

AACP REPORTS

Priming the Preceptor Pipeline: Collaboration, Resources, and Recognition

The Report of the 2015-2016 Professional Affairs Standing Committee

Cathy L. Worrall, Chair^a, Daniel S. Aistrope^b, Elizabeth A. Cardello^c, Katrin S. Fulginiti^d, Ronald P. Jordan^e, Steven J. Martin^f, Kyle McGrath^g, Sharon K. Park^h, Brian Sheplerⁱ, Karen Whalen^j, Lynette R. Bradley-Baker^k

^a South Carolina College of Pharmacy, Charleston, SC

^b American College of Clinical Pharmacy, Lenexa, KS

^c American Pharmacists Association, Washington, DC

^d American Society of Health-System Pharmacists, Bethesda, MD

^e Chapman University School of Pharmacy, Irvine, CA

^f Ohio Northern University Raabe College of Pharmacy, Ada, OH

^g National Association of Chain Drug Stores Foundation, Arlington, VA

^h Notre Dame of Maryland University School of Pharmacy, Baltimore, MD

ⁱ Purdue University College of Pharmacy, West Lafayette, IN

^j University of Florida College of Pharmacy, Gainesville, FL

^k American Association of Colleges of Pharmacy, Alexandria, VA

Special Acknowledgments:

- Jeffrey Ekoma, Policy and Professional Affairs Manager, AACP: for serving as a note-taker for the Professional Affairs Committee focus groups held during the 2016 American Pharmacists Association;
- Stephanie Fouch, Senior Consultant Outreach and Communications, AACP: for serving as the moderator for the Professional Affairs Committee focus groups held during the 2016 American Pharmacists Association;
- The participants of the two Professional Affairs Committee focus groups (preceptors and pharmacy employers) held during the 2016 American Pharmacists Association: for their attendance, engagement, and passion for precepting future pharmacists; and
- The following national pharmacy organizations that responded to the 2016 Professional Affairs Committee request for information regarding their efforts regarding preceptor training and development: American College of Apothecaries (ACA), American Society for Pharmacy Law (ASPL), Academy of Managed Care Pharmacy (AMCP), Board of Pharmacy Specialties (BPS), College of Psychiatric and Neurologic Pharmacists (CPNP), Hematology-Oncology Pharmacy Association (HOPA), and two state pharmacy member associations (New

Mexico and Pennsylvania) from the National Alliance of State Pharmacy Associations (NASPA).

Background and Charges

According to the Bylaws of the American Association of Colleges of Pharmacy (AACP), the Professional Affairs Committee is to study issues associated with the professional practice as they relate to pharmaceutical education, and to establish and improve working relationships with all other organizations in the field of health affairs. The Committee is also encouraged to address related agenda items relevant to its Bylaws charge and to identify issues for consideration by subsequent committees, task forces, commissions, or other groups.

President Cynthia Boyle established the theme of “Capitalizing on Foundations of Citizenship” for the 2015-2016 standing committees.¹ According to President Boyle, as the academy prepares our nation’s future pharmacists and scholars, the academy is leveraging all of the stakeholders who invest in academic pharmacy.¹ A key group of stakeholders in our academy are pharmacy preceptors. Our preceptors are one group of citizens that bears responsibility for a significant portion of the preparation of practice-ready graduates. Estimated to be approximately 30,000 pharmacists strong, most accept responsibility for precepting Advanced Pharmacy Practice Experiences (APPE) [and often Introductory Pharmacy

Practice Experience (IPPEs) as well] with little or no direct compensation. The 2015-16 Professional Affairs Committee is charged to:

- (1) Study the current relationship between the colleges/schools of pharmacy, our volunteer preceptors, and the organizations that employ them. The focus will be defining the needs of this population of practitioners for continuing professional development, recognition and support to assure that they are prepared to assume increasing responsibility for assuring that Doctor of Pharmacy graduates are both practice- and team-ready; and
- (2) Assess the unique demands of precepting in an interprofessional care environment.

Members of the 2016 PAC include faculty representing multiple disciplines from various schools/colleges of pharmacy and professional staff representation from the American Pharmacists Association (APhA), the American College of Clinical Pharmacy (ACCP), the American Society of Health-System Pharmacists (ASHP) and the National Association of Chain Drug Stores (NACDS). Prior to any in-person meetings of the committee, pertinent background information and resource materials were distributed. The professional staff representatives met on September 21, 2015 to discuss their programs, initiatives and services involving preceptors and their development, as well as the role(s) that national pharmacy organizations can have with preceptors and their employers. A conference call was held with the entire committee to develop a strategy for addressing committee charges as they pertain to volunteer pharmacy preceptors—those preceptors who are not full-time employees of a school/college of pharmacy. The academic members of the 2016 PAC met for a day and a half, with the other 2015-16 standing committees, on November 11-12, 2015 in Toronto, Canada to discuss the various facets related to this issue, as well as to develop a process and strategies for addressing the charges. Following the process development and delegation of assignments related to the committee charges, the PAC communicated via electronic communications as well as through personal exchanges via telephone and email.

In developing the strategy to address their charges, the PAC considered numerous factors that contribute to the training and continuing development for volunteer preceptors. The Accreditation Council for Pharmacy Education (ACPE) release of Standards 2016 influences all aspects of pharmacy education, including preceptors and experiential education.² Previous professional affairs committee reports pertaining to preceptor training and recognition,³ the role of experiential education in practice⁴ and the collaboration of academic pharmacy and pharmacy practice⁵ were reviewed. The importance of

preceptor training on the evolving developments in pharmacy, including Entrustable Professional Activities (EPAs) for pharmacy being developed by the 2016 AACP Academic Affairs Committee, the Pharmacist Patient Care Process,⁶ and interprofessional precepting⁷ were also discussed. Finally, a review of current AACP policy was conducted and one policy was found which pertains to the 2016 PAC charges:

AACP encourages employers and stakeholders to identify and develop potential preceptors in their organizations and provide performance evaluation which incentivizes and recognizes preceptors' contributions to pharmacy education. (*Source: Experiential Education Section, 2008*).

The result is the following report, which explores the role of academic pharmacy in preceptor continuing professional development, as well as the need for academic pharmacy to work with the practice community with regards to preceptor training and development. The PAC identified the following areas related to their charge which serve as the framework for the report as well as the generation of proposed policy statements, recommendations to AACP and suggestions to schools/colleges of pharmacy:

- The Value of Precepting
- The Continuing Professional Development (CPD) of Volunteer Preceptors
- Academic Pharmacy and Practice Collaboration: The Case for Volunteer Preceptors
- The Recognition of Volunteer Preceptors
- Interprofessional Education/Practice and the Volunteer Preceptor

The Value of Precepting

Experiential education is a major component of schools/colleges of pharmacy curricula and an integral part of the pharmacy profession. The experiential component of education became an academic requirement by the ACPE standards of 1974⁸ and has evolved to comprise almost 30% of the pharmacy education requirements as mandated by the current IPPE and APPE components found in Standards 2016.² The National Association of Boards of Pharmacy (NABP) acknowledges experiential education as part of the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* which provides boards of pharmacy with model language that may be used when developing state laws or board rules.⁹ The Model Act provides guidance on pharmacy interns, preceptors, pharmacy practice experience programs, and the evidence of completion of pharmacy practice experience credit under the instruction and supervision of a preceptor. Precepting is an integral part of experiential education which

promotes the competence, familiarity, confidence and security of student pharmacists in a new environment.

Standards 2016 has a specific standard pertaining to preceptors. Standard 20 states that the college or school must have a sufficient number of preceptors (practice faculty or external practitioners) to effectively deliver and evaluate students in the experiential component of the curriculum.² Key elements within the preceptor standard provide guidance on preceptor criteria, student-to-preceptor ratio, preceptor education and development, preceptor engagement and experiential education administration. Preceptor education and development mandates that schools/colleges of pharmacy orient preceptors to the program's mission, the specific learning expectations for the experience outlined in the syllabus, and effective performance evaluation techniques before accepting students and also foster the professional development of its preceptors commensurate with their educational responsibilities to the program.²

Academic pharmacy and other health professions institutions have implemented a diverse array of programs to meet the preceptor development requirement for experiential education. Vos and Trewet outline a comprehensive development program, which includes a combination of live sessions, online presentations, newsletters and on-site visits, which can be used to provide initial and continual training to preceptors.¹⁰ The overall reaction from preceptors to the preceptor development activities was positive, with preceptors perceiving enhanced attitudes, skills and knowledge.¹⁰ Other preceptor development programs implemented by schools/colleges of pharmacy include experiential education consortia utilizing an online preceptor development program,¹¹ a continuing education home study course,¹² the creation of an academy of preceptors,¹³ and a training program comprised of two 6-hour sessions which included lectures, discussion groups, hands-on activities and role-playing exercises.¹⁴ In 2011, the Nebraska Medical Center implemented a multi-faceted program to develop the teaching and clinical skills of pharmacy residency preceptors, which could serve as a model for other institutions in planning and evaluating programs to ensure the continued skills and knowledge needed for pharmacy residency training.¹⁵

A survey by Hartzler, et al., sent to pharmacy residency coordinators and preceptors indicated that 50% of preceptors reported self-study and continuing education sessions at professional meetings as their primary methods of preceptor development and over 90% of respondents felt they could benefit from continuing education tailored for residency preceptor development.¹⁶ Kassam, et al., developed an interprofessional web-based teaching module program for preceptors called *E-tips for*

Practice Education which is comprised of eight modules focused on various aspects of precepting.¹⁷ The preceptor ratings on the modules were high with more than 80% rating each of the eight modules as "very applicable" or "extremely applicable" and future studies examining the benefits of these modules into various health professions practice setting is warranted.¹⁷ Texas Christian University developed an interdisciplinary preceptor team (IPT) model, which involved various health professionals including social workers, pharmacists, and physicians coming together to precept clinical nurse learner (CNL) students due to the lack of CNLs trained to serve as preceptors.¹⁸ Ratings of the preceptor model by preceptors and students were all satisfactory.¹⁸ Overall, schools/colleges of pharmacy and other health professions utilize a variety of formats to educate and train preceptors initially and continually over the course of service to the institution.

Although schools/colleges of pharmacy play a significant role in the initial and continual training of preceptors to be effective drivers for experiential education, other organizations such as national pharmacy associations also acknowledge the value of precepting by providing education and training for preceptors. The four national pharmacy associations represented on the 2016 PAC have an established commitment to providing preceptor training and development in various formats (i.e., meetings, online, webinars, continuing education [CE] programs) on a variety of topics (Table 1 provides some of the preceptor activities for each association). The 2016 PAC invited the other national pharmacy organizations to respond to a series of questions regarding their training/continuing development for preceptors. Of the fourteen organizations invited, there were responses from seven organizations that provided information regarding preceptor development training (Table 2 provides a summary of this information). The majority of these associations, as well as all four of the national pharmacy associations, agree that there is a need for the national pharmacy organizations to work together in the area of preceptor development especially in the areas that are germane to all pharmacy preceptors regardless of practice setting.

