Residency Preceptor Development Roundtable:

Integrating Successful Preceptor Development Programs into Your Health System

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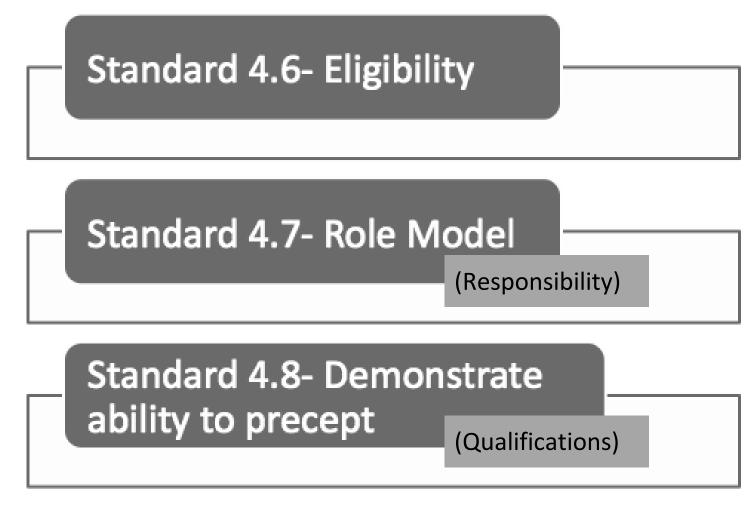
Disclosures

• The presenters have nothing to disclose.

Objectives

- Review successful strategies for pharmacy preceptors to complete the ASHP Academic & Professional Record form and discuss areas of opportunities that have led to increased compliance with preceptor criteria
- 2. Describe approaches to evaluating deficiencies, developing goals, and tracking success for preceptors-in-training
- 3. Outline the methods by which educational topics are identified and discuss the processes used to provide activities aimed at fostering preceptor development

Pharmacist Preceptors ASHP Accreditation Standards*



Standard 4.6 (PGY1): Preceptor Eligibility

- Licensed pharmacist +
 - ≥3 years practice experience
 OR
 - ASHP-accredited PGY1 residency + at least 1 year practice experience
 OR
 - ASHP-accredited PGY1 & PGY2 residency + at least 6 months practice experience

Standard 4.7 - Preceptor Responsibility: Serves as a Role Model

- 4.7.a. contribute to the success of residents and the program
- 4.7.b. provide learning experiences in accordance with Standard 3
- 4.7.c. participate actively in the residency program's continuous quality improvement processes
- 4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve
- 4.7.e. adhere to residency program and department policies pertaining to residents and services
- 4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

Opportunities for preceptor development in this standard:

Preceptorship of learning experience
Attending resident activities
Attending conference in practice areas
Publications/research in practice areas

How it is surveyed:

Review of relevant documents (e.g., learning experience descriptions, residents' evaluations of preceptors and learning experiences). Discussion with preceptors and residents.

Standard 4.8 - Preceptor Qualifications Ability to Precept

- 4.8.a. demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents
- 4.8.b. the ability to assess residents' performance
- 4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors
- 4.8.d. an established, active practice in the area for which they serve as preceptor
- 4.8.e. maintenance of continuity of practice during the time of residents' learning experiences
- 4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

Opportunities for preceptor development in this standard:

Teaching certifications

Preceptor training

Board certification

Institutional clinical or operational initiatives

How it is surveyed?

A LOT of Academic & Professional Record Review!





ASHP A&P Form

Correlates with:

- 4.6 (page 1):
 - Preceptor eligibility
- 4.8c (section 1):
 - Recognition in area of practice
- 4.8d (section 2):
 - o Established, active practice
- 4.8f (section 3):
 - Ongoing professionalism

PRECEPTOR ACADEMIC AND PROFESSIONAL RECORD*

Full Name and Credentials: Awesome Preceptor							
Position or Title: Clinical Pharmacist, Medical Intensive	Care Unit						
Are you a Residency Program Director (RPD)? 🗆 Yes	, No						
If yes, for which type of program are you RPD?							
□ PGY1		PGY2	(specialty	area(s):			
Organization/Training Site: Northwestern Memorial Ho	ospitai						

EDUCATION

College or University	Dates	Degree/Major
Purdue University	8/2000-5/2006	PharmD.

