Management Consultation

Conflict resolution strategies between preceptor and resident—A case-based scenario

Preceptors play a critical role in the education of pharmacy students and residents in the practice setting. Preceptor development programs are necessary to facilitate continued advancement of preceptors’ teaching skills and ensure the quality of instruction provided. The American Society of Health-System Pharmacists (ASHP) and the Accreditation Council for Pharmacy Education have recognized the importance of including such programs in their accreditation standards for practice sites. ASHP specifically requires residency program directors (RPDs) to ensure that an adequate preceptor development plan is in place (principle 5, requirement 5.2). In August 2012, the ASHP Commission on Credentialing reported that 53% of postgraduate year 1 (PGY1) and 45% of postgraduate year 2 residency programs do not have adequate preceptor development or the RPD does not have a plan for improving the quality of preceptor instruction. Pharmacists receive little formal training in providing education to trainees in the clinical setting; rather, it is usually something that is learned and developed over time and with experience. Formalized development of these skills may be expedited through the use of case-based scenarios.

Because of its nature, the preceptor-trainee relationship is not immune to conflict. While preceptorship generally provides a positive experience for the trainee and preceptor, one study found the incidence of conflict to be more widespread than anticipated. Real-time resolution of conflicts often fails to occur due to various reasons, including an unwillingness to devote the time necessary to resolve a conflict. Preceptor development should include training in effective communication and conflict-resolution skills.

Program directors may desire to have a process (policy and procedure) in place to effectively resolve conflicts that arise. Failure to address difficult issues often leads to dissatisfaction of both the preceptor and the trainee and can create an uncomfortable learning environment.

As case-based teaching has become the standard in clinical pharmacy education, it may be beneficial to use this format for training preceptors and program directors in conflict resolution. Based on this concept, we created a case-based scenario that highlights a difficult situation and provided thoughts about its potential resolution.

Scenario. You, the RPD, receive a telephone call from a preceptor, Nancy. Nancy reports that she has been having difficulties during the first week of the rotation with one of the PGY1 residents, Sasha. It is the second week of the monthlong rotation. Nancy cites that Sasha does not have a good attitude, leaves the rotation early, is inflexible, and complains about the workload. Nancy informs you that she
was involved in a very heated discussion with Sasha, and she told Sasha to “go home and not come back.” She tells you that she refuses to have Sasha on rotation and that you need to find Sasha another preceptor.

Shortly after Nancy hangs up, you receive a frantic telephone call from Sasha, who is very upset. She informs you of her heated argument with Nancy and says Nancy has been placing unrealistic demands on her that she “does not know how she will meet.” Sasha informs you that Nancy is very demeaning and disrespectful toward her. She states that she and Nancy have a significant personality conflict, and she does not see any compromising on Nancy’s part. Sasha said that Nancy has made some derogatory comments toward her since the first day of the rotation. Sasha is now contemplating quitting the residency, especially if this kind of treatment persists. Sasha is not the first resident that has had difficulties with Nancy; in fact, she is the second resident in the past year that has been involved in an argument with Nancy. What course of action should you, as the RPD, take?

Immediate solution. The RPD should focus on immediate de-escalation of the conflict and on long-term solutions if Nancy and Sasha are found to have patterns of poor performance or behavior. De-escalating the situation is a vital first step toward conflict resolution between Nancy and Sasha. Nancy, the preceptor, is obviously angry, and it would be advantageous to let her “cool down” before addressing the situation directly. The RPD should inform the resident and the preceptor that he or she wants to hear both sides of the situation and gather the facts. The RPD should meet as soon as possible (in person, preferably) to allow Sasha to tell her side of the story. The RPD may want to ask Sasha some probing questions to better understand the circumstances. For example, What led to the argument? Were there any triggers that sparked the conflict? Were there any other facts to support the notion that the expectations placed on Sasha were “unrealistic?” What specific derogatory comments were made?

