Managing multiple residents with incongruent personalities: A case-based scenario for the new preceptor

The transition from residency to practice is ripe with challenges, such as learning a new medication distribution system, establishing relationships with other health care providers, becoming familiar with insurance plans and reimbursement, learning to navigate drug shortages, and moving to another city. As new practitioners become comfortable with their practice, they are often required to serve as a preceptor to pharmacy students and residents. Not all pharmacists are natural teachers; teaching is a skill that requires cultivation and development. The American Society of Health System Pharmacists (ASHP) and the Accreditation Council for Pharmacy Education have recognized the importance of including preceptor development in their accreditation standards for practice sites. ASHP specifically requires residency program directors to ensure that an adequate preceptor development plan is in place. Preceptor development varies across organizations, geographic locations, institutions, and colleges. Unfortunately, some new pharmacists receive little formal training in educating trainees. At the core of any teaching methodology is effective communication, setting clear expectations and resolving problems when needed. We created a case-based, real-world scenario to help new practitioners develop these skills. This particular scenario highlights a common issue in pharmacy: serving as a preceptor to multiple residents simultaneously when conflict arises. The scenario offers our ideas for resolution, but they are by no means the only solutions possible.

**Scenario.** You are a generalist pharmacist in a large hospital and began serving as a preceptor to students and residents three months ago. You usually take only one postgraduate year 1 (PGY1) pharmacy resident on your internal medicine rotation at a time, but, due to scheduling issues, it is requested that you take two in one month. Since there are multiple general medicine teams, you think you can work something out and agree to do it.

For the first week of the rotation, you have both residents round with you so that they can become acclimated. Resident A is very talkative and outgoing on rounds; however, some of his recommendations seem to be guesses more than evidence based. Resident B barely says a word in front of everyone else, but when you ask him questions one-on-one, he seems to be very intelligent with well-developed thought processes. For the rest of the rotation, you send the residents to round with one team and you round with another. During patient presentations and topic discussions, resident A often overtakes the conversation and answers all of your questions. Resident B stays very reserved, but the written work he produces is of a much higher quality than that of resident A. It is time for the midpoint evaluation. You inform resident A that you admire his enthusiasm but would like for him to let the other resident participate. He tells you he would be glad to but believes resident B is so awkward that he doesn’t think he will ever speak up. You inform resident B that you would like to hear him speak up more in front of everyone, and he tells you that he’s intimidated by resident A.

How do you proceed? What future changes would you make to the rotation to accommodate multiple residents?

**Resolution.** Having more than one resident on a rotation can be challenging, especially if they have very different personalities. Before the rotation starts, it is wise to obtain feedback from other preceptors who have had residents A and B on rotation, as this will assist you in anticipating what types of coaching and mentoring are needed. The current preceptor should reach out to the program director to assess a pattern of problematic behavior. Likewise, program directors should inform upcoming preceptors if there has been a pattern of problematic behavior. Resident A is the typical resident who wants to impress everyone but, because he does not have all of the knowledge to...
do so, he tries to gain the respect of others through communication skills. Resident B is more conservative and knowledgeable but needs some coaching in being assertive. Sitting down one-on-one with each resident is a good place to start, but it is also a good idea to meet with the residents on the first day of the rotation and ask them to identify their personal strengths and areas for improvement.

During this meeting, probing questions should be asked of residents A and B (e.g., How do you feel others perceive you or rate your knowledge base on a scale of 1–5, where 5 is the most knowledgeable and 1 is the least knowledgeable? What one personal aspect would you like to improve by the end of the rotation?). Questions such as these will give the residents something to focus on (rather than having residents being concerned about each other) and will give the preceptor a benchmark by which to assess resident improvement throughout the rotation.

In resident A’s situation, it is very important to help him understand how he may be perceived by the medical team, stressing that if he is perceived as lacking knowledge, he may lose credibility with the team if he tries to cover up his weaknesses. You might recommend to resident A ways to improve his knowledge base and offer communication strategies to elevate his credibility.

In resident B’s situation, you should identify ways to help resident B realize that he is very knowledgeable. Once resident B realizes his strength, you can offer the resident guidance on how to become more assertive.

Informing both residents that their focus needs to be on patient care may take the competing nature out of resident A and make resident B feel more comfortable around resident A. As their preceptor, you should make the expectation clear at the beginning of the rotation that the residents’ primary focus should be patient centered and that they should work as a team to ensure that their patients are receiving optimal care rather than focusing on how their counterpart is performing on the rotation.

If the desired results are not achieved after trying several of these approaches, you should contact the residency program director for guidance, which may include a meeting of the individual residents, the preceptor, and the program director.

Creating a win-win situation by focusing on each resident’s strengths and areas for improvement while mentoring and coaching are keys to success. At the beginning of a rotation, the baseline expectation should be established that residents work together for the primary goal of optimizing patient care. This may help to discourage the often natural tendency for competitiveness when two residents are on a rotation together.


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