Preceptors are an important facet for the experiential education (learning) experience as they assist student pharmacists in actualizing didactic material and related concepts in a real-world setting. With the precepting responsibility, preceptors operationalize the statements "I will accept the lifelong obligation to improve my professional knowledge and competence" and "I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists" which are included in the Oath of a Pharmacist.¹⁹ Preceptors are part of the Value

Table 1. National Pharmacy Association's* Preceptor Training/Development Activities, Programs, Services

National Pharmacy Association	Preceptor Training/Development Activities, Programs and Service
American College of Clinical Pharmacy (ACCP)	ACCP programming that assists with preceptor development (i.e., practice site development, clinical research development, expansion of clinical services) is not always labelled or marketed as "preceptor development" The Education and Training Practice and Research Network (PRN) ACCP Academies (Teaching and Learning Certificate Program, Leadership and Management Certificate Program, and Research and Scholarship Certificate Program) Clinical Faculty Survival Guide
American Pharmacists Association (APhA)	APhA has done a lot of research in areas related to precepting ([management, human resources, evaluation, generational gaps between preceptors and students] and has identified several employer challenges associated with precepting) APhA Advanced Preceptor Training Program APhA Pharmacy Library is comprised of active learning activities/programs that can assist in preceptor development and knowledge
American Society of Health-System Pharmacists (ASHP)	ASHP offers an array of programming and services pertaining to precepting doctor of pharmacy students and pharmacy residents Section Advisory Group (SAG) on Preceptor Skills Development Preceptor Skills Resource Center ASHP Preceptor Toolkit ASHP Annual National Pharmacy Preceptors Conference (NPPC)
National Association of Chain Drugs Stores (NACDS)	NACDS is a trade organization representing the interests of retail pharmacy that is working on training areas of interest to their members that may have an impact on preceptor development (i.e., Point-of-care testing, Motivational Interviewing) The Community Pharmacist Preceptor Education Program

*The associations listed are those represented on the 2016 PAC

Proposition of pharmacy education and pharmacy practice⁴ and should be provided with continual training and development. This training and development does not only encompass how to provide an effective experience or how to manage conflicts with a student pharmacist, but also involves learning and applying evolving elements pertaining to pharmacy, health care and experiential education. For example, once the EPAs for pharmacy are developed, preceptors will have to know them, be able to apply them to their practice setting and be able to utilize them to assess student pharmacists on experiential rotations.

Precepting can be viewed as a highly transactional aspect for pharmacy education. Schools/Colleges of pharmacy pay, in some manner, for preceptors to educate students via experiential education IPPEs and APPEs. A recent study by Danielson, et al., revealed that payments to sites, preceptors (stipends) and sites/preceptors (on a per rotation basis) from schools/colleges of pharmacy accounted for over one-half of the total cost for experiential education (excluding costs for supplies and equipment).²⁰ The questions of how precepting funds could and should be spent are important ones and the 2016 PAC spent consideration time discussing this issue. Based on the constantly evolving changes in education and practice and the need for preceptors to be current in the

diverse aspects that affect experiential education, the PAC believes that the academy should transition away from paying experiential education sites and preceptors on a per rotation or per student basis to paying to support the professional development for the advancement of preceptors (i.e., provide CPD avenues, support/supplement board certification). Sites that continue to be paid for experiential education should be encouraged to utilize the funds for preceptor CPD and schools/colleges of pharmacy can be involved to develop the programming/support to be available to preceptors for their continual development. The future of the profession is highly dependent on preceptors and the profession must work together to provide the necessary tools to have preceptors be the most effective teachers and practitioners available for student pharmacists.

Policy Statements (Adopted by the AACP House of Delegates July 28, 2016), Recommendations and Suggestion:

Policy Statement 1: AACP encourages pharmacists in all practice settings to be a preceptor to contribute to the future of the profession and the evolving health care system.

Policy Statement 2: AACP encourages members of the academy that use the traditional transactional model of

Table 2. Overview of Responses from 2016 PAC Inquiry to National Pharmacy Associations* Regarding Preceptor Training/Development Needs and Activities

Inquiry	Responses
The perceived preceptor development needs for association members	<ul style="list-style-type: none"> ● Providing fundamental information regarding our specialty area and current resources to support our specialty area ● Encourage pharmacies and pharmacists to work with schools/colleges of pharmacy to provide experiential sites ● How to manage challenging situations with learners ● How to integrate learners into a busy practice setting ● How to facilitate resident precepting of students ● How to manage different learner levels ● How to challenge the “superstar” student ● Determining what constitutes valuable feedback ● Mentorship in a pharmacy specialty area ● Project ideas for residents ● Preceptor development orientation ● How to use metrics to gain support of the C-Suite ● Developing a preceptor development plan
Type(s) of preceptor development program(s) or activity(s) provided by the association	<ul style="list-style-type: none"> ● Continuing Education Programming (live programming) ● Continuing Education Programming (online programming) ● Continuing Education Programming (print) ● Preceptor List-serv, Blog or other Networking Avenue ● Programs and activities that have broader goals than just preceptor development ● An annual preceptor award to recognize a member making a significant contribution to our specialty area by being a preceptor to student pharmacists for Introductory Pharmacy Practice Experiences (IPPEs) and/or Advanced Pharmacy Practice Experiences (APPEs)
Association’s future plans for preceptor development	<ul style="list-style-type: none"> ● Plan to continue to work with our schools/colleges of pharmacy and other stakeholders in the area of preceptor development. ● Currently working to identify professional resources and tools regarding precepting and a standardized rotation syllabi available on our website to our membership. Our association is considering the development of a Leadership Program in which educational offerings throughout the year can be identified as having leadership components (i.e., preceptor, finance, information technology). ● Plan to expand our resources available to preceptors, students, and colleges/schools of pharmacy and to also work to expand the number of APPEs and residencies available. This will be accomplished by working with current preceptors and developing new preceptors.

*The National Pharmacy Associations represented include American College of Apothecaries (ACA), American Society for Pharmacy Law (ASPL), Academy of Managed Care Pharmacy (AMCP), Board of Pharmacy Specialties (BPS), College of Psychiatric and Neurologic Pharmacists (CPNP), Hematology-Oncology Pharmacy Association (HOPA), and two state pharmacy member associations (New Mexico and Pennsylvania) from the National Alliance of State Pharmacy Associations (NASPA)

experiential education (i.e., payment to an experiential preceptor/site per student per rotation) to transition to a model that reinvests experiential education resources to support the professional development/advancement of preceptors.

Recommendation 1: AACP should collaborate with other national pharmacy organizations to identify and disseminate modules for baseline preceptor training to schools/colleges of pharmacy.

Recommendation 2: AACP should collaborate with other national pharmacy organizations to develop and disseminate best practices regarding precepting across all phases of pharmacy education.

Suggestion 1: Schools/colleges of pharmacy should work with their board of pharmacy to reduce the barriers faced in experiential education.

The Continuing Professional Development (CPD) for Volunteer Preceptors

The Continuing Professional Development (CPD) of preceptors is both an education and practice consideration and, therefore, is a potential area of collaboration between academic pharmacy and pharmacy practice. CPD is defined by ACPE as a self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that

is applied into practice.²¹ CPD involves the process of active participation in formal and informal learning activities that assist individuals in developing and maintaining continuing competence, enhancing professional practice, and supporting achievement of career goals.²¹ CPD involves an ongoing cycle of reflecting, planning, learning, and evaluating, while recording and reviewing all of these aspects for continued development. Precepting student pharmacists and other learners could be a vital part of CPD for health care professionals. Tofade, et al, encouraged preceptors from seven schools/colleges of pharmacy to utilize the CPD resource provided by ACPE to guide their development as educators.²² Although the response rate from the invited preceptors was low, those who responded by receiving information about CPD and answering questions provided important information. The respondents indicated that the preceptor CPD portfolio provided motivation to reflect, plan and set more defined and realistic goals for student pharmacists, pharmacy residents and themselves as educators and could be a valuable starting point for promoting preceptors' reflection, planning and action related to rotation management, professional teaching and student learning goals.²²

To date, there is no standardized method by which each school selects preceptors and the recruitment is generally based on preceptors' interest or recommendations from the practice site. In general, pharmacists enter the role of preceptorship without formal teaching experience or knowledge in the art of precepting. Therefore, schools establish preceptor development programs (PDPs) which typically accompany credits for continuing education and address topics relevant to teaching and learning, especially targeting adult learning.^{10,12,23} To date, there is no standardization of PDPs with regard to learning objectives, outcomes, and platform/delivery of education. Additionally, few programs incorporated online-based PDPs for their preceptors which would better suit the needs of the practicing preceptor. There are several descriptions in the literature about the development and implementation of PDPs in different preceptor cohorts, with outcomes such as feasibility, participant satisfaction, and challenges; however, few programs have evaluated the effectiveness of their PDPs both at the preceptor and student levels.

A few studies have addressed the needs for preceptor development in pharmacy education. Sonthisombat²⁴ demonstrated that preceptors tend to overestimate the quality of their performance in teaching compared with students' evaluations and concluded that PDPs are needed for pharmacy preceptors. Paravattil²⁵ evaluated preceptors' perception of their ability to a given set of learning objectives and found that most of them rated

their ability as high. Another study demonstrated that pharmacy residency preceptors expressed having learning and educational support needs in the areas of communication skills, giving effective feedback, clinical knowledge, and mentorship programs.²⁶ The preceptors also preferred 1-day training sessions or online learning modules every other year for ongoing educational support. As mentioned previously, Vos and Trewet¹⁰ developed and implemented a comprehensive PDP that included live and recorded online programming, a preceptor manual, a preceptor newsletter, live events, and one-on-one practice site visits; they also collected over 5,000 evaluations of preceptor performance by students.

There are several papers discussing preceptor development and assessment via an online platform. Romanick²⁷ developed a pilot PDP using virtual communities and networks via computer-mediated conferencing, and evaluated preceptors' satisfaction with the approach. The responses from 39 preceptors (66% response rate) found that the program received positive feedback and participation rates; however, the program had challenges related to technology and inconvenience with timing of sessions. Davison, et al.²⁸ developed an electronically available preceptor-training video and assessed preceptors' training preferences. The investigators found that a majority of respondents (1) preferred electronic versus live training program regardless of age, (2) would participate in future electronic training programs, and (3) have the available resources to participate in electronic training. Kassam, et al.²⁹ developed an online, self-directed training program for preceptors and evaluated their confidence in teaching and the helpfulness of the training for their teaching. The results demonstrated that the PDP improved the preceptors' confidence and knowledge in patient care; however, this study did not investigate the impact of the training at a higher level. The flexibility of PDPs to accommodate preceptors' preferences would be important for the success of preceptor development overall.

