist who had multiple young Asian female preceptors on APPE rotations. The student communicated his preference to the APPE Directors to work with male preceptors that were older than himself, naming specific white male faculty preceptors who have over 20 years of practice experience. Students are placed at rotation sites based on their clinical preferences list, but the preceptor demographics are not assessed by the experiential team when matching students to APPE rotations. Experiential offices and the Accreditation Council for Pharmacy Education Standards[31] require the exposure of students to diverse patient populations, but should experiential teams evaluate and implement student requests for demographic variability in their preceptors? This may depend on the basis for the request. For example, students should have exposure to a variety of preceptors and precepting styles; however, it may be a slippery slope if requests are rooted in misogyny, racism, or discrimination.

Professional experience such as years of service, post-graduate training, and board certifications in specific practice areas can enhance credibility for preceptors as content experts. Years of experience can come with a deeper understanding of pharmacy practice that students may not experience in the didactic curricula. Additionally, the stage of experience within practice may provide a different lens for preceptors. The authors have personally experienced recent post-graduate residency year 1 (PGY-1) or post-graduate residency year 2 (PGY-2) graduates who have residency-level expectations of students in clinical practice sites. This is not a fair assumption that a student pharmacist can perform at the level of a pharmacy resident. This disconnect may create unrealistic expectations of knowledge acquisition and application from both student and preceptor. The PGY-1 and PGY-2 graduate preceptors may impart this rigorous level of feedback with students due to the intensity of feedback they received in their training.[32] Students may feel intimidated by the preceptor for being experts in their field and discouraged by their own lack of knowledge. As a result, students may be hesitant to approach their preceptors with questions regarding knowledge, workflow, or expectations due to concerns about creating negative impressions.[4] Preceptors who are mindful of this perception can help students understand where they are in their stage of learning and collaborate on actionable goals for rotation progression when appropriate.[27]

Practice areas may also play a role in the learner's experience ranging from community health care settings and teaching based

academic medical centers to roles outside of the patient care arena. Rotation sites that have residency programs can provide an additional element of learner and preceptor dynamics through layered learning opportunities. Tertiary teaching hospitals typically have a higher volume and acuity of patients and multidisciplinary rounding teams that may lend itself to being a more intense, but distinct hierarchal learning environment. Teaching hospital settings often provide formalized preceptor training due to the number of learners on site.[33] Tertiary hospitals may also have more pharmacists in specialized roles. Other hospital pharmacy settings, such as those in rural and international sites, may have variable patient volume and acuity, fewer specialized roles, and varied responsibilities for pharmacists.[34] The learner and preceptor may need to be flexible to balance time dedicated to learning and other tasks as these environments provide different career and development opportunities.

5. Types of feedback between preceptor and student

While on rotation, preceptors and learners are frequently engaged in activities that require observation and/or assessment, followed by feedback. Different types of feedback have an impact on the student-preceptor relationship as well as power dynamic.[35,36] Consider formal versus informal feedback. There is no widely accepted definition for formal and informal feedback.[36] For the purposes of this commentary, we define formal feedback as being given in the setting of a meeting, may or may not be associated with assessment, in a pre-determined time and space (i.e. a meeting to discuss a presentation or the overall performance of the learner). Based on these parameters, formal feedback may be taken more seriously and, by nature, has a power dynamic built in. Formal feedback creates a position of power for the preceptor similar to that of a manager or supervisor providing a performance review. Conversely, informal feedback is provided in a more casual setting, not usually associated with an assessment, and is delivered when convenient or needed. For example, the preceptor provides verbal, real-time suggestions after the student conducts a patient interview, provides patient education, or presents a patient for whom they have assessed and created a plan for during interdisciplinary team rounds. Informal feedback can help to decrease the sense of power when delivered effectively. Both formal and informal feedback are important, as the former can provide a more overarching view while the latter is frequently specific to something that occurred in the moment.

6. Call to action

6.1. Increase awareness to preceptors of power imbalance

The first step to address the preceptor-learner power imbalance is to acknowledge that it exists. Preceptors are in a position of authority over the student and determine the students' rotation grade whether there is a letter grade or pass-fail system in place.[35] It is inevitable that there may be some conflict between preceptors and students overall based on differing expectations, communication styles, learning styles, baseline knowledge of learners, and professionalism.[4] However, the conflict does not have to derail the learning or precepting experience. Preceptors can model how to address unclear communication or how to remediate expectations that are not met. Both preceptors and learners are able to resolve most conflicts with a verbal conversation with the experiential rotation being completed successfully after open conversations.[4] Preceptors can allow the learner to self-reflect on their experience and performance and then build on the self-reflections to provide timely constructive and actionable feedback.