POSTGRADUATE TRAINING (e.g., residency, fellowship)

Specific Type of Postgraduate Training	Organization	Program Director	Dates
PGY1 Kesidency	Northwestern Memorial Hospital	Awesome Director, PharmD.	
PGY2 Residency, Critical Care	Brigham and Women's Hospital	Awesome Director, PharmD	

- Recognition
- Established, active practice

Briefly describe your contributions/experiences in the following sections, which correspond to Qualifications of the Residency Program Director and Preceptors, and can be found in Standard 4 of the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residencies or the ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residencies. Refer to the Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One or Two (PGY1)/(PGY2) Pharmacy Residency Programs for additional information on residency program director and preceptor qualifications.

- Recognition in the area of pharmacy practice for which you serve as a preceptor. (A minimum of one
 example in this section must be addressed. If preceptor recognition is by credentialing/privileging granted
 by organization, a copy of the organization's credentialing process policy must be included in the pre-survey
 packet. Include only examples of active practice after licensure and any residency training (See Guidance
 4.8.c).
- Active BPS Certification(s) (type(s) and expiration date):
- Post-graduate Fellowship in the advanced practice area or advanced degrees related to practice area beyond entry level degree (e.g., MS, MBA, and MHA):
- · Fellow Status for a State or National Organization:
- Certificate of completion from a state or nationally available-program that relates to the area of practice precepted (Note: health-system/local residency site based programs are excluded):
- Pharmacy related certification recognized by the Council on Credentialing in Pharmacy (CCP) (Note: BLS, ACLS, PALS do not meet requirement) (Type(s) and Expiration date):
- Credential/Privileging Granted by Organization (type(s) and expiration date):
- · Pharmacist of the Year Recognition at state/city/institutional level (list organization and date):
- Recognition at organization level for patient care, quality, or teaching excellence (please describe type and date of recognition and the approximate number of recipients per year):
- Subject matter expertise as demonstrated by ten or more years of practice experience in the area precepted:
- An established, active practice for which you serve as preceptor. (A minimum of one example in this section should have been demonstrated within the past 5 years). Items listed in the below areas must pertain to the learning experiences <u>precepted</u>. Include only examples of active practice after licensure and any residency training and include date of contribution/appointment.

Contributio	n to the creation/i	mplementation of	of a new clinica	al service or ser	vice improvemen	t initiative (Narr	itive):

Professionalism

3. Ongoing professionalism, including your personal commitment to advancing the profession. (At a minimum one example in three different sections must be demonstrated within the past 5 years - activities older than 5 years will not be considered. Only include examples after licensure and any residency training, except as noted below* - See Guidance 4.8.f).

Primary Precentor for Pharmacy Students	file and to about a section as a consequent to be

Learning Experience Precepted		Number of Student Learning Experiences <u>Precepted</u> Per Year	Most Recent Year Serve as a Preceptor
	_		
	+		

Routine In-services or Presentations to Pharmacy Staff/Other Health Professionals at Organization:

Name of Inservice.	Audience	Month/Date

Service (beyond membership) in National, State, and/or Local Professional Associations:

Name of Association	Office Held, Committee Served, Other Volunteer Work	Dates

Presentations or Posters at a Local/Regional/National Professional Meeting (co-authored posters with students/residents is acceptable):

Title	Professional Meeting	Month/Year

Completion of a Teaching and Learning Program (only if completed within the last 5 years).

 May be completed during residency 	у.	
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Providing Preceptor Deve	lopment Topics a	t th	e site:		
Title					Month/Year
harmacy Student/Techn	ician Student/Hea	alth	care Student	Classroom/Lab Teaching	Experiences:
Audience Members	Course/Lectu	re			Date(s)
	+				+
Cunhuntar at a state francis	nal rasidanas ann			wal-star at a professions	d mosting or suplicator at
ther local/regional/state			ence, poster e	evaluator at a professiona	al meeting, or evaluator at
					Date(s)
Conference/Meeting	Description				Date(s)
Publications in Peer-Revie	wed Journals/Ch	apt	ers in textboo	iks:	
Title			Name of Jou	rnal/Book	Month/Year
		_			_
Reviewer of contributed	f papers, grants.	01	r manuscript	s. Includes reviewing/su	ibmitting comments on drai
standards/guidelines for	professional orga	miz	ations (do no		ers/presentations/publication
authored by staff/residen	ts within your org	gani	ization):	Number of Budgers	Date(s)
Journal Name/Type				Number of Reviews	Date(s)

