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Research Note

Preceptor confidence and engagement in providing leadership activities to students in advanced pharmacy practice experiences

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ABSTRACT

Introduction: Preceptor perceptions about providing leadership activities during the fourth year of the doctor of pharmacy curriculum were examined.

Methods: An anonymous questionnaire was sent electronically to 610 preceptors of fourth year doctor of pharmacy students in August 2015 inquiring about confidence in leadership ability, extent of student engagement in leadership activities, and preceptor support needed. Differences based on leadership background, such as formal training, were examined using independent *t*-test. Continuous data are presented as mean (standard deviation). P-value < 0.05 was considered significant.

Results: Survey response rate was 28% (n = 171). Preceptor confidence in ability to provide leadership activities was 7.38 + /−1.66 [0–10 Likert scale; 0 = cannot do at all, 10 = highly certain can do]. Preceptors were most confident teaching that leadership comes from those with and without titles (8.48 + /−1.64) and least confident engaging students in advocacy (5.41 + /−3.02). Preceptors were most likely to engage students in collaboration [3(1–4)] and least likely to involve them in advocacy [1(1–4)] (measured from 1–4 with 1 = never and 4 = very often). Preceptors with formal leadership training demonstrated higher confidence and more engagement with involving students in leadership activities than those without training ($p < 0.05$). Examples of common leadership activities shared by preceptors included experiential clinical activities and projects, teaching opportunities, discussions with leaders, and participation in meetings. Leadership training and development was the most requested type of support by preceptors (n = 23, 13.5%).

Conclusion: Preceptors were overall confident about their ability to provide leadership activities, were involving students in some leadership activities, and had the least confidence and engagement in involving students in advocacy. Preceptors may consider increasing engagement in teaching student leadership skills by utilizing examples in this study. Colleges of pharmacy and organizations may collaborate to increase preceptor access to formal leadership training programs and offer preceptor development programs designed to enhance preceptors' abilities to facilitate student leadership experience, reflection on experience, and feedback.

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Introduction

The recognition of the need to develop successful clinical and executive leaders in pharmacy is expanding and parallels a growing significance of leadership development in pharmacy curricula.[1,2] The 2016 Standards from the Accreditation Council of Pharmacy Education explicitly state in Standard 4 that pharmacy programs must impart to their students leadership abilities that allow them to "demonstrate responsibility for creating and achieving shared goals, regardless of position."[1] Incorporating leadership education into all elements of the curriculum has been encouraged by national pharmacy organizations, such as the American Society of Health-System Pharmacists and American Pharmacists Association.[3,4]

There is an array of options to provide leadership instruction to pharmacy students, such as didactic courses, co-curricular activities, seminars, workshops, retreats, and experiential training.[5,6] Experiential education may provide opportunities for students to develop leadership skills through participation in active leadership. Leadership theorists, such as Posner and McCall, endorse that students cannot become effective leaders without "doing" or exercising leadership.[7-8]

A growing body of literature describes the role of experiential education in leadership development. Twenty-six leadership instructors participated in a modified Delphi process to define student leadership instruction in pharmacy, and one of the resulting guiding principles states that leadership development should take place in a wide variety of settings, including the experiential curriculum.[9] Further, a recent survey of colleges and schools of pharmacy found that half of introductory pharmacy practice experiences (IPPEs) and 75% of advanced pharmacy practice experiences (APPEs) had leadership and/or advocacy objectives. The time devoted to these objectives and the number of students eligible to enroll varied.[10] Several pharmacists, who as students participated in the 2008–2009 Argus Commission Report on leadership development in pharmacy, reconfirmed the Commission's recommendation to include leadership development throughout the curriculum.[11-12] They noted that multiple opportunities for learning outside of the classroom should be provided to students to practice their skills, such as opportunities to expand pharmacy services, conduct research, and participate in policy development in IPPEs and APPEs.[11]

While the awareness of the role of experiential education leadership training is expanding, there is a gap in the literature concerning preceptor perceptions about experiential leadership development activities or the types of leadership development opportunities currently offered in experiential education settings. The purpose of this study was to determine preceptor perceptions regarding their self-efficacy[13] in precepting leadership development activities and the level of student engagement in leadership activities offered in experiential settings in the fourth year of the doctor of pharmacy curriculum at University of North Carolina (UNC) Eshelman School of Pharmacy.

Methods

This study was determined to be exempt from review by the university's Institutional Review Board. An electronic survey was sent to all active preceptors of UNC Eshelman School of Pharmacy fourth year pharmacy students across the state of North Carolina for academic year 2015–2016 (n = 610). The survey was developed and tested by the research team, which included experiential leadership and preceptors, and was designed to collect data about demographics, leadership self-efficacy, frequency of leadership engagement, and preceptor support needed to deliver leadership development activities for students during APPEs. Demographics included gender, number of students precepted per year, number of years precepting, number of years practicing, education experience, formal leadership training experience (e.g., executive coaching, classes), informal leadership training experience (e.g., discussions with a leader, reading books on leadership training), and APPE type. For each of the 11 leadership activities identified by Janke et al.[14] as core leadership competencies in pharmacy education, preceptors were asked to indicate their own self-efficacy in precepting (measured on a scale from 0 to 10, with 0 = cannot do at all and 10 = highly certain can do) and frequency of engaging their students in leadership activities (measured from 1 to 4, with 1 = never and 4 = very often). Four additional leadership activities vetted through the research team were included and measured using the same scales: advocacy, research, policy development, and expansion of clinical services. Advocacy was added based on a report of the American Association of Colleges of Pharmacy (AACP) Curriculum Change Summit describing advocacy as one of the most important competencies for the future of pharmacy in order to affect change within our profession.[15] Recognizing other roles of clinical pharmacists outside of patient care, participation in scholarship to advance human health and health care and policy development were included based on 2014 American College of Clinical Pharmacy standards of practice for clinical pharmacists.[16] Expansion of clinical services was included due to the demand to develop and implement sustainable business models for pharmacists.[17] Preceptor needs for APPE leadership development opportunities were collected via open-ended text box. All data were collected anonymously.

All quantitative data analysis was performed in SPSSv22 (IBM, Armonk, NY). Descriptive statistics were used for all survey items. Cronbach's alpha was calculated for the 15 self-efficacy items and 15 frequency items, with $\alpha > 0.80$ indicating analysis of an aggregate measure to be appropriate. Differences between those with postgraduate training that indicated inclusion of formal leadership training (i.e. residency or fellowship training and formal leadership training) and all others were examined using independent *t*-test for self-efficacy items and Mann-Whitney *U* test for frequency items. Bivariate relationships were examined for demographic/experience variables and self-efficacy or frequency items using Spearman's correlation (ρ). Continuous data presented as mean + /- SD and ordinal data presented as median (range). P-value < 0.05 was considered significant.

Qualitative content analysis was performed on data from free-text responses to survey questions.[18,19] Two investigators systematically reviewed the responses independently, iteratively sorting them into common categories using constant comparison method.[20] The consensus on category labeling and coding of each response was achieved through a series of discussions supported by detailed coding memos and notes. This thorough documentation of the coding process and rationale for key decisions also served to

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