The PAC recommends that a preceptor self-assessment tool be developed to assist in the continuing professional development of preceptors. The following areas should be investigated in the development of a preceptor self-assessment tool:

- Determine the purpose and focus areas of a preceptor self-assessment tool
 - a. Purpose of self-assessment tool
 - a. Accurate self-assessment of teaching abilities
 - b. Career development/progression
 - c. Requirement by standards of the affiliated programs
 - d. Self-efficacy

b. Focused areas

- a. Building portfolio
- b. Current knowledge in teaching
- c. Current style of teaching
- d. Demonstration of critical thinking skills
- e. Knowledge of ACPE standards for students
- f. Management of challenging students
- g. Mentoring
- h. Providing feedback
- i. Recognition of students' learning style
- j. Student evaluation
- k. Time management

• Determine the areas that should be germane to all preceptors regardless of the learner (Preceptor 101 information or Standards for Preceptors)

- . ACPE standards for Doctor of Pharmacy students
 - a. Cultural competency
 - b. Demonstrating mentorship and leadership
 - c. Different instructional strategies
 - d. Effective integration of students in practice
 - e. Effective written and oral communication
 - f. Learner assessment
 - g. Pedagogical knowledge (effective teaching)
 - h. Providing meaningful and constructive feedback
 - i. Setting appropriate expectations
 - j. Time management
 - k. Understanding and teaching in an interprofessional setting

• Develop training areas related to preceptors working across different learner groups

- a. Cultural differences or barriers
- b. Different competency levels among learners
- c. Different schools with different schedules, forms, evaluations
- d. Effectiveness of layered learning model
- e. Having a different preceptor than assigned (e.g., technician, nurse)
- f. Motivating and challenging learners
- g. Online vs. in-person instruction

Recommendations

Recommendation 3: AACP should collaborate with other national pharmacy organizations to develop and disseminate best practices in preceptor development, including a preceptor self-assessment tool, across all phases of pharmacy education.

Recommendation 4: AACP should add questions to the required preceptor surveys regarding self-efficacy and CPD needs.

Academic Pharmacy and Practice Collaboration: The Case for Volunteer Preceptors

Academic pharmacy must work effectively with employers from the pharmacy profession to enhance the training of student pharmacists while helping the industry meet its production and patient outcome needs. The needs of the pharmacy industry to train student pharmacists are varied, and may reflect the perspectives of the individuals within the organization. Pharmacists who staff the pharmacy and are directly involved with patient care and drug distribution may be advantaged by having student pharmacists work by their side, learning through hands-on experience, and helping to process the daily workflow. However, if having the trainee interferes with the workflow, and slows down the normal work productivity of the staff pharmacist, there may be a reluctance to participate in experiential education.

Mid-level managers may see student pharmacists as additions in manpower to the workforce, and depend on the added productivity of the trainee to meet production requirements and patient care needs. Student pharmacists may extend the patient care services of the pharmacy and allow for services such as medication reconciliation or medication education to be consistently provided. In a review of studies examining the value of the student pharmacist to experiential practice sites, student pharmacists were found to confer economic and clinical benefits that may exceed the costs associated with their supervision and training.³⁰

There are excellent examples of the integration of students into the workflow such that the students provide manpower and expanded provision of services in otherwise busy retail and health-system environments. The use of block-scheduling^{31,32} and layered learner models³³ in experiential education have generated optimal outcomes for the student pharmacist, practice site and preceptor.

To better understand how to best engage student pharmacists in hands-on learning that is meaningful for and challenging for the learner, it would be advantageous to identify and communicate these and other best practice models for student pharmacist experiential learning in both community and institutional pharmacy settings, with specific interest in identifying student output (activities and other services provided), cost savings or billable services associated with student pharmacist work, and assess the optimal student-to-pharmacist ratios. AACP has collaborated with MedHub LLC (through its online software E*Value), the University of Buffalo Health Sciences and Texas Tech University Health Sciences Center School of Pharmacy to measure student pharmacist

contributions in both inpatient and outpatient practice settings during APPE rotations.³⁴ This study will also explore the value and purpose of the student pharmacist intervention documentation process, as any student pharmacist completing an APPE rotation can participate utilizing a specific data entry template to document their interventions. The data collection period is the 2015-16 and 2016-17 academic year, with study results anticipated in fall 2017.

AACP conducts annual surveys of preceptors, in addition to other curriculum quality surveys, to assist member schools/colleges in continuous program improvement and accountability (accreditation) purposes.³⁵ The preceptor survey, which has been administrated each year since 2008, contains a demographic section as well as questions regarding experiential education communication, pharmacy school curriculum and student preparation and resources/support for preceptors. Table 3 provides information on the resources/support questions from the preceptor survey for the years 2008 through 2015. While the majority of preceptors either strongly agree or agree with the resources/support questions, the highest of these responses have been for the questions “The student-to-preceptor ratios at my site are appropriate to maximize learning” and “There are adequate

facilities and resources at the practice site to precept students.” The lowest percentage of responses of strongly agree and agree have been to the questions “The college/school has an effective continuing professional development program for me that is consistent with my preceptor responsibilities” and “The college/school provides me with access to library and educational resources” which suggests that there are opportunities for additional preceptor support.

It’s important to articulate mutually beneficial outcomes from the student pharmacist experiential learning experience, and conducting a series of focus groups or surveys with pharmacist managers and academic deans or experiential directors to identify the outcomes that meet the corporate needs of both entities may be an ideal manner of obtaining these data. Senior management in pharmacy organizations may envision the relationship between the business and colleges of pharmacy as a fruitful relationship that allows the training and selection of future employees, while receiving modest revenue for the student pharmacist opportunity to engage with the organization’s patients and systems.

To better understand the complex relationship between academic pharmacy and the pharmacy businesses

Table 3. AACP Preceptor Survey: Resources and Support Questions

Resources/Support Question	Year of Survey (Percentage of Strongly Agree and Agree Responses)							
	2008	2009	2010	2011	2012	2013	2014	2015
I have ongoing contact with the Office of Experiential Education.	78.2	78.7	80.5	84.1	83.3	83.2	83.8	83.7
I receive needed support from the Office of Experiential Education.	80.1	80.5	81.9	85.6	84.1	84.6	85.3	85.0
The student-to-preceptor ratios at my site are appropriate to maximize learning.	96.6	96.4	96.5	96.5	96.6	96.5	97.2	96.4
The college/school has an effective continuing professional development programs for me that is consistent with my preceptor responsibilities.	73.9	76.4	79.4	82.4	83.2	83.2	82.0	82.9
There are adequate facilities and resources at the practice site to precept students.	94.3	93.6	93.9	94.2	94.2	94.7	94.8	94.4
The college/school provides me with access to library and educational resources.	80.4	71.2	73.7	79.8	78.6	79.0	79.5	80.2

Table 4. Characteristics of the Professional Affairs Committee Focus Groups

Preceptor Focus Group	Pharmacy Employer Focus Group
Total Number of Participant: 4 Number of Females: 3 Number of Males: 1	Total Number: 7 Number of Females: 3 Number of Males: 4
Practice Setting: Community: 2 Hospital/Health System: 1 Academia: 1	Practice Setting: Community: 7
Years as a Licensed Pharmacist: 1-5 years: 2 More than 15 years: 2	Credentials: Bachelor of Science in Pharmacy: 5 Doctor of Pharmacy: 2 Master of Business Administration: 1
Credentials: Bachelor of Science in Pharmacy: 1 Doctor of Pharmacy: 3 Master of Health Administration: 1 Post Graduate Year 1 (PGY1) Pharmacy Residency: 2	Current Position: <ul style="list-style-type: none"> • Director Talent Acquisition and Professional Relations for Walmart Stores, Inc. • Human Resources Business Partner for Walgreens • Manager of Pharmacy Recruiting and College Relations for Albertsons • Manager of Professional and College Relations for CVS Health • Pharmacy District Manager for Supervalu Pharmacies • Senior Director of College Relations and Professional Recruitment for Rite Aid • Senior Director of Retail Talent Acquisition for CVS Health
Current Position: <ul style="list-style-type: none"> • Preceptor that works for a grocery store chain in Midwest United States. This preceptor is also in charge of scheduling rotations for all of the regional locations of the grocery store chain. • Preceptor that works for one of the largest community (chain) drug stores in the United States. This preceptor is a shared faculty member working for both a school of pharmacy and the community (chain) drug store. • Assistant Dean of Student Affairs at a School of Pharmacy that has responsibility for working with the experiential education department in preparing students for IPPEs and APPEs. This preceptor previously worked for a large community pharmacy chain store for over 20 years in field operations (which included preceptor training and development). • Associate Director of Pharmacy of a university hospital/health-system: Precepts both IPPE and APPE students and directs preceptors who also precept IPPE and APPE students. 	Current Preceptor/Precepting Role(s) with Organization: <ul style="list-style-type: none"> • Consult on all people practices in operations and examine the methods utilized for mentoring, development and growth of the company's talent and future talent: 1 • Develop continuing education/continuing professional development programs for preceptors: 1 • Manage Pharmacist Preceptors: 3 • Manage affiliation agreements with schools/colleges of pharmacy for IPPE and APPE rotations: 1 • Recruit Pharmacists to be Preceptors: 6 • Serve as an APPE preceptor: 2 • Serve as a preceptor for other health profession student(s): 1 • Support continuing education/continuing professional development programs for preceptors: 3

that serve as educational extenders, several information gathering tasks should be explored, including:

- Gather unpublished work, data, or perceptions from other national association efforts through discussion with organizations offering preceptor programing;
- Conduct a series of focus groups or surveys with pharmacist preceptors from community and institutional

settings (these should include chain and independent community pharmacy, and small, mid-size, and large institutional settings);

- Conduct a series of focus groups or surveys with senior student pharmacists or recent pharmacy school graduates to identify pharmacist preceptor development needs;

- Conduct a series of focus groups or surveys with experiential directors to identify pharmacist preceptor development needs; and
- Conduct a series of focus groups or surveys with mid-level pharmacy managers to identify the deficits or deficiencies in first-time pharmacist employees.

In an effort to examine this issue during the 2015-16 academic year, the 2016 PAC conducted two focus groups during the 2016 APhA Annual Meeting in Baltimore, MD on March 5, 2016. One group was comprised of pharmacist preceptors and the other was comprised of pharmacy employers. Focus group invitations were sent out to APhA Annual Meeting attendees in mid-February 2016, with two additional reminder notices following the initial invitation. Information on both focus groups is provided in Table 4, and the focus group guides utilized for both groups can be found in Appendix 1. Due to the small number of focus group participants and the small number of pharmacy practice areas represented in the focus groups, the PAC encourages additional avenues to gather input on these issues from preceptors and pharmacy employers in order to add to this preliminary examination of the issues regarding preceptor continuing professional development needs.

