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## Research Article

## Residents as preceptors and educators: What we can learn from a national survey to improve our residency programs

Bethany A. DiPaula<sup>a,\*</sup>, Rima A. Mohammad<sup>b</sup>, Phil Ayers<sup>c</sup>, Vicki Basalyga<sup>d</sup>, Aaron Burton<sup>e</sup>, Colleen Bush<sup>d</sup>, Kate Farthing<sup>f</sup>, Vincent D. Marshall<sup>g</sup>, Bhavik M. Shah<sup>h</sup><sup>a</sup> University of Maryland School of Pharmacy Baltimore, Springfield Hospital Center (attn. Pharmacy), 6655 Sykesville Rd., Sykesville, MD 21784, United States<sup>b</sup> Department of Clinical Pharmacy, University of Michigan College of Pharmacy, Clinical Pharmacy Specialist, UMH Pharmacy Services, 1111 E Catherine Victor Vaughan 307, Ann Arbor, MI 48109-2054, United States<sup>c</sup> Baptist Health Systems, Department of Pharmacy, 1225 N. State Street, Jackson, MS 39202-2002, United States<sup>d</sup> American Society of Health-System Pharmacists, 4500 East-West Highway, Suite 900, Bethesda, MD 20814, United States<sup>e</sup> Waterbury Hospital, 64 Robbins Street, Waterbury, CT 06721, United States<sup>f</sup> Legacy Salmon Creek Medical Center, 2211 NE 139th Street, Vancouver, WA, United States<sup>g</sup> Department of Clinical Pharmacy, University of Michigan College of Pharmacy, College of Pharmacy, 428 Church St, Ann Arbor, MI 48109-1065, United States<sup>h</sup> Department of Pharmacy Practice, Jefferson College of Pharmacy, 901 Walnut Street, Suite 901, Philadelphia, PA 19107, United States

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## ABSTRACT

**Introduction:** Developing pharmacy residents into effective preceptors is essential to meet the demands of pharmacy education. A survey was created to assess the availability of resident precepting educational opportunities, identify common barriers associated with developing preceptors' skills, and discover strategies to optimize programming.

**Methods:** An online survey focused on the development of residents as preceptors was e-mailed to all residency program directors (RPD) for American Society of Health-System Pharmacists accredited residencies in the United States. Information was collected on program demographics, level of support and precepting activities offered and resident employment outcomes.

**Results:** Five hundred thirty-eight responses were received. The majority were postgraduate year one RPDs and had less than six residents. Sixty-one percent of programs were affiliated with a college of pharmacy. Seventy-eight percent devoted 10 hours or less per month in developing residents as preceptors with 33% providing less than five hours. Seventy-one percent of the residency programs did not offer a formal precepting rotation. However, 59% of respondents indicated that their residency graduates frequently accepted positions, which required teaching/precepting. The most common barriers to developing residents as preceptors included: lack of time for residents to precept within the residency structure (41%), availability of preceptors to mentor residents throughout experience (33%) and lack of preceptors' availability to mentor residents' precepting abilities over time (30%).

**Discussion and conclusions:** RPDs should prioritize training of residents as preceptors. Requiring residents to serve as primary preceptors in rotations dedicated to teaching is important to prepare for future job responsibilities.

\* Corresponding author.

E-mail addresses: [bdipaula@rx.umaryland.edu](mailto:bdipaula@rx.umaryland.edu) (B.A. DiPaula), [rimam@med.umich.edu](mailto:rimam@med.umich.edu) (R.A. Mohammad), [PAyers@mbhs.org](mailto:PAyers@mbhs.org) (P. Ayers), [VBasalyga@ashp.org](mailto:VBasalyga@ashp.org) (V. Basalyga), [aaron.e.burton@gmail.com](mailto:aaron.e.burton@gmail.com) (A. Burton), [CBush@ashp.org](mailto:CBush@ashp.org) (C. Bush), [KFARTHIN@LHS.ORG](mailto:KFARTHIN@LHS.ORG) (K. Farthing), [vinmarsh@med.umich.edu](mailto:vinmarsh@med.umich.edu) (V.D. Marshall), [bhavik.shah@jefferson.edu](mailto:bhavik.shah@jefferson.edu) (B.M. Shah).

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## Introduction

The emphasis on introductory pharmacy practice experiences (IPPE) and advanced pharmacy practice experiences (APPE) requirements by the Accreditation Council for Pharmacy Education (ACPE) have increased the number of doctor of pharmacy candidates in the hospital and health care setting. The regular availability of pharmacy students has provided additional opportunities for pharmacy residents to acquire valuable experience as preceptors and co-preceptors. Co-precepting is a tiered model approach where a more advanced learner (i.e., a resident or student with advanced training) serves as an instructor for a junior learner (i.e., a resident or student without applicable training) under the supervision of a mentor. Co-precepting allows for a student or resident to practice and achieve the four skills of a preceptor. In the past, residents with a desire to pursue a career in academia may have been the primary initiator of these experiences.<sup>1</sup> Now, more than ever, they are expected to take on this role making the need for routine clear direction on how to become an effective preceptor critical.