While students typically have some input in rotation selection or preference, they are not guaranteed their first choice for each block. This is an area where a preceptor who is actively engaging in the students learning may be able to intervene. For example, a student may have a budding interest in infectious disease while on their internal medicine

rotation. The student may have requested an infectious disease rotation, but based on schedule availability, they were not assigned an infectious disease rotation. If the preceptor probes the student for additional areas of interest in pharmacy and becomes aware of this interest, the preceptor could facilitate the student spending a half day with the infectious disease pharmacist to learn more about that specialty area. The student can then apply the knowledge from that half day in infectious disease to future internal medicine team rounding days. If the institution does not have an infectious disease pharmacist specialist, the preceptor could help reinforce the student's interest in infectious disease by asking probing questions about the internal medicine cases that have patients on antibiotics. It is important that the student feels psychologically safe stating other interests in pharmacy and making a request for exposure to other pharmacy areas to the preceptor as well. From this example, the student may feel hesitant to disclose this information so as not to make the preceptor feel that they are disinterested in internal medicine.

With open and honest communication, the student may feel more empowered to advocate for themselves and their interests. The preceptor shows their investment in students by connecting them with opportunities and experiences aligned with their interests while still providing a broad and diverse learning experience. Additionally, preceptors should be receptive to request and receive timely constructive feedback on their precepting style, feedback, and rotation experience from the learner to enhance the learners' experience and continue to develop their precepting skills.

In addition to increasing self-awareness of the power imbalance between learner and preceptor, continuing education or sessions focused on preceptor skills may help build preceptor confidence in creating and maintaining positive professional relationships with students.

6.2. Reinforce preceptor training to mitigate conflict

Preceptors often assume the role of mentor and role model. The impact of role models and mentors on professional identity in healthcare students has been well documented.[37] There are common themes to successful precepting skills described in the literature. For example, preceptors who can relate to students' lived experiences along with challenges and concerns are especially successful. In addition, mentors who complete training on racism, bias, and privilege can provide a more global perspective to patient care and precepting.[38] Appropriate training can better support learners throughout their education but may also help preceptors in considering their implicit bias when writing letters of recommendation for applicants.[15] Similarly, years of precepting and formal preceptor training can significantly influence clinical teaching behaviors.[33]

Conflict resolution training could be helpful for preceptors and learners to increase awareness and strengthen this skillset to benefit both parties.[4] In addition, behaviors such as controlling discomfort, reflection, and appropriately expressing emotion may be useful when managing difficult interpersonal encounters.[17] This may have a place within didactic curricula to expose student pharmacists to these skills to be used when they become preceptors. This could be incorporated in a communications course. This may also be included in preceptor training and development within colleges of pharmacy or institutions. It is also essential to create a psychologically safe learning environment to enhance student learning. Learners should feel comfortable discussing concerns regarding their experience and learning without fear of detriment to their reputation. Addressing issues in a timely fashion can resolve misaligned communication, expectations, and other concerns that could negatively impact the preceptor-learner relationship.[39]

Learners should also feel secure in verbalizing their questions and concerns to their preceptor without fear of repercussions. Important attributes for preceptors in this space include effective communication, openness, inclusivity, and collaboration.[27] For example, in nursing education, the literature has shown that nursing preceptors "enhanced the achievement of learning outcomes by welcoming and orienting students

to the clinical environment, involving students in patient care as well as having a positive attitude towards them."[40] Based on this precedence, we may expect that student pharmacists who experience skillful precepting, may have a higher level of skill acquisition which may positively contribute to patient care outcomes on rotation and in future practice. The preceptors provide a safe space for open communication, which has been shown in healthcare teams to improve patient outcomes.[41]

Although requirements exist for pharmacy preceptor continuing education, formalized training with colleges of pharmacy or within institutions are not often provided or required beyond policies and procedures. This can open a dialogue on the importance of thoroughly training preceptors holistically and the potential positive impact on students.

6.3. Interplay between preceptor and student feedback

Anecdotally, students may not realize that informal feedback is feedback that the preceptor wishes for them to implement for future activities. Therefore, it can be helpful for preceptors to explicitly state when they are delivering informal feedback to avoid the student feeling surprised if they are not improving in a skill. Formal and informal feedback are both necessary in experiential learning, and preceptors should strive to find a balance between the two.

The way a preceptor delivers feedback can have profound impact on the preceptor-student relationship and power dynamics. Supportive feedback, which fosters a positive preceptor-student relationship, has shown to encourage students and provide a better learning environment that elevates student confidence.[35] However, similarly to informal feedback, there is a limit to the effectiveness of supportive feedback if the message is not properly conveyed or if the feedback is "sugarcoated" using the sandwich feedback method.[42,43] Students may not realize that supportive feedback is important to incorporate into their work if it is not direct enough. Stern or demeaning feedback from a preceptor, whether purposeful or accidental, may diminish the preceptor/student relationship, worsen the learning experience, and negatively impact student outlook.[35] For example, a preceptor may inadvertently laugh or roll their eyes while listening to a student patient presentation before rounds. These actions can profoundly affect the student's self-confidence as well as make the student feel inferior in the eyes of the preceptor.[27] One simple, possibly accidental, action or body language may provide demeaning nonverbal feedback to the student leading to interpersonal tension.