Pharmacy Preceptor Focus Group

Four current preceptors participated in the PAC pharmacy preceptor focus group held during the 2016 APhA Annual Meeting. The following elements were expressed and/or agreed upon by the majority of the pharmacy preceptor focus group participants:

- The decision for them to become a preceptor was based on them wanting to have a positive impact on the future of pharmacy;
- A standardized program for the training of preceptors, including the expectations of preceptors, would be beneficial;
- Avenues for both new and established preceptors to chat and share information would be very useful;
- A common evaluation form for rotations, with elements that can be customized for a particular site or schools, would reduce the administrative burden for preceptors (especially for those who precept for more than one school/college of pharmacy);
- Preceptors need more hands-on training, especially in the area of working with difficult students and how to provide effective feedback;
- Preceptor development opportunities should include attending national, regional, state, and/or local professional meetings and having training opportunities available virtually and on-demand;

- Preceptor support that would be of benefit includes library access from schools/colleges of pharmacy, being subsidized for attending preceptor training (either by being granted the time off with pay or receiving money to assist with attending a meeting); and
- Overall, student pharmacists are adequately prepared for and exhibit professionalism during their rotations

None of the focus group preceptors receives payment or stipends for being a preceptor. When asked about the proposed PAC policy statement regarding transitioning from paying sites or preceptors on a per student/per rotation basis to utilizing such funds to focus on preceptor development and advancement, everyone in the focus group agreed with the proposed policy statement and its intended purpose.

The focus group participants agreed that having student pharmacists on rotation year-round is very beneficial for preceptors, their practice sites and ultimately patients. These preceptors expressed interest in having better communication with schools/colleges of pharmacy (especially on pharmacy curriculum changes) and having more opportunities to practice the skills needed to be good preceptors. The detailed notes from the preceptor focus group are included in Appendix 2.

Pharmacy Employer Focus Group

Seven staff members representing six national community (retail) pharmacy organizations participated in the PAC pharmacy employer focus group held during the 2016 APhA Annual Meeting. The following elements were expressed and/or agreed upon by the majority of the pharmacy employer focus group participants:

- Precepting is viewed in a positive manner by the companies represented, as it provides leadership opportunities, the ability to develop future leaders and allows student pharmacists to experience community pharmacy in a “real-world” setting;
- It would be beneficial for the employers/supervisors of preceptors to have access to preceptor training (or the training received by their preceptors);
- It would be beneficial to have more consistency for rotation logistics, including rotation schedules, rotation objectives, and student evaluation rubrics;
- Pharmacy employers would like to have more control over the sites and preceptors that schools/colleges of pharmacy place students, as they know the best locations for a rotation experience in their company;
- Preceptors need more training on how to work with the “marginal” student on rotation, which includes

how to evaluate students and how to have difficult conversations;

- Preceptors need more opportunities for continuing education on new areas of pharmacy, hands-on training on coaching and giving feedback to experiential education students and training on how to be organized to be more effective in precepting;
- Preceptor training needs to be available for the needs of the preceptor (i.e., offer multiple “live” training days, offer webinar on-demand training); and
- Leadership, clinical and management skills are needed by community pharmacists and pharmacist preceptors in the community setting.

None of the participating companies represented in the pharmacy employer focus group receives payment or stipends for being a preceptor. In fact, the few that have received payment for students being on rotation at one of their stores said that they returned the payment to the school/college of pharmacy. When asked about the proposed PAC policy statement regarding transitioning from paying sites or preceptors on a per student/per rotation basis to utilizing such funds to focus on preceptor development and advancement, everyone in the focus group agreed with the proposed policy statement and its intended purpose.

The focus group participants believe that there needs to be more community pharmacy representation at the table(s) of influence at schools/colleges of pharmacy (i.e., curriculum committee, curricular review committees) and there needs to be more community pharmacy-focused faculty so that this practice setting can have more of an influence during didactic and service learning. They also expressed interest in developing additional partnerships between community practice and academic pharmacy to ensure that preceptors optimally integrate with the learning and training of future pharmacists. The detailed notes from the pharmacy employer focus group are included in Appendix 3.

Recommendations and Suggestion:

Recommendation 5: AACP should institute a national advisory board of pharmacy employers and national pharmacy organizations to collaborate with AACP on preceptor and other educational and practice issues.

Recommendation 6: AACP should lead the development and implementation of standardized assessments for all required APPEs.

Suggestion 2: Schools/colleges of pharmacy should work directly with pharmacy employers to recognize pharmacy preceptors.

The Recognition of Volunteer Preceptors

The 2016 PAC discussed the importance of recognizing volunteer preceptors for their work and service to the schools/colleges of pharmacy. While some colleges provide direct compensation to preceptors for taking IPPE and APPE students, others do not. Alternately, they may compensate practice sites which may or may not have a direct benefit to the individual preceptor. Regardless of remuneration methods, recognition of preceptors in other, more prestigious ways, was something the committee members agreed was an important initiative.

Credentialing

A credential is documented evidence of professional qualifications.³⁶ Credentialing refers to one of two processes: the process of granting a credential or the process by which an organization or institution obtains, verifies, and assesses an individual’s qualifications to provide services.³⁶ Credentialing in precepting should be developed for preceptors who have completed specified training programs developed by national pharmacy organizations such as AACP, ASHP, and APhA. AACP should include an item in the AACP annual preceptor survey to determine the value preceptors see in this type of offering. A universal credentialing process could create a way to nationally recognize fully trained preceptors. This could benefit preceptors who take students from multiple schools/colleges and would decrease the number of site-specific preceptor training programs the preceptors need to complete. It could also serve as a national database for outstanding preceptors that could be recognized by multiple schools/colleges. The credentialing process for preceptors should be different than current board certification programs. Volunteer preceptors should not be charged a fee to participate, as they are acting in a service role and supporting the schools/colleges of pharmacy. The cost of such a program should be offset by the schools/colleges and the funds that may be utilized to pay preceptors could be utilized for the development and maintenance of this program.

Awards

Many schools/colleges of pharmacy offer awards to outstanding preceptors. These often come in the form of Preceptor of the Year awards, which are sometimes further classified by length of time in practice (new and veteran preceptors) or by practice setting (inpatient versus outpatient). Schools/colleges of pharmacy should continue to grant these awards, and should consider optimizing the number of awards given to provide recognition and praise to multiple qualified preceptors. AACP instituted the annual Master Preceptor Recognition Program

in 2014 to recognize volunteer preceptors who have demonstrated sustained commitment to excellence in experiential education and professional practice.³⁷ Schools should consider nominating their own preceptor award winners for a national award such as the Master Preceptor Recognition Program to further promote the preceptor's efforts and accomplishments. National pharmacy organizations such as AACP, ASHP, and APhA should consider holding events during the annual meetings that recognize outstanding preceptors. These events could also recognize volunteer preceptors for their number of years of service to the profession as a preceptor (i.e., 5 years, 10 years, etc.).

Other Forms of Recognition

Preceptors can be offered affiliate faculty appointments within the schools/college of pharmacy. These appointments should have meaning, be clear in the appointment letter, and be reviewed by the school/college annually. The title should be clearly explained and should recognize the pharmacist as a preceptor. Promotion guidelines (if applicable to the position) should be clearly delineated. Preceptors should also be recognized by the state pharmacy organizations. AACP can work with the National Alliance of State Pharmacy Associations (NASPA) and the individual state pharmacy organizations on this initiative and could provide programming at the National Pharmacy Preceptors Conference for IPPE and APPE preceptors. Special recognition should be given to those preceptors who are promoted through the schools/colleges of pharmacy.

Outstanding preceptors should be entitled to discounts on state and national pharmacy organizations' programming. They should also receive discounts on board certification memberships and schools/colleges of pharmacy should promote their outstanding preceptors to external constituents. Having posters or electronic boards posted throughout the college that display the current outstanding preceptors is a way to inform visitors to the college, prospective students and current students, how important it is to serve as a preceptor. At the local level, press releases should be sent out to all forms of public media. The preceptor's employer should be made aware of the accomplishments of the preceptor, as this may lead to positive outcomes on future performance evaluations.

Preceptors who are recognized in the ways mentioned above should be invited to serve on panels at local and national pharmacy meetings and asked to participate in focus groups designed to enhance experiential learning across the country. They should be held up to the masses as role models for the profession and their

methods and strategies for mentoring students should be glorified and shared with others within and outside of pharmacy.

Recommendations and Suggestions:

Recommendation 7: AACP should collaborate with other national organizations to recognize institutions and organizations who excel in precepting.

Recommendation 8: AACP should invite the AACP Master Preceptors to the AACP annual meeting to be recognized by the academy.

Suggestion 3: Schools/colleges of pharmacy should develop new ways to recognize preceptors, including those who have been preceptors for many years.

Suggestion 4: Schools/colleges of pharmacy should recognize institutions and organizations who excel in precepting.

Interprofessional Education/Practice and the Volunteer Preceptor

Interprofessional Education (IPE) has become a focus and expectation in health professions education over the past several years. Although at varying degrees, IPE is mandated in the accreditation standards for most of the health professions.^{2,38} The World Health Organization (WHO) framework for action on IPE and collaborative practices states that IPE occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.³⁹ While the Interprofessional Education Collaborative (IPEC) has contributed to several key resources for IPE and competencies for Interprofessional Collaborative Practice,^{40,41,42} there is limited information regarding the extent to which volunteer preceptors are knowledgeable and competent about IPE and interprofessional practice. This provides a tremendous opportunity for the health professions to collaborate in this effort.

There are several resources that have been established to assist preceptor development related to IPE and interprofessional practice. To assist with the assessment of the IPEC Competencies, the Canadian Academic Health Council developed an Interprofessional Collaborator Assessment Rubric.⁴³

The National Center for Interprofessional Practice and Education has established a Nexus Learning Toolkit that has elements designed to support preceptors in any healthcare profession who wish to precept interprofessional practice and education at their practice site.⁴⁴ The toolkit provides online modules and tools available in a variety of formats including web-based modules for preceptor development, active-learning materials and facilitator guides for face-to-face workshops for preceptor

development, interprofessional education materials to be used with learners to enhance their practice experiences and interprofessional collaborative practice materials and other resources being used across the country. These resources are divided into three areas: those designed for (1) the preceptor as a learner of interprofessional practice and education, (2) the preceptor as an Interprofessional Educator and (3) the preceptor as an Interprofessional Champion. The University of Washington's Center for Health Sciences Interprofessional Education, Research and Practice founded in 1997 is one of the first collaborative centers for IPE and since 2010 has provided resources for educating faculty to be leaders and facilitators in IPE.⁴⁵ There are many other IPE centers throughout the country who have resources for faculty (including preceptors) interprofessional education and development.^{46,47,48,49,50,51,52,53}

Academic pharmacy has begun to examine IPE in experiential education. The AACP Experiential Education Section has a task force examining Intentional Interprofessional Education (IPE) in Experiential Education (EE). The task force has proposed the following definition of intentional IPE within EE:

- "Intentional interprofessional education in experiential learning is the explicit effort by preceptors and practice sites to create/foster educational opportunities or activities designed specifically to achieve interprofessional educational competencies."⁵⁴

This task force through its activities during the 2015-16 academic year, which includes quantifying the amount of and characterizing the types of intentional IPE occurring within the EE section, will provide important baseline information that the section and the academy can utilize to build on future communications and collaborations within and outside of the academy to build resources and tools that can assist in developmental needs for preceptors and experiential education sites.