Professionalism, Preceptors in Training

Type of Program	Sponsor or Setting		Dates or Frequency
	+		
ctive community servic	e related to professional practice (e.g., Free Cl	linic, Medical Mis	sion trips):
Type of Activity			Dates
rofessional Consultatio	n to Other Health Care Facilities or Profession	al Organizations	(e.g., invited thought leader
	on, mock surveyor, or practitioner surveyor):	a. 0.8a	(c.g., military thought reader
Type of Activity			Dates
ctive involvement on	committees within enterprise (e.g. work im	pacts more tha	n one site across a health
/stem):			
Type of Activity			Dates
	aining only: attach preceptor development pility, and qualifications requirements in two		or this individual to meet
engionity, responsit	mity, and qualifications requirements in two	years.	
st the qualified precep	tor(s) assigned as an advisor or coach:		

Participant in Wellness Programs, Health Fairs, Public Events, Consumer Education Classes, Employee Wellness/

Disease Prevention Programs:



Preceptor struggles with A&P

- Interpretation of form
- Common mistakes require preceptor education:
 - o Timeframe
 - o Where to record information
 - o Not giving themselves enough credit!
- Some may find certain criteria are harder than others to meet
 - 4.8.c Recognition in field
 - New grad and some seasoned clinicians
 - 4.8d and 4.8f: must keep up contributions
- What other struggles have you seen?

Academic & Professional Record

Opportunities to Improve Compliance

Strategies of three programs: outline

1. Preceptor Qualifications Committee

1. Individual Preceptor Development

- a. Manager/preceptor evaluations
- b. Preceptor-specific development plans
- c. Goals and monitoring approach for individual plans

1. RPD Mentoring

- a. Goals for preceptors and preceptors in training AND preceptors
- b. Monitoring and goal setting for preceptors who meet

1. Preceptor Qualifications Committee: Fostering preceptor development by organized monitoring

- Responsibilities/Charge
 - Ensure pharmacists meet ASHP qualifications for the programs for which they precept OR
 - That they are on an appropriately monitored development plan
 - Develop and maintain support materials for preceptor development:
 - Preceptor development plan (PDP) template
 - Preceptor self-assessment tool
 - Preceptor development series
 - Review of preceptor qualifications and assessment
 - Review of preceptor A&P forms
 - Appointment and reappointment of preceptors
 - Create and monitor PDPs for preceptors-in-training
 - O Maintain a central repository of A&P forms, PDPs, & preceptor rosters

1. Preceptor Qualifications Committee (PQC): Membership and Central Repository of Documents

- Membership
 - Representation from multiple workgroups within the Department
 - Individual members communicate closely with RPDs
- Central repository of documents
 - All supporting documents saved on a google drive
 - Accessible to: PQC, RPDs, Coordinator, Managers
 - Preceptor roster must match list in PharmAcademic (maintained by individual RPDs)
 - RPDs and Team Leads inform the PQC of new employees/preceptors/preceptors-in-training

Position	Specialty
Chair	Emergency Medicine
PGY2	Administration
PGY1	Internal Medicine
Member	Ambulatory Care
Member	Cardiology, Transplant
Member	Oncology
Member	Infectious Diseases
Member	Critical Care

