Assessment of current practices for developing “preceptors in training”

All accredited postgraduate year 1 (PGY1) pharmacy residency programs are required to follow the ASHP Accreditation Standard for PGY1 Pharmacy Residency Programs. The standard includes a newly defined role of “preceptor in training” (PIT). In section 4.9 of the standard, a PIT is defined as a pharmacist who is new to precepting and does not meet the preceptor qualifications outlined in the standard (sections 4.6–4.8). If a preceptor is designated as a PIT, he or she is required to have an assigned mentor who is a qualified preceptor. With the help of this mentor, the PIT must have a documented preceptor development plan that outlines how the PIT will meet the established preceptor qualifications within 2 years.

Preceptor qualifications, as defined by section 4.8 of the standard, require that preceptors (1) precept residents’ learning experiences by use of clinical teaching roles at the level required by residents, (2) assess residents’ performance, (3) be recognized in the area of pharmacy practice for which they serve as preceptors, (4) have an established, active practice in the area for which they serve as preceptors, (5) maintain a continuity of practice during the time of residents’ learning experiences, and (6) display ongoing professionalism, including a personal commitment to advancing the profession.

New preceptors are critically important in succession planning of academic programs, specifically pharmacy residency programs. Qualified preceptors ensure the integrity of training provided to future pharmacy practitioners. It is in the profession’s best interest to invest time and energy into developing structured PIT development programs that ensure proper training and preparedness. Best practices for developing pharmacy PITs have not yet been published.

The purpose of this commentary is to share information gathered from programs with established PIT programs and reflect on practices that may prove beneficial for programs starting to develop formal PIT development programs. Importantly, PIT development programs are distinguished from other programs that may include preceptor or resident development as a piece of larger programs focused on teaching (e.g., teaching certificate programs). The resulting information was used to develop recommendations regarding the components of a PIT program and the process for how PIs should be reviewed, evaluated, and granted full preceptor status.

Practices were identified from each of the PIT programs and then categorized independently by members of the PDW committee subgroup. Potential gaps and opportunities were also independently identified. Current practices, gaps, and opportunities were then reconciled by the PDW committee.

Observations. Of the 137 RPDs surveyed, 71 (52%) responded to the electronic survey. Of these 71, 16 RPDs (23%) indicated that their institution had an established PIT development program.

Current practices fell into 3 general categories: (1) oversight of the PIT development process, (2) development of preceptors’ skills, and (3) evaluation of the PIT. Programs with a PIT development program have typically assigned oversight of the process to committees, individuals, or both. The
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residency advisory committee (RAC) has often taken responsibility for creating and overseeing the PIT development program, including developing a charge or charter, the scope, the content, evaluation tools, corrective action plans, and criteria for advancement of a PIT to preceptor status. Small residency programs often assign the bulk of the oversight and structure of the PIT program to the RPD. Some programs create a new preceptor development task force, separate from the RAC, to administrate the PIT program, though RAC members can sit on both committees.

PIT development programs often rely on seasoned pharmacists who meet the ASHP standard for the role of preceptor to act as a mentor for the PIT and provide educational learning opportunities to develop precepting skills. Skills development includes initial orientation to the program, workshops providing foundational information, and ongoing development of PIs. Programs often encourage or require the PIT, as well as residents and preceptors, to attend regularly scheduled topic discussions. These forums can be offered monthly or quarterly and are designed to develop skills in a variety of preceptor roles. Another identified opportunity for preceptor development is involvement in introductory pharmacy practice experience and advanced pharmacy practice experience student rotations. The list of PIT development content is quite extensive and includes material that is applicable to both the clinical and academic aspects of preceptorship in various settings (Appendix A).

For many programs, preceptor development and preceptor resources are housed under the same umbrella of the PIT development program. We believe it could be highly beneficial to recommend the creation of a preceptor resource library. Suggestions for resources that may be included in such a resource library are listed in Appendix B.

Programs also reported creating policies and procedures to support skills development and set expectations to meet the goals for the PIT. While the PIT development plan should be customized to the individual, it is not always prepared by the RPD or PIT committee. Some programs allow the PIT to draft his or her own development plan, which is then vetted by the RPD, the RAC, or the PIT development committee. In addition, the mentor can work with the PIT to develop the plan. These approaches assist the PIT in developing self-reflection skills and can complement the ongoing self-evaluation required during the PIT development period.

A clear process and objective criteria for evaluation of the PIT were commonly reported components of PIT programs. This evaluation typically includes an assessment of baseline skills and completion of learning requirements. A defined period with specific milestones (e.g., quarterly check-ins, completion timeline of 1–2 years) is often used in conjunction with a checklist to track successful completion. For some programs, this tracking process extends beyond the PIT development period and is included in the ongoing review of all preceptors. Data for evaluation can be obtained via direct observation or through review of preceptor-developed learning materials, quizzes and tests, learner evaluations, and self-evaluations.

Discussion. Based on the ASHP PGY1 standards related to PIs and the results of this survey, we offer the following practice recommendations. They reflect common practices described by the programs we surveyed and address identified gaps and opportunities.

As required in the ASHP standard, PIs must be assigned a qualified preceptor to serve as their mentor. The PIT must have a documented preceptor development plan that will ensure they meet the qualifications for becoming a residency preceptor within 2 years. Accomplishing this may be done in a variety of ways; however, the following practices were identified in our survey.