Recommendation:

Recommendation 9: AACP should advise the National Center for Interprofessional Education and other interprofessional education and practice groups to examine issues related to precepting in an interprofessional care environment.

Policy Statements, Recommendations and Suggestions

Policy Statements (Adopted by the AACP House of Delegates July 27, 2016).

Policy Statement 1: AACP encourages pharmacists in all practice settings to be a preceptor to contribute to

the future of the profession and the evolving health care system.

Policy Statement 2: AACP encourages members of the academy that use the traditional transactional model of experiential education (i.e., payment to an experiential preceptor/site per student per rotation) to transition to a model that reinvests experiential education resources to support the professional development/advancement of preceptors.

Recommendations

Recommendation 1: AACP should collaborate with other national pharmacy organizations to identify and disseminate modules for baseline preceptor training to schools/colleges of pharmacy.

Recommendation 2: AACP should collaborate with other national pharmacy organizations to develop and disseminate best practices regarding precepting across all phases of pharmacy education.

Recommendation 3: AACP should collaborate with other national pharmacy organizations to develop and disseminate best practices in preceptor development, including a preceptor self-assessment tool, across all phases of pharmacy education.

Recommendation 4: AACP should add questions to the required preceptor surveys regarding self-efficacy and CPD needs.

Recommendation 5: AACP should institute a national advisory board of pharmacy employers and national pharmacy organizations to collaborate with AACP on preceptor and other educational and practice issues.

Recommendation 6: AACP should lead the development and implementation of standardized assessments for all required APPEs.

Recommendation 7: AACP should collaborate with other national organizations to recognize institutions and organizations who excel in precepting.

Recommendation 8: AACP should invite the AACP Master Preceptors to the AACP annual meeting to be recognized by the academy.

Recommendation 9: AACP should advise the National Center for Interprofessional Education and other interprofessional education and practice groups to examine issues related to precepting in an interprofessional care environment.

Suggestions

Suggestion 1: Schools/colleges of pharmacy should work with their board of pharmacy to reduce the barriers faced in experiential education.

Suggestion 2: Schools/colleges of pharmacy should work directly with pharmacy employers to recognize pharmacy preceptors.

Suggestion 3: Schools/colleges of pharmacy should develop new ways to recognize preceptors, including those who have been preceptors for many years.

Suggestion 4: Schools/colleges of pharmacy should recognize institutions and organizations who excel in precepting.

Conclusion and Call to Action

Preceptors are a key group of stakeholders that bear significant responsibility for ensuring practice-ready, team-ready pharmacy graduates. Academic pharmacy and the national pharmacy organizations play a critical role in preceptor training and development. AACP should collaborate with these organizations to ensure consistency in areas of preceptor development that are common to all pharmacy preceptors regardless of practice setting. A standardized program for baseline preceptor training should be developed and disseminated to all schools/colleges of pharmacy. Best practices in preceptor development should be disseminated to all stakeholders (schools/colleges of pharmacy, pharmacist preceptors and employers). Schools/colleges of pharmacy should evaluate the effectiveness of their preceptor development programs focusing on both preceptor and student educational outcomes. Financial resources that support experiential education should be redirected toward advancing the professional development of preceptors to ensure quality preceptors and practice sites for student experiential education. National and state pharmacy organizations and schools/colleges of pharmacy should collaborate to recognize preceptors, institutions and organizations that excel in precepting.

Academic pharmacy must collaborate with pharmacist employers to ensure optimal outcomes for students, practice sites and patients. Best practice models that yield mutually beneficial outcomes in both inpatient and outpatient practice settings must be shared with all stakeholders in experiential education. AACP should conduct additional focus groups with student pharmacists, pharmacist preceptors, experiential directors and pharmacy managers to better define preceptor development needs. Finally, AACP should spearhead a national advisory board of pharmacy employers and the national pharmacy organizations to foster an open dialogue regarding student, preceptor and practice site issues.

REFERENCES

1. Boyle CJ. Capitalizing on Foundations in Citizenship Address of the 2014-2015 President Elect to the 2015 AACP House of Delegates. *Am J Pharm Educ*. 2015;79(6), Article S5.
2. Accreditation Council for Pharmacy Education. Accreditation standards and guidelines for the professional program in pharmacy leading to the doctor of pharmacy degree ("Standards 2016"). <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>. Accessed March 23, 2016.
3. Report of the 2011-2012 AACP Professional Affairs Committee: Addressing the Teaching Excellence of Volunteer Pharmacy Preceptors. *Am J Pharm Educ*. 2012;76(6), Article S4.
4. Report of the 2014-2015 Professional Affairs Standing Committee: Producing Practice-Ready Pharmacy Graduates in an Era of Value-Based Health Care. *Am J Pharm Educ* 2015;79(8), Article S12.
5. Report of the 2010-2011 Professional Affairs Committee Report: Effective Partnerships to Implement Pharmacists' Services in Team-Based, Patient-Centered Healthcare. *Am J Pharm Educ* 2011;75(10), Article S11.
6. The Pharmacists' Patient Care Process. <http://jcpep.net/patient-care-process/>. Accessed March 23, 2016.
7. National Center for Interprofessional Practice and Education: Preceptors in the Nexus Toolkit. <https://nexusipe.org/engaging/learning-system/preceptors-nexus-toolkit>. Accessed March 23, 2016.
8. Elenbaas RM, Worthen DB. *Clinical Pharmacy in the United States: Transformation of a Profession*. 1st ed. American College of Clinical Pharmacy;2009:4 9-130.
9. Model Act. National Association of Boards of Pharmacy (NABP). <http://www.nabp.net/publications/model-act/>. Accessed March 23, 2016.
10. Vos SS, Trewet CB. A comprehensive approach to preceptor development. *Am J Pharm Edu* 2012;76(3), Article 47.
11. McDuffie CH, Duke LJ, Stevenson TL, Sheffield MC, Fetterman JW, et al. Consortium-based approach to an online preceptor development program. *Am J Pharm Ed* 2011;75(7), Article 136.
12. Assemi M, Corelli RL, Ambrose PJ. Development needs of volunteer pharmacy practice preceptors. *Am J Pharm Edu* 2011; 75(1), Article 10.
13. Boyle CJ, Morgan JA, Layson-Wolf C, Rodriguez de Bittner M. Developing and implementing an academy of preceptors. *Am J Pharm Edu* 2009;73(2), Article 34.
14. Cerulli J, Briceland LL. A streamlined training program for community pharmacy advanced practice preceptors to enable optimal experiential learning opportunities. *Am J Pharm Edu* 2004;68(2), Article 9.
15. Fuller PD, Peters LL, Hoel R, Baldwin JN, Olsen KM. Residency preceptor development and evaluation: a new approach. *Am J Health Syst Pharm* 2013;70(18): 1605-1608.
16. Hartzler ML, Ballentine JE, Kauffman MJ. Results of a survey to assess residency preceptor development methods and precepting challenges. *Am J Health Syst Pharm* 2015;72(15): 1305-1314.
17. Kassam R, McLeod E, Kwong M, Tidball G, Collins J, et al. An interprofessional web-based resource for health professions preceptors. *Am J Pharm Edu* 2012;76(9), Article 168.
18. Moore P, Schmidt D, Howington L. Interdisciplinary preceptor teams to improve the clinical nurse leader student experience. *J Prof Nurs*. 2014;30(3): 190-195.
19. Oath of a Pharmacist. <http://www.aacp.org/resources/studentaffairspersonnel/studentaffairspolicies/Documents/OATHOFAPHARMACIST2008-09.pdf>. Accessed March 23, 2016.
20. Danielson J, Eccles D, Kwasnik A, Craddick K, Heinz AK, et al. Status of Pharmacy Practice Experience Education Programs. *Am J Pharm Edu* 2014;78(4), Article 72.