How can we monitor compliance: One program's strategy

Preceptor	Completed 2021 review with A&P +/- training plan uploaded? (Yes/No)	Preceptor Qualifications Committee Reviewer	Preceptor or Preceptor-in -training (PIT)?		Residency Program(s) Precepted	Area(s) of Day-to-Day Practice	4.6 Preceptor Meets Eligibility Requirements	Meets	4.8 Preceptor Meets Qualification Requirements		IF PIT, assigned mentor	If PIT, date of Preceptor Development Plan
Preceptor 1	Yes	DT	Preceptor	No	PGY1	Operations	Yes	Yes	Yes	2021		
Preceptor 2	Yes	AL	Preceptor	No	PGY1, PGY2 Crit Care, PGY2 EM	ED	Yes	Yes	Yes	2021		
Preceptor 3	No, waiting for A&P	JE	Preceptor	No	PGY1, PGY2 Crit Care, PGY2 EM	ICU				2020		
Preceptor 4	Yes	ВМ	Preceptor	No	PGY1 Onc, PGY2 Amb Care	Specialty (oncology)	Yes	Yes	Yes	2021		
Preceptor 5	Yes	BM	PIT	No	PGY1 MICU, PGY2 Critical Care	MICU	No	Yes	No		Advisor 1	8/2/2021
Preceptor 6	Yes	MM	Preceptor	No	PGY1, PGY2 Oncology	Oncology (outpatient)	No	No	No	2021		
Preceptor 7	Yes	EH	Preceptor	No	PGY1	Internal Medicince	Yes	Yes	Yes	2021		
Preceptor 8	No, waiting for A&P	JE	Preceptor	No	PGY1, PGY2 HSPA	Administration				2020		
Preceptor 9	Yes	ВМ	Preceptor	Yes	PGY2 EM, PGY2 Critical Care	Oncology (inpatient)	Yes	Yes	Yes	2021		
Preceptor 10	Yes	MM	Preceptor	No	PGY1, PGY2 Tx	Cardiology	Yes	Yes	Yes	2021		
Preceptor 11	Yes	JE	PIT	No	PGY1, PGY2 ID	ID	No	Yes	No		Advisor 2	1/24/2021
Preceptor 12	Yes	DT	Preceptor	No	PGY1, PGY2 HSPA	Administration	Yes	Yes	Yes	2021		
Preceptor 13	Yes	MM	Preceptor	No	PGY1, PGY2 Onc, PGY2 Amb Care	Oncology (outpatient)	Yes	Yes	Yes	2021		
Preceptor 14	Yes	AL	PIT	No	PGY1, PGY2 Amb Care	Medicine, Psych	No	Yes	No		Advisor 3	8/9/2021
Preceptor 15	Yes	СВ	Preceptor	No	PGY1	Drug Information	Yes	Yes	Yes	2021		
Preceptor 16	No, waiting for A&P	EH	Preceptor	No	PGY1, PGY2 HSPA	Informatics				2020		
Preceptor 17	Yes	EH	Preceptor	No	PGY1, PGY2 Amb Care	Medicine, Anticoag	Yes	Yes	Yes	2021		
Preceptor 18	Yes	MM	Preceptor	No	PGY1	IDS/ DT	Yes	Yes	Yes	2021		

1. Preceptor Qualifications Committee: Preceptor Appointment and Reappointment

- Preceptor Appointments and Reappointments
 - Preceptors are nominated and approved for appointment by PQC
 - Dates of appointment documented in spreadsheet
 - Preceptors are appointed for 1 year
 - Process for progression of Preceptors-in-Training discussed later*
- Timeline of reviews:
 - Academic and Professional Record Form (annually)
 - Must be updated and submitted to PQC before manager annual evaluation
 - PQC members inform program RPDs if requirements are not met

2. Individual Preceptor Development

- Prior to the start of the new academic year, RPD's share the preceptor development plan for the upcoming year.
 - Specific didactic or live CE's
 - Other requirements
- Preceptors are required to review, update, and submit:
 - ASHP Academic and Professional Record forms
 - Individual preceptor development evaluation form
- 1st review: preceptor and manager
- 2nd review: Program RPD or designee

