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Opinion

## An initiative to transition new faculty from resident to residency preceptor through direct mentorship

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### Abstract

Newly hired faculty members coming directly from post-graduate year 2 (PGY2) residencies often need time to acclimate to the routine responsibilities of a faculty position. The objective of our case study was to describe and evaluate preceptor mentorship as a method for acclimation of a new faculty member to the role of a residency preceptor. An American Society of Health-System Pharmacists (ASHP) accredited PGY2 Ambulatory Care Residency Program piloted an approach to prepare a new preceptor. Several steps were taken to ensure a positive transition into this role. The new preceptor took part in our preceptor development activities by attending our College's annual preceptor development workshop, our program's annual preceptor retreat, and quarterly preceptor meetings to discuss resident-customized training plans and preceptor development topics. Finally, the new preceptor was partnered with a more experienced preceptor to combine their two practices into one two-month outpatient adult medicine learning experience. The mentor provided precepting strategies and guided the new preceptor's planning. Pre- and post-assessment surveys from the new preceptor, in addition to resident evaluation scores, were used to gauge success of her transition. Preceptor preparation is a key factor to the success of a program. New preceptors may initially struggle with various aspects of precepting residents. Through direct mentorship and partnership in experience development, this endeavor seems to have better positioned new faculty to successfully transition into the role of a preceptor. These observations will inform us and others to future approaches to consider when making additional incremental changes associated with quality improvement of residency programs.

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Newly hired faculty members often need time to acclimate to the routine responsibilities associated with a faculty position. Many studies describe the benefits of a mentoring program to help the acclimation process.<sup>1–5</sup> Fuller et al.<sup>1</sup> emphasize the importance of creating an environment for new faculty that encourages participation, provides support and guidance through activities such as a

formal orientation session, and establishes mentor/mentee relationships. Furthermore, they state that effective mentoring is one of the most critical components associated with new faculty retention. Mentoring has been described as “grossly under-appreciated and under-utilized in helping people develop effectively.”<sup>2</sup> A white paper by Boyce et al.,<sup>6</sup> published by the American College of Clinical Pharmacy, emphasizes mentoring as an integral component of a comprehensive faculty development program with both mentor/mentee self-assessments and peer assessments. Mentoring should provide both career and psychosocial functions and therefore allow the mentee to grow both professionally and personally.<sup>1</sup> Formal guidelines for

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mentoring are not available, and both formal and informal approaches have been used. Many formal mentoring programs have been described in which a senior faculty member is assigned to mentor a junior faculty and have had mixed results on the success of these programs.<sup>1</sup> The advantage of this assignment, however, is time and structure; whereas an informal program would potentially take more time for the mentee to identify a mentor and develop a relationship. A formal program has the advantage of providing the mentee with confidence and foundation to then go seek out other mentors who have similar interests.<sup>1</sup> There have been several studies that demonstrate the benefit of mentorship in the areas of scholarly endeavors and teaching to reduce apprehension, to reduce job turnover, and to increase the likelihood of success.<sup>1–5,7</sup> For example, the Massachusetts College of Pharmacy and Health Sciences School of Pharmacy, Boston, implemented a mentoring program in which faculty participants reported improved abilities in the management of scholarly related activities.<sup>8</sup> The St. Louis College of Pharmacy implemented a faculty academy that addresses multiple aspects of an academician's role (e.g., classroom discussions, experiential teaching, and scholarship).<sup>9</sup> These programs were broad in scope and were not associated with specific outcomes.<sup>7</sup> A study conducted by the American Association of Colleges of Pharmacy, which evaluated many aspects of faculty development, found that the most commonly reported topics of discussion between mentors and mentees included research agendas, classroom teaching, and balancing responsibilities.<sup>10</sup> Review of the literature, however, revealed no information on mentoring approaches for new faculty in preparation to become a resident preceptor.

In preparation for a career path in academia, many residency programs accredited by the American Society of Health-System Pharmacists (ASHP) have implemented teaching certificate programs to help post-graduate year 1 (PGY1) or year 2 (PGY2) residents gain experience as a student preceptor and academician.<sup>11</sup> These programs typically focus on preparing residents for didactic teaching responsibilities, leading discussions, developing course-related materials, and developing and implementing a full Advanced Pharmacy Practice Experience (APPE). Slazak and Zurick<sup>11</sup> reported that residents find this to be “a valuable experience for a possible career in academia.” However, once in academia, new faculty may have opportunities to precept not only pharmacy students but also pharmacy residents. By the nature of being a resident, they would not have previously received this introductory “training.” “The role and responsibilities of preceptors for different types of preceptees/learners are sufficiently different that they warrant preparation programs that address the unique aspects of each.”<sup>12</sup> For example, one of the many goals and objectives for precepting APPE students includes helping students apply basic foundational knowledge obtained in didactic and other traditional coursework into various practice settings. However, when addressing a

similar goal for a resident, the preceptor is challenged with finding the balance between giving the resident autonomy to practice independently while also providing the resident with further experiences and training to help elevate skills such as critical thinking, communication, and clinical practice skills.

ASHP residency accreditation standards<sup>13</sup> require preceptors to meet minimum qualifications. This includes maintaining a record of contribution and commitment to the profession through numerous activities. Particularly, the standard below:

“Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards), can be influenced by a successful mentorship program.”<sup>13,14</sup>

ASHP also requires new preceptors to have had at least one year of advanced practice experience after completing a PGY2 program or equivalent advanced practice experience (three years in practice). In addition, more experienced preceptors are encouraged to mentor new preceptors to aid in their development. These development activities, however, tend to focus on content areas that are helpful to the preceptor once established in the precepting role. Limited information is available related to specific evaluation of the initial acquisition of the pharmacy resident precepting roles of instructing, modeling, coaching, and facilitating or developing and administering resident learning experiences. The objective of our case study was to describe a mentorship program and evaluate it as a method of acclimation of a new junior faculty member to the role of a residency preceptor.

## Background and problem

Our ASHP-accredited PGY2 Ambulatory Care Residency Program piloted a mentoring approach to prepare a new residency preceptor. After completing a PGY2 Ambulatory Care Residency (with a teaching certificate program), our subject was hired by our College of Pharmacy and spent her first year as faculty, developing her practice site within the outpatient Internal Medicine department. The mentee established four services within the practice site and started to precept pharmacy students in their Introductory and Advanced Pharmacy Practice Experiences (IPPE and APPE) the Spring semester of her first year. She intended to become a preceptor in our residency program. Several steps were taken immediately after her joining the college to ensure a positive transition into the residency preceptor role.

## Analysis and resolution

### *Informal and formal development (year 1)*

Our institution provides several opportunities for residency preceptors to participate in both formal and informal

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