21. Accreditation Council for Pharmacy Education: Continuing Professional Development (CPD). <https://www.acpe-accredit.org/ceproviders/CPD.asp>. Accessed March 23, 2016.
22. Tofade T, Kim J, Lebovitz L, Leadon K, Maynor L., et al. Introduction of a continuing professional development tool for preceptors: Lessons learned. *J Pharm Pract* 2015;28(2): 212-219.
23. Woloschuk DM, Raymond CB. Development and evaluation of a workplace-based preceptor training course for pharmacy practitioners. *Can Pharm J (Ott)*. 2012;145(5):231-236.
24. Sonthisombat P. Pharmacy student and preceptor perceptions of preceptor teaching behaviors. *Am J Pharm Educ*. 2008;72(5):110.
25. Paravattil B. Preceptors' self-assessment of their ability to perform the learning objectives of an experiential program. *Am J Pharm Educ*. 2012;76(9):169.
26. Truong C, Wyllie A, Bailie T, Austin Z. A needs assessment study of hospital pharmacy residency preceptors. *Can J Hosp Pharm*. 2012;65(3):202-208.
27. Ackman ML, Romanick M. Developing preceptors through virtual communities and networks: Experiences from a pilot project. *Can J Hosp Pharm*. 2011;64(6):405-411.
28. Davison M, Medina MS, Ray NE. Preceptor preferences for participating in electronic preceptor development. *Pharm Pract (Granada)*. 2009;7(1):47-53.
29. Kassam R, Kwong M, Collins JB. An online module series to prepare pharmacists to facilitate student engagement in patient-centered care delivery: Development and evaluation. *Adv Med Educ Pract*. 2012;3:61-71.
30. Mersfelder TL, Bouthiller MJ. Value of the student pharmacist to experiential practice sites: a review of the literature. *Ann Pharmacother*. 2012;46(4):541-8.
31. Hatton RC, Weitzel KW. Complete-block scheduling for advanced pharmacy practice experiences. *AJHP* December 1, 2013. vol. 70, no 23, 214402151.
32. Taylor RA, Wisneski SS, Kaun MA, Partelano P, Williams J, Goldman MP. Sequential advanced pharmacy practice experiences at one institution for students from three pharmacy schools. doi: 10.2146/ajhp130139. *Am J Health-Syst Pharm*. 2014;71: 140-144.
33. Delgado O, Kernan WP, Knoer SJ. Advancing the pharmacy practice model in a community teaching hospital by expanding student rotations. doi: 10.2146/ajhp130624 *Am J Health-Syst Pharm*. 2014;71:1871-1876.
34. From Learner to Practitioner: A Comprehensive Exploration of the Value and Purpose of the Student Intervention Documentation Process Study Information Sign Up Page. <http://www.evaluatehealthcare.com/aacpstudy>. Accessed March 23, 2016.
35. American Association of Colleges of Pharmacy Preceptor Survey: 2015 National Summary Report. http://www.aacp.org/resources/research/institutionalresearch/Documents/Preceptor%20Survey_National%20Summary%20Report%20for%20web_20150916.pdf. Accessed March 23, 2016.
36. Council on Credentialing in Pharmacy. Credentialing and privileging of pharmacists: A resource paper from the Council on Credentialing in Pharmacy. *Am J Health-Syst Pharm*. 2014; 71:1891-1900.
37. AACP Master Preceptor Recognition Program. <http://www.aacp.org/CAREER/AWARDS/Pages/> MasterPreceptorRecognitionProgram.aspx. Accessed March 23, 2016.
38. Advancing Interprofessional Clinical Prevention and Population Health Education: Curriculum Development Guide for Health Professions Faculty: Appendix A: Excerpts from Accreditation Standards. https://ipecollaborative.org/uploads/APTR-HPCTF_IPE_Crosswalk_2013.pdf. Accessed March 23, 2016.
39. Interprofessional Education Collaborative (IPEC): What is Interprofessional Education (IPE)? https://ipecollaborative.org/About_IPEC.html. Accessed March 23, 2016.
40. Core Competencies for Interprofessional Collaborative Practice. <https://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf>. Accessed March 23, 2016.
41. Interprofessional Collaborative Practice Competencies. <https://ipecollaborative.org/uploads/IP-Collaborative-Practice-Core-Competencies.pdf>. Accessed March 23, 2016.
42. Team-Based Competencies: Building a Shared Foundation for Economic and Clinical Practice. <https://ipecollaborative.org/uploads/IPEC-Team-Based-Competencies.pdf>. Accessed March 23, 2016.
43. Interprofessional Collaborator Assessment Rubric. <http://www.med.mun.ca/getdoc/b78eb859-6c13-4f2f-9712-f50f1c67c863/ICAR.aspx>. Accessed March 23, 2016.
44. Nexus Learning System: Preceptors in the Nexus Toolkit. <https://nexusipe.org/engaging/learning-system/preceptors-nexus-toolkit>. Accessed March 23, 2016.
45. University of Washington Center for Health Sciences Interprofessional Education, Research and Practice: Faculty Development. <http://collaborate.uw.edu/faculty-development/faculty-development.html>. Accessed March 23, 2016.
46. KU Medical Center Interprofessional Collaboration. <http://guides.library.kumc.edu/content.php?pid=295302&sid=2441176>. Accessed March 23, 2016.
47. Interprofessional Education at UCSF. <https://interprofessional.ucsf.edu/our-approach>. Accessed March 23, 2016.
48. University of New England: The Interprofessional Education Collaborative. <http://www.unec.edu/wchp/ipec>. Accessed March 23, 2016.
49. Thomas Jefferson University: Jefferson Center for InterProfessional Education (JCIPE). http://www.jefferson.edu/university/interprofessional_education.html. Accessed March 23, 2016.
50. St. Louis College of Pharmacy Center for Interprofessional Education. <https://www.stlcp.edu/interprofessional/index.html>. Accessed March 23, 2016.
51. VCU Center for Interprofessional Education and Collaborative Care. <http://ipe.vcu.edu/>. Accessed March 23, 2016.
52. University of Michigan Interprofessional Education. <http://interprofessional.umich.edu/>. Accessed March 23, 2016.
53. University of Kentucky Center for Interprofessional Health Education. <http://www.uky.edu/cihe/about-us>. Accessed March 23, 2016.
54. Personal Communication with Gloria Grice and Joseph Zorek, co-chairs of the 2015-16 AACP Task Force on Intentional Interprofessional Education in Experiential Education. November 2015.

Appendix 1A: Pharmacy Preceptor Focus Group Discussion Guide

Welcome and Introductions

- Name, Role(s), How long? – (Ice breaker: “If you could be anywhere else today?”)

- Ground Rules:
 - We’re here to listen to you – and to hear from everyone
 - No wrong answers!
 - Please talk one-at-a-time
 - Open-ended time at end of group

- Goals:
 - To understand what’s working now, and what needs improvement, in precepting
 - How is the *process* working for you?
 - What do you need in terms of continuing professional development?

First Exercise

- Write and share (discuss first point, then second)
 - What’s the best thing about being a preceptor?
 - What’s something that you want to change or improve?

Training and Evaluation

- What type of training have you received – as a preceptor?
 - Do you think this training is sufficient?
 - Is there anything you would do differently?
- What type of training does the site provide to the student pharmacists? Is this adequate – effective? (Probe for knowledge, behavior, professionalism)

About You:

- Why did you decide to make precepting part of your work?
- How did you become a preceptor?
- What is a “typical” day with a student?

About Your Students:

- Do you feel your students are well prepared when they come to you? Is there anything you would change about this?
- Which scheduling model do you prefer: 4, 5 or 6-week rotations? What do you think of block/longitudinal rotations (students completing more than 1 rotation block with your company/organization)?
What about having students available on nights-weekends-holidays?
- How do you evaluate APPE student pharmacists – what is the *process*?

About Your Development and Support:

- What would help you be a better preceptor?
- What type of professional development should be valuable to you?
- Are there any incentives that you would recommend for preceptors? (Be specific.)

(Continued)

(Continued)

Specific Support for Preceptors

- How many of you receive payment or stipends for precepting? What do you think about this?
- The AACP Professional Affairs Committee (PAC) is proposing a policy statement for schools of pharmacy to eliminate payment as they may currently exist (per student per rotation) to sites or preceptors and, instead, focusing on preceptor development and advancement. What do you think of this?
- What do you think this professional development should be?
 - (Probe:
 - Continuing PD/virtual?
 - Certification support?
 - Help preceptors attend professional conferences?
 - Speakers?)

Partnership Between Pharmacy Practice and Pharmacy Education

- What is the role of preceptors in academic pharmacy? Do you feel you have a role?
- How do preceptors fit in with learning and training? (Be specific.)
- How can we ensure that the learning objectives for the students align with your expectations and needs onsite?
- How can the schools support you? What resources do you need from the schools?

Open-Ended Questions:

“In a perfect world . . .”

- How would you utilize student pharmacists if you had a continuous flow of students?
 - Would you enhance or modify current services? (Be specific.)
 - Would you create new services? (Be specific.)
- If you were the “absolute ruler” of the preceptor program, what is the *single most important thing* you would do to make the program better and more effective – for students, for preceptors and even for employers?

Thank You!

Appendix 1B: Pharmacy Employer Focus Group Discussion Guide

Welcome and Introductions

- Name, Role, How long? – (Ice breaker: “If you could be anywhere else today?”)
- Ground Rules:
 - We’re here to listen to you – and to hear from everyone
 - No wrong answers!
 - Please talk one-at-a-time
 - Open-ended time at end of group
- Goals:
 - To understand what’s working now, and what needs improvement, in precepting
 - How is the *process* working for you and your company/organization?
 - What do you and your preceptors need in terms of continuing professional development?

First Exercise

- Write and share (discuss first point, then second)
 - What’s the best thing about being an employer of a preceptor?
 - What’s something that you want to change or improve?

Training and Evaluation

- What type of training have you received regarding precepting– as an employer a supervisor or administrator?
 - Do you think this training is sufficient? Is there anything you would do differently?
- What type of training does the site provide to the student pharmacists on rotation? Is this adequate – effective? (Probe for knowledge, behavior, professionalism)
- How do your preceptors evaluate APPE student pharmacists – what is the *process*?

In the workplace:

- What is the value of having preceptors and students within your organization?
 - Has this changed over time?
- How have you incorporated student pharmacists into your work flow?
 - Is this workable/effective?
- What scheduling model would be most valuable to you?
 - For example, would you prefer block or longitudinal rotations (students completing more than 1 rotation block with your company/organization)? 4, 5 or 6-week rotations?
 - Would you prefer having students available on nights-weekends-holidays?

Support:

- What would help your preceptors be more effective?
- Are there any incentives that you would recommend for preceptors? (Be specific.)
- What type of professional development would be valuable to you?

(Continued)

(Continued)

Specific Support for Preceptors

- How many of you offer payment or stipends to your preceptors? Payment or reimbursement for professional development? What do you think about this?
- The AACP Professional Affairs Committee (PAC) is proposing a policy statement for schools of pharmacy to eliminate payment as they may currently exist (per student per rotation) to sites or preceptors and, instead, focusing on preceptor development and advancement. What do you think of this?
- What do you think this professional development should be?
 - (Probe:
 - Continuing PD/virtual?
 - Certification support?
 - Help preceptors attend professional conferences?
 - Speakers?)

Partnership Between Pharmacy Practice and Pharmacy Education

- What is the role of preceptors in academic pharmacy? Do preceptors understand this role?
- How do preceptors fit in with learning and training? (Be specific.)
- How can we ensure that the learning objectives for the students align with the expectations and needs of the site?
- Is there anything that pharmacy schools can do differently to support all of you?

Open-Ended Questions

“In a perfect world . . .”

- How would you utilize student pharmacists if you had a continuous flow of students?
 - Would you enhance or modify current services? (Be specific.)
 - Would you create new services? (Be specific.)
- If you were the “absolute ruler” of the preceptor program, what is the *single most important thing* you would do to make the program better and more effective – for students, for preceptors and for employers?

Thank You!

Appendix 2. Notes from the PAC Preceptor Focus Groups

First Exercise

- Write and share (discuss first point, then second)
 - What's the best thing about being a preceptor?
 - Engaging with the students years later and learning about how their time (rotation) with them has helped them in their career
 - Being a part of the student's development
 - Seeing the development of students and having them want to be preceptors. I also like having the students understand the feedback they have received during their time with me.
 - Working and developing lasting relationships with students. Having student become more interested in community pharmacy practice after their rotation.
 - What's something that you want to change or improve?
 - I precept IPPE students as well as the advanced hospital rotation. If a student already has an interest in community pharmacy, they question the need for them to do a health-system pharmacy rotation. Students should have a better understanding of why they need to do certain rotations. Also, I would like to have consistency among rotations.
 - There is a continued need for preceptors to give good, constructive feedback for students and the need for students to be able to receive and accept that feedback for their continued development.
 - I always want to improve my feedback skills to students. This is an area of continued development for preceptors. In addition, some pharmacists who are preceptors don't know what it takes to be preceptor—need to develop the skills and competency areas for all preceptors.
 - Getting interested pharmacists to be preceptors—pharmacists need adequate education about precepting. Recruiting good preceptors and quality rotation sites is very important.