Once the RPD feels that Sasha has adequately answered the questions, he or she should meet with Nancy to allow her to tell her side of the story. Questions the RPD may want to ask Nancy include the following: What are your expectations of Sasha? What time does Sasha arrive and leave each day? Is the work completed when Sasha leaves? Can you provide specific examples of where Sasha has not been flexible or specific complaints that Sasha has voiced? Have you documented these behaviors? Did you address Sasha’s behaviors when you first noticed them? Fact gathering can assist the RPD in assessing Nancy’s expectations and determining if they are unrealistic to accomplish in the time allotted.

Other questions the RPD may want to consider are as follows: Is Sasha unwilling to compromise, or does Sasha believe that Nancy is unwilling to compromise? Has there been a pattern of bad behavior or substandard performance by Sasha?

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What were other residents’ experiences with Nancy in the past? The RPD should consider a careful review of residency evaluations for both Sasha and Nancy. Have other preceptors noted difficulties with Sasha? Have other residents hinted at conflict with Nancy? The RPD who is better informed of the facts will be in a better position to make decisions on the next steps to take with Sasha and Nancy.

After having discussions with both parties individually, the RPD may consider having a meeting with both Sasha and Nancy present. Acting as the moderator, the RPD can review the facts and allow both parties to communicate their feelings in a controlled and stable environment. This meeting may not be advised if Nancy or Sasha continues to act in an unprofessional manner. Finally, it is important for the RPD to document these events in detail, as documentation can serve as key evidence in assisting a committee in determining a future course of action. If, after initial meetings with both individuals, the rotation needs to be halted due to an apparent impasse, the resident could be assigned to her previous rotation until the residency advisory committee can recommend a permanent resolution.

**Long-term solution.** The RPD should follow the residency program’s specific policies and procedures to guide the next course of action and inform the residency advisory committee (or some other governing body of the residency program) of the situation with Nancy and Sasha. The committee should review past preceptor and resident evaluations of both Nancy and Sasha, respectively. Are there indicators that there is a history of poor performance on Sasha’s part? Have other residents commented on Nancy’s unrealistic and demanding expectations? If there has been a pattern of poor behavior by Nancy or underperformance by Sasha, it should be taken into consideration by the governing committee. The committee may also want to determine the future status of Nancy’s precepting privileges. It is important for programs to have policies and procedures in place that outline the requirements and expectations of preceptors and residents (e.g., code of conduct). For example, a preceptor development program can serve as the framework for approving preceptors and also communicating preceptor expectations. Preceptor performance should be reviewed annually by the residency’s governing body.

Resident expectations should be clearly outlined during resident orientation and in the learning experience descriptions. Preceptors should orally review these expectations and have confirmation that the resident understands the expectations of the rotation and associated consequences for poor performance or behavior. Feedback should be calmly and professionally provided to the resident on an ongoing basis, and the resident should be given a chance to improve his or her performance. If the resident’s performance does not improve, then the preceptor should consider documenting this on a midpoint evaluation. If poor performance or behavior persists, the preceptor should discuss the situation with the resident and the RPD.

Coaching is a valuable tool for both the preceptor and the resident. The RPD should ask many questions, leading individuals to focus on the facts and behaviors to devise alternatives for solving such encounters in the future. If the RPD finds a resident’s actions to be egregious, then a resident development plan may be necessary. Scenarios such as this one can be used as topic discussions to teach preceptors how to approach and resolve these types of situations. Some hospitals’ human resources departments offer classes that train employees in coaching and conflict management, and these classes may be beneficial for preceptors or other pharmacy staff to attend. Most importantly, the corrective course of action should be a learning experience for all involved. If the issues are ultimately related to communication, discuss the importance of communication and related expectations to minimize these issues in the future.

This scenario provides an opportunity for preceptors and program directors to consider a difficult situation and reflect on their own course of action if faced with a similar problem. Such reflection is a valuable tool in the development of critical thinking skills and managerial conflict resolution.


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