1. For larger programs, a designated group can oversee the PIT process. This could be performed by the RAC or other identified group. Responsibilities include establishing criteria for selecting the PIT mentor, tracking progress, and assuring requirements are met. For smaller programs, this task could be assigned to the RPD.

2. A formal application process to become a PIT should be established. The application may include a letter of intent, a completed ASHP Preceptor Academic and Professional Record, and any related materials of interest (e.g., former learner evaluations, self-assessment of qualifications).

3. Customized plans for individual PIs should be established based on their current activities and identified deficiencies related to preceptor requirements. These customized plans should be created with the oversight of the assigned PIT mentor.

4. A PIT orientation workshop or boot camp should be developed.

5. Monthly or quarterly preceptor development series, the content of which should be developed by the RPD, the RAC, or another assigned group, should aim to meet the needs of all preceptors and PIs. This series should be reviewed at least annually to ensure that PIs are progressing and that preceptors’ needs are being met. The use of existing programs and resources available through ASHP should be encouraged as a starting point for all programs. In addition, surveying preceptors annually should be considered as a method to conduct a needs assessment on which to base program development.

6. Quarterly meetings should be conducted between the PIT and mentor, with formal assessment provided. A modified development plan should be developed if the PIT is not on track. Feedback should be provided to the RPD and the PIT oversight body.
7. The duration of PIT status should be sufficient to ensure time to observe precepting skills and to allow the PIT an opportunity for self-reflection.
8. Programs should develop and maintain a PIT resource database.
9. If possible, the PIT should be involved in the training of students completing introductory and advanced pharmacy practice experiences.
10. PIT and mentor performance should be part of the respective annual performance evaluation.
11. PITs can be encouraged to volunteer as moderators or evaluators at regional residency conferences.

The current ASHP standard addresses "pharmacists new to precepting who do not meet qualifications for residency preceptors." A provision should be considered for pharmacists who currently precept or have precepted in the past but do not meet the existing qualifications. These preceptors should have the opportunity to participate as PITs so that they can move to full preceptor status and meet the ASHP standards within the same 2-year window. These individuals could follow a process similar to that recommended above for pharmacists new to precepting.

Terminology among programs used to describe the PIT was not consistent and included terms such as condition-al preceptor and preceptor in training. Terminology was also inconsistent regarding fully qualified preceptors (certified preceptor, seasoned preceptor, long-term preceptor, or full preceptor). The use of a single term would facilitate discussion at local, regional, and national levels and provide clarity for learners and new practitioners.

While the ASHP standard clearly defines the qualifications needed to achieve full preceptor status, the standard does not dictate how those qualifications should be met. Different milestones are used for tracking progress, the approval process varies, and timetables are not defined or standard-ized. The practices described above might serve as a list of components essential to training preceptors, but some standardization and required elements should be identified to allow for efficient attainment of preceptor status. These current practices highlight the need for ongoing, standardized development and evaluation. Guidance should be given regarding qualifications to become a PIT mentor. Similarly, the responsibilities of the mentor should be clearly defined.

Not all residency programs have defined PIT programs in place, and those that do offer a variety of approaches. The need for such programs is evident, and it is reassuring that current practices are already emerging. Key identified practices include clarity regarding who is responsible for oversight and how that oversight is executed, structured and continuous education and development, and objective evaluations with clear milestones. The spectrum of innovative approaches to PIT development indicates an increase in knowledge-sharing opportunities and the creation of standardization among residency programs.

Disclosures
The authors have declared no potential conflicts of interest.

References

Appendix A—Topics for developing a preceptor in training
• Review of ASHP preceptor standards and goals of the preceptor in training (PIT) development program
• Effective, criteria-based feedback
• One-minute preceptor techniques
• Structuring resident rotations
• Conflict resolution
• Crucial conversations
• How to write letters of recommendations
• What to include in the rotation orientation
• Managing multiple layers of learners
• Managing learners with different learning styles and abilities
• Resident career counseling
• The 4 preceptor roles and when to use them
• Taxonomies
• How to navigate PharmAcademic (McCreadie Group, Ann Arbor, MI)
• How to navigate student evaluation systems (recognizing that the PIT may precept students and residents)
• Professionalism
• Motivating students
• Cultural competency
• Journal clubs
• Problem-based learning
• Precepting challenges
• Writing a precepting or teaching philosophy
• Creating and maintaining a teaching portfolio
• Qualities of an effective preceptor

Appendix B—Resources for developing a preceptor in training
• ASHP accreditation standard for postgraduate year 1 pharmacy residency programs
• Content from preceptor-in-training development series (see possible topics in Appendix A)
• Teaching certificate program content
• ASHP preceptor development online education (https://www.ashp.org/Pharmacy-Practice/Pharmacy-Topics/Preceptor-Skills)
• ASHP Preceptors Handbook for Pharmacists (https://store.ashp.org/Store/ProductListing/ProductDetails.aspx?productId=484092639)
• Vizient Academic Medical Center pharmacy guide to preceptor development tools
• Web-based training modules
• Pharmacist’s Letter—preceptor training or continuing education (http://pharmacistsletter.therapeuticresearch.com/%28X%28h%29%28h-cato445uptp25530nmr55%29%29/content.aspx?page=PreceptorLiveOutside&xsl=PreceptorLive&AspxAutoDetectCookieSupport=1)