Training and Evaluation

- What type of training have you received – as a preceptor?
 - Completed a PGY1 residency, which was very heavy on academia. She served as a primary preceptor during residency and gained feedback during the year on being a preceptor. One of the schools that I precept for offers annual workshops for preceptors for ongoing training/development.
 - Had good mentorship from past preceptors which inspired her to be a preceptor. She sought out preceptor resources from APhA and other sources and spoke with other preceptors (especially Dean of Academic Affairs). She uses APhA preceptor book and use APhA online networking resource (preceptor SIG).
 - Began precepting before there was formal training in precepting by the schools (did not utilize the CD-rom that schools initially sent out for training). She was able to utilize the knowledge that she had with her students due to her primary job in training and development.
 - Required to watch a 8-10 hour training video preceptor training/development (more of checking the box training than useful training).
- Is there anything you would do differently (for preceptor training)?
 - Use of a standardized model for training of preceptors. This would include providing what the expectation is for preceptors versus having preceptors volunteer (to ensure that preceptors do not develop their own set of standards).
 - Would appreciate the training being much more school directed
 - Schools have more of a responsibility for preceptor training and development
 - There needs to be more training on working with the difficult student
 - The ability for new and established preceptors to chat and share information would be very useful
 - Having more communication from schools about students (especially those who have had issues in the past) in order for preceptors to make the experience more beneficial for students, the preceptor and the site
 - Experiential Education is a “safety-net” for education and can really assist in determine students who are not ready to become a pharmacist

(Continued)

(Continued)

- What type of training does the site provide to the student pharmacists? Is this adequate – effective?
 - There is an IPPE and APPE workshop at the beginning of each school year for students doing that rotation that year
 - Spend more time with students who have not work with the national chain at the beginning of the rotation (during orientation) so that they can be trained on their systems. There is a challenge in community pharmacy due to varied student experiences and the goal(s) of the rotation.
 - Employers need to know about the goals of experiential education so that students are not viewed as extra help.
 - Overall, everyone agreed that their students are adequately prepared and in large exhibit professionalism during their rotations.

- Why did you decide to make precepting part of your work?
 - Two things—(1) having a paid internship during pharmacy school which was very enjoyable and (2) having a not to structured required community rotation during pharmacy school. Based on both experiences, wanted to make community experiential education better as a practitioner.
 - Two things: (1) having an excellent professor during the 4th year of pharmacy school who encouraged her to become a preceptor upon licensure and (2) having an unpleasant community rotation with a preceptor. Based on both experiences, decided that she wanted to make a positive difference in the lives of patients and students.
 - Began working as a preceptor with the pharmacy intern program of the chain she worked for and became motivated by it. Being a preceptor means learning everyday and “keeping on your feet.” It was also looked upon well by the employer and others if you were a preceptor.
 - Embarrassed by how few students were on hospital rotations and saw it as an opportunity to expose students to another career path and also saw it as an opportunity for administrators at his location.

- What is a “typical” day with a student?
 - On the first day of the rotation, meet with students and orient them to the community pharmacy. They review over the syllabus, training on how to give immunizations and familiarization with the EHR system. Students are required to shadow pharmacists as they counsel patients. This allows them to become more independent as their rotation advances. I attempt to provide feedback at the end of each day with the student.
 - Involved with both IPPE and APPE rotations. IPPEs are more organized as their site has a notebook that has specific competencies that the preceptors sign-off on as the student progress. APPEs are more variable and in order to entice pharmacists to be preceptors, we have students involved in a project during their rotation (which is beneficial to the preceptor and/or the site).
 - IPPEs are more structured with specific activities. APPEs will vary depending on the curricula and activities available at the site.

- Do you feel your students are well prepared when they come to you? Is there anything you would change about this?
 - Students are adequately prepared for rotations
 - The majority of students are professional in rotations
 - Some students are not able to accept constructive feedback and incorporate it to improving their work in the future

- Which scheduling model do you prefer: 4, 5 or 6-week rotations? What do you think of block and longitudinal rotations (students completing more than 1 rotation block with your company/organization)?
 - For APPEs, all students are on longitudinal rotations at our school of pharmacy. Students loved it as they did not have to spend time on learning new systems and they are better acquainted with the health-system. I was initially not in favor of it, but it is working for well for students and the health-systems.
 - For IPPEs, all students are on longitudinal rotations, where they spend one day every other week at the same location
 - We take students on rotation for 6-weeks. Similar to block scheduling, as it is immersive for the student and the site as the students have sufficient time to really become a part of the team.
 - The longitudinal experience for IPPEs has been good as the site and students as both can see the growth and development of students. The longitudinal experience also provides more learning opportunities for the student.

(Continued)

(Continued)

- How do you evaluate APPE student pharmacists – what is the *process*?
 - There is a manual for each APPE experience that has specific expectations and learning experiences. Every preceptor uses the same evaluation (use of the same rubrics).
 - Use of university-specific online evaluation that has required evaluations at the mid-point and final evaluations
 - Each site in the health system develops their own rotation descriptions. They have an end-of-month evaluation and the midpoint evaluation is optional.
 - For APPEs, the evaluation is online. The different evaluation forms from different schools of pharmacy is an administrative burden for preceptors who precept for more than one school. There needs to be a common evaluation form that includes elements that can be customized for a particular site or school.
- What would help you be a better preceptor?
 - Developing a common evaluation form from all of the schools would be very helpful for preceptors
 - Preceptor conferences where continuing education (CE) is offered are good, but they tend to be lecture-based. Preceptors need more hands-on training (i.e., practicing giving feedback)
 - Have short-read articles on how to be a better preceptor (referenced a short article in Pharmacy Today)
 - Preceptor development is something that everyone struggles with as it tends to be unorganized. I have participated in an annual preceptor symposium that allows preceptors to discuss their challenges and other issues.
 - Employers may not take responsibility for preceptor training, which may be a reason why certain programs don't work as well at the pharmacy site (i.e., doing MTM, immunizations into the workflow).

Specific Support for Preceptors

- How many of you receive payment or stipends for precepting? What do you think about this?
 - No one in the group receives payment or stipends for being a preceptor
 - There is concern that preceptors would precept for the wrong reason if they were paid for precepting
 - Some of the preceptor sites in their institution have pulled when the preceptor asked about money as we were concerned that they may be more interested in money than teaching and assisting with student pharmacist development
- The AACP Professional Affairs Committee (PAC) is proposing a policy statement for schools of pharmacy to eliminate payment as they may currently exist (per student per rotation) to sites or preceptors and, instead, focus on preceptor development and advancement. What do you think of this?
 - Everyone in the focus group agreed with the policy statement.
 - Bringing payment into the experiential education and precepting conversation will not attract dedicated preceptors.
- What do you think this professional development should be?
 - Attending professional meetings (such as the APhA Annual Meeting) and engaging with pharmacy associations
 - Extra training on how to be a good preceptor
 - Professional development available virtually and on-demand (webinars)
 - Preceptor development during state or annual meetings of chain and community pharmacies
 - Utilizing current preceptors who are doing a great job preceptor to serve as trainers for other preceptors (“Train-the-Trainer”)
 - There should be some basic, common training available for all preceptors (although this may be a challenge to accomplish logistically)

(Continued)

(Continued)

Partnership Between Pharmacy Practice and Pharmacy Education

- What is the role of preceptors in academic pharmacy? Do you feel you have a role?
 - The school of pharmacy that we precept for provides a faculty title for preceptors (ranges from preceptor to adjunct faculty [which involves being on tenure track]). The school opens up faculty meeting to preceptors, which allows preceptors to be involved with the school. The school also offers a clinical education track for preceptors where they have to commit to precepting a set number of students of year and having their CV reviewed.
 - There are no privileges/benefits for being having the adjunct faculty title from the school of pharmacy that I primarily precept for—the adjunct faculty title has no weight.
- How can the schools support you? What resources do you need from the schools?
 - Library access for preceptors from the schools is a great benefit for preceptors
 - To have access to IRB approval from the school (one person noted they were denied for applying to the school's IRB as the title of adjunct faculty does not mean anything)
 - Being subsidized for attending a preceptor meeting, either by granted the time off with pay or receiving money to assist with attending a meeting. A preceptor should not have to utilize both their time (personal leave) and money to attend preceptor training.
 - The schools of pharmacy have power with the employers—they should work with them on issues related to preceptor training and development

Open-Ended Questions

"In a perfect world . . ."

- How would you utilize student pharmacists if you had a continuous flow of students?
 - We are working towards that as we have 400 student months of rotations at our health-system. Our preceptors get upset when they don't have a student learner on rotation as they assist with so much of our patient care services (i.e., patient histories, transitions of care)
 - Preceptors are and become so much better if they have student continuously (versus a few students during the academic year). "If you don't use it, you lose it" was quoted pertaining to preceptors being better when they always have students on rotation.
 - From a patient and pharmacy staff standpoint, the patients and staff at a community setting get used to having students and learn to expect and utilize them.
 - The environment at a site is better when there is a student on rotation.
 - If you were the "absolute ruler" of the preceptor program, what is the *single most important thing* you would do to make the program better and more effective – for students, for preceptors and even for employers?
 - "Hands-on" training for preceptor development. Have them practice the skills that they need to be good preceptors.
 - Better connection with the schools and colleges of pharmacy, including better communication on changes to the pharmacy curriculum
 - Precepting integrated into the pharmacist job description and recognition by the state board of pharmacy
-

Appendix 3. Notes from the PAC Pharmacy Employer Focus Groups

First Exercise

- Write and share (discuss first point, then second)
 - What's the best thing about being an employer of a preceptors?
 - We have people who are so passionate about the profession (without an incentive). Preceptors have a genuine interest in the profession and its future and it makes you proud to know they work for you.
 - Our preceptors are forward-thinking individuals about pharmacy and they utilize students to help keep them current about all aspects of the profession. They embrace change and take on new initiatives and challenges.
 - Our preceptors are developing future leaders. Our preceptors learn about what is happening in the profession and are engaged, due in part by having students on rotation. This keeps them excited about the profession.
 - Our preceptors are creating new leaders in the profession and our company from our preceptors.
 - We recognize our preceptors as an organization and they serve as an example to everyone in our company of what good looks like. We like to show our appreciation for preceptors.
 - Our preceptors are the face of our profession and our organization. Preceptors inspire others and this helps the profession as well.
 - Our preceptors get very excited about giving back to the profession and shaping our future talent
 - What's something that you want to change or improve?
 - Rotation logistics. Having consistency in terms of common rotation dates and rubrics for student evaluations would be welcomed.
 - Would appreciate having more experiential education offices at the schools coordinate the experiential education rotations directly with the organization to better coordinate student rotations (instead of having students arranging their own rotations by reaching out to individual preceptors. This happens more with students travelling across the country).
 - Improving the selection of rotation sites and preceptors. Selection of the location and the preceptor are paramount and some pharmacists should not be preceptors. The organization has greater knowledge than the student and/or the school about the best pharmacists to approach on becoming preceptors (and continuing as preceptors) and on which sites are the best sites for student rotations.
 - Would like a report card from the schools about how the sites and preceptors are doing
 - Schools tend to make it difficult to become preceptors. Some institutions create rigorous criteria in selecting rotations. Pharmacists get frustrated about process to be a preceptor.
 - Precepting is a very manual process. Improved technology and automation for preceptor, site selection, and other aspects of the precepting experience would assist with the process.
 - School release students for rotations at different times. This makes it difficult to place students in rotation sites.