Developing pharmacy residents into effective preceptors and educators is essential to meet the demands of pharmacy education. ACPE defines a preceptor as a “full-time, part-time, or volunteer faculty or practitioner who serves as a practitioner-educator and oversees students in pharmacy practice experiences within a curriculum.”<sup>1</sup> Precepting is providing practice-based teaching to learners. The American Society of Health-System Pharmacists (ASHP) recognizes the importance of training residents as preceptors. The current ASHP postgraduate year one (PGY1) and postgraduate year two (PGY2) residency standards include required objectives for progression of residents in the four roles of a preceptor: direct instruction, modeling, coaching and facilitation.<sup>2</sup>

The American College of Clinical Pharmacy (ACCP) provides guidelines for developing PGY1 and PGY2 residents as preceptors.<sup>3</sup> The white paper is divided into two sections with one addressing the recommended elements of a teaching experience and the other focusing on the necessary components of a teaching certificate program. Recommendations are given for developing PGY1 residents as co-preceptors along with training PGY2 as co-preceptors and primary preceptors. ACCP guidelines state that co-preceptors are mentored by and complete many of the precepting activities jointly with or independently of the preceptor on record.<sup>3</sup> The guidelines for pharmacy residency teaching certificate programs include guidance on creating a syllabus for learning activities, developing goals, expectations and calendar for the rotation and leading topic discussions. The documents also call for consistency to allow for quality outcomes.<sup>3</sup> The American Association of Colleges of Pharmacy (AACCP) provides additional recommendations to standardize teaching experiences for teaching and learning curriculum of residency programs to correspond to residency standards from ASHP. AACCP argues that residency programs should use terminology such as teaching and learning curriculum to refer to their teaching experiences, unless the program's curriculum amounts to a certificate issued by a credentialing body like the Council on Credentialing in Pharmacy (CCP).<sup>4</sup> CCP is a group of ten pharmacy organizations working to ensure that pharmacy credentialing programs meet recognized standards.

Most of the investigators for this study were previously members of the ASHP Section Advisory Group (SAG) on Preceptor Skills Development and were either preceptors and/or residency program directors. While serving on the SAG, this group identified utilization of pharmacy residents as preceptors as an area that required further investigation. No previous literature has provided a national description of learning activities commonly used to teach pharmacy residents to precept. Consequently, a survey was created to assess program availability, identify common barriers to teach pharmacy residents' skills, and detect strategies used to optimize instruction.

## Methods

Members from the SAG on Preceptor Skills Development collaborated with ASHP staff to create an online survey focused on the training of residents as preceptors. The 19 questions were developed by a subcommittee over a multi-year period and vetted by the full SAG as well as ASHP residency staff before distribution. The survey was reviewed by 25 individuals with expertise in residency training and/or survey development. The instrument was created using the Qualtrics Research Suite (Copyright 2014, Qualtrics, Provo, UT), and tested by the authors. Revisions were made to improve respondent clarity. All residency program directors (RPD) for ASHP accredited residencies located in the United States were identified using the ASHP accreditation services database, including programs in pre-candidate and candidate status. An e-mail invitation was sent to all addresses on file. The survey launched April 29 and closed May 12, 2014 with one reminder provided to non-responders after one week.

The online survey collected information from the program directors in three areas: 1) demographics, 2) level of support and precepting activities offered and 3) resident preceptor employment outcomes. The authors anticipated that participants would spend 10–15 min completing the survey. Demographic data collected included: the type of program (i.e., PGY1 or PGY2), affiliation with a college of pharmacy, duration program has been in existence, and number of residents trained at program site. The questions used to categorize programs for the amount and degree of support and activities offered included asking the availability of a formal precepting rotation, the number of hours that are spent monthly in developing residents as preceptors, the teaching and precepting experiences at the site, residency accreditation citation for employment of the four preceptor roles, and the teaching experiences required for completion of their teaching certificate program. Data were also gathered on ASHP accreditation status and residency survey deficiencies. In terms of program outcomes, the RPDs were asked how often their graduate residents typically accepted positions, which required teaching/precepting and their opinion of the adequacy of their program to prepare resident graduates to serve as preceptors.

Data analyses were performed in R 3.2.0 [R Core Team (2015)]. Descriptive statistics and frequency tables were used. Significance was defined a probability of type I error as less than 0.05. We examined the outcome variable distributions with the comparison variables using contingency tables. The statistical analysis of the tables was based on the Pearson Chi-square test of independence.

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