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Review Article

A Preceptor competency framework for pharmacists. Part 2 of a 3-part series

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ABSTRACT

Background: Pharmacy faculties in Canada are transitioning to the doctor of pharmacy degree which will require approximately one-third of curricula contact time in experiential education. Preceptors will be responsible for delivering this experiential component and many have received little or no training in how to be an effective educator. Although training is mandated through accreditation standards, competencies to serve as a foundation for preceptor development have yet to be created. The objectives of this review were to develop core competencies of an effective preceptor and to identify performance indicators to guide preceptor growth

Methods: A literature review of teaching competencies from pharmacy, medicine, nursing, and higher education was completed. Competencies and performance indicators were extracted and analyzed for recurring themes. A framework was proposed and refined through consultation with Canadian and United States pharmacy stakeholder groups.

Results: Six-hundred and thirty-nine articles were identified through the review, of which only eight articles directly addressed preceptor competencies and/or related performance indicators. These articles were reviewed in detail. Regardless of discipline, several recurring themes emerged. Themes were collated and culminated in nine competencies and supporting performance indicators for preceptors. Competencies address important interpersonal, professional, and educational knowledge, skills, and attitudes of an effective educator.

Implications: Defining competence and its performance indicators is essential to help preceptors effectively fulfill their professional responsibility of developing competent graduates. The competencies and performance indicators should be further refined through stakeholder engagement. This framework could be foundational to national preceptor development program, preceptor recruitment, and quality assurance programs.

Background

This is the second installment of a three-part series addressing best practices in preceptor development. Pharmacy education in Canada is transitioning from the bachelor of science in pharmacy to the doctor of pharmacy (PharmD) degree as the first professional degree. This transition increases the time students are required to spend in experiential placements from 16 weeks (640 hours) to 40 weeks (1600 hours).¹ Canadian pharmacist preceptors will now oversee approximately one third of the contact time within the new

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four-year curriculum. As such, their role as educators is becoming increasingly vital to developing competent pharmacy graduates. To meet these rapidly increasing demands, faculties of pharmacy are tasked not only with recruiting, but also training additional preceptors to ensure quality experiences. Experiential programs will need to anticipate these challenges and explore ways to ensure new and existing preceptors possess the competencies necessary to successfully fulfill their educator roles.

Recognizing the challenges ahead, the Canadian Experiential Education (CanExEd) Project for Pharmacy, a two-year quality improvement project (2014-16), was conducted under the umbrella of the Association of Faculties of Pharmacy (AFPC).² The United States counterpart of AFPC, the American Association of Colleges of Pharmacy (AACP), shares a similar mandate relating to pharmacy curricula and Experiential Education (ExEd). CanExEd had three overarching goals: (1) describe the current landscape of ExEd across Canada, (2) discern best practices for ExEd, and (3) provide recommendations and selectively develop prototypes to drive improvements identified through the project's findings.² The project involved seven major priority areas associated with experiential education. The third priority of the project was entitled, "*Best Practice in Preceptor Development to Establish/Augment the Qualities/Abilities in Preceptors.*" From this priority came five evidence-based and seven expert-opinion recommendations to enhance preceptor development which were described in Part 1 of this article series (see Part 1 of this series).³⁻⁵ This article responds to one of the evidence-based recommendations, which suggests establishing core preceptor competencies to be the foundation of a national preceptor development program.⁴

Precepting has been identified as a component of the pharmacist's role, and is considered a professional responsibility. The National Association of Pharmacy Regulatory Authorities (NAPRA) addresses this role in the Professional Competencies for Canadian Pharmacists at Entry to Practice. The fourth overarching concept states that pharmacists "...[a]ct as mentors to promote the growth and development of the profession."⁶ NAPRA is an organization representing all provincial and territorial Canadian pharmacy licensing authorities whose mandate is to protect the public. AFPC also highlights this role in its Educational Outcomes for the First Professional Degree Programs within the Scholar role key competencies. It states pharmacy graduates are expected to "Teach other pharmacy team members, the public, and other health care professionals including students."⁷ In the United States, the "Oath of a Pharmacist" taken by pharmacy graduates states, "I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists."

In the current landscape, accreditation bodies recognize precepting as a professional responsibility that is critical to pharmacy education. Schools are mandated to ensure that preceptors are qualified and well trained to fulfill their role to ensure quality education. The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) criterion 24.3 supports teaching skills by stipulating criteria to select and process to orient and train preceptors.¹ Similarly, the 2016 Accreditation Council for Pharmacy Education (ACPE) accreditation standards indicate in Standard 20 that schools must have sufficient number of qualified preceptors to deliver and evaluate students in the experiential portion of the program.^{8,9}

Rationale and objectives

From the above it is clear that education and licensing bodies indicate that training new pharmacy practitioners is a professional responsibility; however, in practice, support of this role by stakeholders has been inconsistent. Often serving as a preceptor is not a core responsibility included in pharmacist job descriptions. Annual evaluations of pharmacists may not assess or give credit to precepting activities. Finally, as precepting is often a volunteer opportunity, it may be not valued as much as other job expectations by both pharmacists and employers alike. As such, investing in formal teaching training programs is often not a priority, resulting in pharmacists with limited or no training serving as preceptors. In addition to the lack of consistency in training, these pharmacy preceptors often receive limited feedback from faculty or peers on their teaching which could guide further development. It appears that faculties of pharmacy in Canada assume a sufficient level of preceptor competence exists in the workplace.² This finding significantly contributes to the debate on how preceptor training should be designed and whether it should be mandatory. A lack of urgency in preceptor development may contribute to the possibility of lower quality practice experiences leading to ill-prepared graduates.

Through quality assurance programs, faculties may be able to monitor compliance with any training requirements, but this process does not directly assess preceptor competence. In contrast to the United States where a proportion of preceptors may be appointed faculty, essentially all Canadian pharmacist preceptors are volunteer experiential educators fulfilling the preceptor role in addition to their practice responsibilities. Although arguably more important in Canada because of the larger proportion of volunteer preceptors, a measure of competency and performance outcomes is critical in establishing recommended minimum competency of preceptors regardless of jurisdiction. As identified in Part 1 of this series, the constructs of preceptor competence have not been clearly developed within the pharmacy professional education literature.

Defining competence alone will not fully address the issue of preceptor quality. Defining the behaviors that demonstrate preceptor competence is paramount to developing quality practice experiences. Given the shift to an increased proportion of time in ExEd, assessing and measuring preceptors' competence based on displayed behaviors is critical. The presence of defined, measurable competencies would facilitate the ability to assess preceptor qualifications and facilitate effective ongoing preceptor development. Though guided by professional and accrediting bodies, it is the faculties of pharmacy with their individual educational mandates that must set the standard for preceptor competence. Pharmacy Experiential Programs of Canada (PEP-C) made some progress on this front in developing a list of desired qualities of a preceptor in 2007. PEP-C is a special interest group comprised of ExEd faculty from each of the 10 Canadian schools of pharmacy's offices of ExEd. (see Appendix B to Part 1 of this series) This list was intended to guide preceptor selection by faculties as well as preceptor self-assessment of readiness to teach, but does not address teaching competency. Using this list as a starting point, we set out to identify the competencies of an effective preceptor and define performance indicators

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