Training and Evaluation

- What type of training have you received regarding precepting— as an employer a supervisor or administrator?
 - There is no specific training for employers/supervisors, but it would be beneficial to have access to preceptor training
 - Training through Pharmacist Letter—while this is not optimal, it is better than no training at all
 - Some schools have live training—the more training the better
 - More webinars would be beneficial
 - Training similar to the University of Maryland's Preceptors Academy is good, but the attendance is low
- What type of training does the site provide to the student pharmacists on rotation? Is this adequate – effective?
 - There is no structured training for students on experiential rotation, other than HIPPA training
 - There is inconsistency amongst the employers
 - There is limited on-boarding training about the organization
 - There is a gap experienced by employers as we don't know where the students are in their experience. Therefore we rely on the preceptors to ensure that students on rotation are trained properly. We would love to have a consistent program to train all preceptors.
 - There is structured training for employee pharmacy interns/students. Sometimes our preceptors utilize the intern training materials for precepting.
 - It is a challenge to coordinate preceptor training
 - It would be beneficial to have someone internally with the company to coordinate all rotation issues. This would assist with the consistency in on-boarding a student to the site for their rotation.

(Continued)

(Continued)

- How do your preceptors evaluate APPE student pharmacists – what is the *process*?
 - There is a midpoint and final evaluation
 - Some evaluation consistency amongst the schools would be beneficial
 - We would appreciate feedback from the schools earlier. Evaluations for organizations is very beneficial. Preceptors may not always know who in the organization would appreciate the evaluation, so schools should be able to provide them to a central place in the organization.
 - Many preceptors are challenged with the “marginal” student on rotation. There needs to be additional training for preceptors to be better at evaluating students. An additional training topic also needed is conducting difficult conversations.
 - Knowing more about the experiential education experience at the store level can assist employers to determine where to spend their efforts/resources with schools (i.e., student scholarships)

- What is the value of having preceptors and students within your organization?
Has this changed over time?
 - Engaging in precepting allows employers to see what the talent pool in pharmacy. IPPE student rotations has replaced many employers having to go to schools to recruit students.
 - Precepting allows you to further brand your organization with the students and the schools. The message of positive (and negative) rotation sites goes back to the schools.
 - We are showing the students that community pharmacy can offer direct patient care and can make a difference in patient’s lives. Sometimes that message does not reach students at the school.
 - We expose of students to ‘real-life’ opportunities in community practice. We show them that you can build a relationship with a patient in a 6-week block rotation (often times, students see some chronically ill patients several times in a 6-week period).
 - IPPEs and APPEs are our only chance to get in front of students (versus the clinical faculty they have exposure to during their pharmacy school tenure). Many schools only have one faculty members who are engaged in community pharmacy practice.
 - Students can get the full-level of engagement in a community setting via our IPPEs and APPEs exposure. Therefore, we need to send the students to the best sites to see what can be done. Students tend to pick their rotations by location/ geographic area, which may not be the best site for their community experience.
 - We can break down barriers and misconceptions about community practice as community can be clinical. Demand by consumers for pharmacy services has increased and the community pharmacist helps to meet this demand.
 - Having preceptors in my organization helps in developing brand ambassadors not only for the company, but also for the pharmacy profession
 - Precepting often provides good recruitment potential for future pharmacists
 - There is increasing opportunity for patient engagement/patient counseling in community pharmacy
 - Pharmacists are accessible
 - Very good leadership, clinical, and management skills are needed by community pharmacists
 - Academic partners can increase emphasis on communication and counseling
 - Patients and consumers need help to sort out information for them as they are in information overload—the pharmacist is the most accessible person on the health care team to help the patient

- How have you incorporated student pharmacists into your work flow?
Is this workable/effective?
 - Preceptors take the responsibility to put students into their workflow. Nothing is really formalized as it has to be customized to the student and their current ability level.
 - Students come to their rotations with different backgrounds and experiences. Therefore, preceptors have to examine the student pharmacist and their skills and experience as well as their personality and preferred learning-style(s).
 - We need to have preceptors who are able to connect the dots in the practice to be the most effective for students. This may not be measurable, but is powerful for the student and their experience.

(Continued)

(Continued)

- What scheduling model would be most valuable to you?
For example, would you prefer block or longitudinal rotations (students completing more than 1 rotation block with your company/organization)? 4, 5 or 6-week rotations?
Would you prefer having students available on nights-weekends-holidays?
 - Block scheduling is preferred—4, 5 or 6 week rotations
 - Longitudinal rotations would be preferred in our organization as we offer a variety of experiences, including community, infusion, and PBM. It is often a hurdle to accomplish a longitudinal rotation experience for APPEs due to scheduling.
 - Block scheduling is preferred, but scheduling is often an issue. Accelerated pharmacy programs can also be a challenge.

Support:

- What would help your preceptors be more effective?
 - They need to get feedback from the schools (this is variable by school)
 - Having schools to send the student's resume (or other student information) to the preceptor before the student starts rotation to help in preparation for the student
 - Standardized forms (especially evaluations) from the schools would be appreciated. The role of the community pharmacist is changing and it would help to have standardization to use one's time more efficiently.
 - Standardized APPE objectives from the schools. This would encourage more pharmacists to be preceptors.
- Are there any incentives that you would recommend for preceptors? (Be specific.)
 - Schools offering access to libraries
 - Our organization provides a preceptor of the year award where we recognize the top 8 or 9 preceptors for each area. These preceptors are showcased to the rest of the company and causes the bar to be raised for all pharmacists and preceptors.
 - Most of the companies represented have recognition program for preceptors
- What type of professional development would be valuable to you?
 - The supervisors and recruiters should have access to the same professional development as the preceptors. The supervisors and recruiters should be aware of the preceptor training.
 - New initiatives or "refreshers" on new and evolving topics (i.e., pharmacogenomics) for those pharmacists who have been out of school for awhile would be beneficial.

Specific Support for Preceptors

- How many of you offer payment or stipends to your preceptors? Payment or reimbursement for professional development? What do you think about this?
 - None of the companies represented offer payment
 - All of the representatives stated that they return a payment back to the school when it is received for precepting
- The AACP Professional Affairs Committee (PAC) is proposing a policy statement for schools of pharmacy to eliminate payment as they may currently exist (per student per rotation) to sites or preceptors and, instead, focusing on preceptor development and advancement. What do you think of this?
 - Everyone agreed the proposed policy statement sounds good and reasonable
 - It would be better to utilize any funds being paid to preceptors for reimbursement for professional development
 - Funds could be utilized to create CPD opportunities at the organizations
 - Health-system pharmacies tend to be paid for having students on rotation

(Continued)

(Continued)

- What do you think this professional development should be?
 - Continuing Education (CE) on new area(s) of pharmacy
 - Free CE
 - Training on coaching and giving feedback to experiential education students (provide teaching tools). Many preceptors believe it is different coaching and giving feedback to employees versus students on rotation.
 - Providing training on how to be organized to being more effective in precepting (i.e., writing objectives and other attributes) at the beginning and throughout the preceptor's experience as a preceptor
 - Make preceptor training available for the needs of the preceptor and not at the convenience of the school (i.e., offer multiple days of training, offer webinar on-demand training)
 - Have speakers to talk on preceptor-specific topics
 - Webinars, podcast and other technological avenues that can be available during the preceptors own time (on-demand)
 - Provide partial-support to attend regional or national meetings. The support should have criteria on the application (i.e., expectations)
 - Other professions in my organization are paid to attend continued professional development (CPD) programming (i.e., nursing, optometrist). This has never been instituted for pharmacists.
 - Certification for preceptors was brought up as a potential area of preceptor professional development to define "This is what a preceptor is."
 - There was some push-back about this issue as some believed that there should not be an additional certification for the pharmacy profession
 - We could find another method to recognize pharmacists who are preceptors as being a preceptor is something that is often above and beyond their position description. Preceptors should not have to do more to be recognized as preceptors.
 - A pharmacists may opt to go through a certification process, but may not be selected as a preceptor by their organization or a school of pharmacy p
 - Certification indicates guidelines, process of approval and a process for re-certification
 - Consensus on the preceptor certification issue was not reached, however everyone agreed that there should be standardized training and development for preceptors.

Partnership Between Pharmacy Practice and Pharmacy Education

- What is the role of preceptors in academic pharmacy? Do preceptors understand this role?
 - There needs to be more community pharmacy representation at the table(s) of influence at schools/colleges of pharmacy (i.e., curriculum committee, curricular review committees, dean's advisory board)
 - Pharmacy academia often say they want the "real-world" of community pharmacy, but they don't really want it as evidenced by the lack of community-focused faculty at school of pharmacy
 - Students need additional learning about community practice outside of the required IPPE and APPE rotations
 - We need to have more community pharmacy-focused faculty so that this practice-setting can have more of an influence during didactic and service learning
 - Consider structuring IPPEs differently (i.e., having health-systems IPPEs occur before community IPPEs instead of vice-versa)
 - More partnerships between community practice and academic pharmacy will help in ensuring that preceptors fit in with the learning and training of future pharmacists

Open-Ended Questions

"In a perfect world . . . "

- How would you utilize student pharmacists if you had a continuous flow of students? Would you enhance or modify current services? Would you create new services?
 - We are doing this already as we have students begin projects with one rotation and they are continued by subsequent students on rotation, but we could get better in the area of new services.
 - We could take more students if the more preceptors were trained and knew what to expect or we could have more of our best preceptors take more students continuously throughout the year.

(Continued)

(Continued)

- If you were the “absolute ruler” of the preceptor program, what is the *single most important thing* you would do to make the program better and more effective – for students, for preceptors and for employers?
 - Our organization would pick the rotation sites for our company and control the experiential education calendar so that the student experience is as controlled and beneficial as possible
 - More system integration and assistance to improve the site and preceptor selection process
 - Standardizing the process and evaluations. This the biggest glitch in experiential education.
 - Create a mobile app to standardize part of experiential education process
 - Create the ability to sharing best practices in experiential education
-