6.4. Empower students to provide feedback to preceptors in light of the power dynamic

It is vital for preceptors to realize that they are not infallible and can improve, not only in clinical practice, but also in mentoring and precepting. One way to accomplish growth as a preceptor is to receive feedback from learners, in the same way learners receive feedback from preceptors. Preceptors should solicit feedback from learners periodically during the rotation to remedy any areas of mismatched expectations or miscommunication. While rotations are often regarded as learning experiences for students, preceptors should also be receptive to feedback to ensure both parties' needs are being met. If formal feedback occurs weekly, the preceptor may also guide students to provide the preceptor feedback on their precepting style or the activities that the student has been assigned. The skill of precepting is subjected to lifelong learning as are the clinical and administrative pharmacist duties.

While not studied directly in student pharmacists, literature in medical residents describes how residents recognize the power differential with their preceptors and this impacts their willingness to provide feedback to preceptors.[14] For example, the medical residents had concerns of losing their residency position by providing feedback to preceptors[14]; thus, within pharmacy education and training, the preceptor-

student power dynamics may impede the feedback learners give to preceptors. Learners should not be fearful to help preceptors improve or guide them on how to provide more useful and personalized feedback to their learners. The purpose of precepting is to help learners grow and strive for a higher level of knowledge and skill. Preceptors must recognize that learners are the key players in experiential learning and that their feedback is valuable for the preceptor and their future learners.

Preceptors are also responsible for developing learners' growth in mentorship and dedication to the pharmacy profession. Current learners are future preceptors. Learners gain more than clinical skills and knowledge from observing preceptors; they also learn how to interact with and teach others. Modeling is a vital role for preceptors, and this includes modeling effective precepting and teaching skills.[44] Anecdotally, pharmacists reflect on past preceptors who have shaped their practice and precepting style. Some take the "rite of passage" mindset when they encounter a demanding situation or preceptor. In this fixed mindset, the preceptor feels that the way they were taught is the only way to become a good pharmacist, even if it is unnecessarily stressful. The rite of passage approach to precepting is unfortunately perpetuated from generation to generation. These preceptors are often closed off to feedback from students and colleges they precept for. The inability to accept feedback, though they expect their learner to accept feedback, leads to a negative learning environment where the learner may be afraid to speak up when struggling. Learners who encounter this precepting style adopt or reject it depending on their viewpoints and experience. Those who reject it will use their experience as an example of how not to precept, which may make them more open to asking for and receiving feedback from learners.

Preceptors should model lifelong learning and a dedication to growth for their learners. One way to do this is to request feedback from the learner regarding teaching methods, rotation setup, and feedback provided.[45–48] As with any skill, practice, self-reflection, and feedback help facilitate development of precepting.[49–51] Naturally, learners often fear providing direct feedback to their preceptors, as it could place a strain on an existing relationship or lead to retaliation if delivered or taken improperly.[14] It is important as a preceptor to open the lines of communication with learners so they are comfortable providing constructive feedback. The messages they convey can be beneficial, not only for the preceptor, but also to the remainder of their rotation by providing insight into their own learning preferences.[14]

Feedback on feedback may be a great method to incorporate and encourage input from learners. This method is beneficial in multiple ways: 1) it forces the learner to reflect on the feedback being provided to them by the preceptor; 2) it gives a specific task for the student to provide feedback on, helping to avoid vague feedback that may be less helpful; and 3) it provides the preceptor with a specific skill, providing feedback, to adapt and improve. Another way to request feedback from learners is to make a brief questionnaire that each learner can use at the designated points of their rotation. The questionnaire can be discussed verbally or submitted to the preceptor as a physical or electronic document. Easy designated points include the end of each week, midpoint in the rotation or at the end of the rotation. It may be beneficial to ensure that the learner's evaluation is completed and submitted prior to receiving end of rotation feedback, as this will encourage honesty with less fear of retaliation.[52] One drawback of only receiving constructive criticism at the end of the rotation is that it will not benefit the current learner.

7. Conclusion

Preceptors are instrumental in training pharmacy learners during didactic learning, experiential learning, and post-graduate training. Feedback should be multidirectional between preceptor and learner to enhance the experience for both parties. Preceptors should keep generational, gender, cultural, and other factors in mind when providing feedback to ensure the feedback is specific and actionable for the best

learning opportunity. Preceptors should also elicit feedback from learners to ensure the experience meets the needs of the learner and allows corrective action if needs are not being met. When preceptors provide constructive feedback and a safe learning environment to learners, and are aware of the power dynamic, they create a collaborative team with clear communication that has been shown to enhance patient care.

CRediT authorship contribution statement

Shane Tolleson: Writing – review & editing, Writing – original draft, Supervision, Conceptualization. **Mabel Truong:** Writing – review & editing, Writing – original draft, Conceptualization. **Natalie Rosario:** Writing – review & editing, Writing – original draft, Supervision, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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