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Currents in Pharmacy Teaching and Learning 6 (2014) 759–766

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Research

## Development of faculty mentor teams in a pharmacy practice department

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### Abstract

**Objective:** This article will describe the implementation, development, and success of mentor teams for junior pharmacy practice faculty over a three-year period in a large, multi-site pharmacy practice department.

**Methods:** Overall, 19 mentor teams consisting of one junior faculty member, two senior faculty members, and the junior faculty member's supervisor were implemented in 2010. Assignments were made based upon survey results from all department members inquiring about mentoring needs and requests. In 2011, faculty members were asked about changing their mentor teams and for general feedback regarding the program. In 2012, faculty mentors completed a detailed survey questioning the mentor team process, activities, and outcomes.

**Results:** Survey response rates were 93.9% or higher. Overall, 15 (94%) mentees stated the teams were helpful and 90% of faculty members requested no change to the mentor team. The teams were described as "somewhat successful" or "very successful" by 87% of faculty members. The top areas in which junior faculty stated they improved upon with assistance from the mentor teams were APPEs, promotion, and scholarship. Six (75%) faculty members stated the mentor team approach helped them achieve a successful promotion.

**Conclusion:** The implementation of multi-member, peer mentor teams have provided success for junior faculty members of a pharmacy practice department dispersed throughout a state. Surveys inquiring about mentees' mentor needs and mentors' strengths are essential in forming well-matched teams.

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**Keywords:** Mentor; Mentorship; Faculty; Pharmacy; Health sciences

### Introduction/background

Mentor and mentee relationships are commonly discussed in the academic pharmacy faculty arena. Junior faculty members are encouraged to self-identify and use mentors to assist their development into a senior faculty

member. Mentorship may be a formalized program within a school of pharmacy or may be an informal process between faculty members of the same or different institutions. Mentoring of faculty is a requirement of the current guidelines of the Accreditation Council for Pharmacy Education; however, it remains each school's responsibility to design an effective system for their faculty.<sup>1</sup>

Numerous models exist for establishing a successful mentoring program, but the ultimate design of a program must be consistent with an institution's mission, goals, and culture. Currently, it is unclear in the pharmacy literature

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which model is best for encouraging scholarship productivity, faculty morale, and fostering success during the promotion and/or tenure process. A white paper on creating faculty development programs for pharmacy practice faculty published by the American College of Clinical Pharmacy (ACCP) suggests that a comprehensive mentoring program should contain the following two major components: (1) formal mentoring for the first three years of an academic career and (2) continuation of informal mentoring during any time of the faculty member's career.<sup>2</sup> Formal mentoring programs generally assign mentees to specific mentors and focus on well-defined areas such as teaching, scholarship, professional abilities, and service. Essential components of formal mentoring programs include explicit guidelines describing the roles and responsibilities of the mentor and the mentee, procedures for determining who can be mentors, and the process for determining mentor–mentee pairs or groups. Various mentor-to-mentee ratios have been described in the literature, although one-on-one mentoring relationships are the most common. A formalized mentor program, matching colleagues in a one-on-one assignment during the first year of a faculty member's appointment, has been described in the pharmacy literature.<sup>3</sup> In this model, the mentees transitioned in the second year to "peer advisory teams," which provided the mentee with two advisors/mentors. Informal, self-selected, or naturally occurring mentoring programs appear to be more widespread than formal programs and usually target areas based upon the needs of a specific mentee.<sup>2</sup> A lack of data exists in the pharmacy literature measuring the outcomes of different types of mentoring programs, although it has been observed in other disciplines that informal mentoring is generally ineffective.<sup>4</sup> Successful peer mentoring involving groups of junior faculty members has also been reported in the academic medicine literature, but not in the pharmacy literature.<sup>5,6</sup> This group style involves the pairing of several junior faculty members with one senior faculty member. However, mentor teams designed with multiple senior faculty matched with one junior faculty can offer aspects such as mentoring to multiple focused areas and providing the perspectives of several promoted faculty.

A literature search was conducted using PubMed, MEDLINE, (1946 to November 8, 2013), and ERIC (1986 to November 8, 2013) searching for published faculty mentor programs in health sciences disciplines. No health discipline was excluded. In addition, reference citations from publications were reviewed. Our literature search revealed no publications in any health professional area using a mentor team methodology. This type of mentoring program is unique and innovative in pharmacy practice because it is a team-based approach in its entirety starting with the enrollment of mentees during the first year of the faculty member's appointment.

### **Rationale and objectives**

At the time of program development, no formal mentoring program existed within the University to meet the needs

of non-tenure, junior clinical track faculty members. The purpose of this article is to describe the implementation, development, and success of a unique type of mentor team for junior faculty over a three-year period in a large, multi-site pharmacy practice department.

### **Methods**

In the modern era, the pharmacy school is divided into the following three departments: the Departments of Pharmacy Practice, Drug Discovery and Delivery, and Health Outcomes Research and Policy. The Department of Pharmacy Practice is the largest of the three departments with 39 full-time faculty members and seven full-time staff members. In addition to the main campus, there is one satellite campus where first-, second-, and third-year professional pharmacy students are educated using videoconferencing technology. Five different regional sites throughout the state of Alabama are used as clinical practice sites to precept fourth-year professional students for advanced pharmacy practice experiences (APPE). Full-time faculty members reside at each of these sites and provide pharmacy practice services in addition to serving as student preceptors.

Because of multiple regional sites and geographic distances, developing mentor teams to promote faculty member interactions was a difficult challenge. Mentor teams consisting of one junior faculty member, two senior faculty members, and the junior faculty member's supervisor were first implemented in 2010. Prior to 2010, mentors were assigned to new faculty members by the Department Head on a one-to-one basis without mentor or mentee input. This approach failed to stimulate personal and professional growth of the mentees, appearing to be associated with low job satisfaction and poor faculty retention. In an attempt to modify the process, the department's administrative team determined the need for multiple mentors for each junior faculty member. To create the mentor teams, assignments were made based upon electronic survey results from all department members inquiring about mentoring needs and requests. Junior faculty members were asked to rank the following areas of interest for mentorship: APPE (clerkship rotations), Classroom Teaching, Scholarship, Writing, Research, Practice, School/University Service, Professional Organization Service, or Other. Senior faculty members were asked if they desired to be a mentor and if they desired potential areas of experience/expertise (as previously listed). All faculty members were provided an opportunity to request specific mentors or mentees within the department and were also asked if they wished to have a mentor from another department within the school of pharmacy. All faculty members were asked to provide information on their practice site and patient population served by their outreach practice (i.e., inpatient vs. outpatient setting). Faculty members were also asked to identify their general practice area from a list of options (e.g., internal medicine, critical care, and family medicine). The department's administrative

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