PGY2 HSPAL PGY2 Pharmacy Informatics

PGY2 Oncology Pharmacy PGY2 Internal Medicine Pharmacy

2. Individual Preceptor Development **Evaluation** Form

Date of Preceptor Name: Review: Residency program: PGY1 Community-based Pharmacy PGY1 Pharmacy FGY2 IM PGY2 Informatics PGY2 Oncology PGY2 Pharmacogenomics (check all programs in which you precept) PGY2 HSPAL ASHP Preceptor Criteria (Per PGY1/PGY2 Residency Standard 4.6 and 4.8 or PGY1 Community Standard 4.3) Required (Standard 4.6 or Community Standard 4.3): Pharmacist preceptors must be licensed pharmacists and meet one of the following: For PGY1 programs have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in a hospital, community, or ambulatory care setting as appropriate for the program setting - OR have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in a hospital, community, or ambulatory care setting as Needs appropriate for the program setting - OR ■ Meets Improvement without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience in a hospital, community, or ambulatory care setting as appropriate for the program setting For PGY2 programs have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area - OR without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced 2. Required (Standard 4.8.a or Community Standard 4.3.b.1): Demonstrates the ability to precept residents' learning experiences by use of clinical teaching/precepting roles at the level required by residents (direct instruction, modeling, coaching, facilitating). Student +/- resident evaluations: preceptor must obtain an average favorable score above the median of evaluation Needs ■ Meets categories Improvement Teaching awards Faculty appointment - Specify Institution : 3. Required (Standard 4.8.b or Community Standard 4.3.b.2): Demonstrate abilities to assess residents' performance via Needs Meets specific and constructive criteria Improvement

Pharmacy Residency Individual Preceptor Development Plan Evaluation 2021-2022

2. Individual Preceptor Development Evaluation Form

4.		quired (Standard 4.8.c or Community Standard 4.3.b.3): recognition in the area of pharmacy practice for which they ve as preceptors (check at least 1 box)			
		BPS certification: expires:			
		Fellow at state/national level organization			
		Certificate of Completion from state/national program (i.e. Epic Willow, Six Sigma, ISMP Med Safety certificate, ASHP sponsored certificate; CDE or similar; NOT BLS, ACLS, PALS). Specify certificate:			
		Post graduate fellowship or advanced degree (such as MBA, MHA). Specify:	П	Meets	Needs
		Formal recognition by peers as a model practitioner (i.e. pharmacist of year; organizational level recognition for an initiative with positive outcomes for all patients)	_	meets	Improvement
		Credentialing/privileging granted with ongoing process of evaluation/peer review			
		Subject matter expertise as demonstrated by ten or more years of practice experience in the areas of practice that is precepted:			
		Specify area of expertise/practice:			
		Specify years of experience:			
5.		quired (Standard 4.8.d or Community Standard 4.3.b.4): Established active practice in the area precepted (check at st 1 box)			
		Implementation of a new service or service improvement			_
	Ш	Development of clinical or operational policies/guidelines/protocols	П	Meets	■ Needs
		Active Committee Involvement for patient care or practice improvement within the enterprise (see Appendix A for committees): Specify committee:	_		Improvement
		Successfully precepted a resident on an MUE/Major Project that resulted in implementation of an improvement			
		o Specify:			

2. Individual Preceptor Development Evaluation Form

Required (Standard 4.8.f or Community Standard 4.3.b.6): Preceptors must demonstrate ongoing professionalism, including a personal commitment to advancing the profession						
		· .	Activities Examples		Precepto	r Evaluation
Record of Ongoing Professionalism preceptors must have a record of	residents			Meets	Needs Improvement	
contribution and commitment to pharmacy practice characterized by at least 3 of the activities listed to	7.	Active service beyond professional organization membership	□ Leadership role at a local, state or national level □ Fellow of a professional organization □ Selection for participation on national/state association council □ Volunteer for additional duties beyond membership Specify activity and date:		Meets	Needs Improvement
the right (within # 6- 10) in the last 5 years (A SHP criteria) MUST SPECIFY the activity and the date	8.	Publications/ Presentations	Posters: Poster in professional forum; may be co-authored with a resident Publications Publication of research or practice-related information in peer-reviewed journals outside of practice site Publication in texts or books Presentations (must be presented at professional meetings) Platform or poster presentation of original practice-related research, case reports, or clinical/scientific findings at a local, state, or national meeting Specify citation and date:		Meets	■ Needs Improvement

2. Individual Preceptor Development Evaluation Form

Required (Standard 4.8.f or Community Standard 4.3.b.6): Preceptors must demonstrate ongoing professionalism, including a personal commitment to advancing the profession

9. Reviewer	 Reviewer of contributed papers or manuscripts submitted for publication Poster or content review process for accepting content for presentation at a professional meeting (local, state, national) Evaluator at regional residency conferences or other professional meetings Specify title and date of peer review:	■ Meets	Needs Improvement
10. Community Benefit	Healthcare outreach activity or comparable other community benefit as a pharmacist (health fairs, public events, employee wellness promotion/disease prevention, consumer education classes, Mission trip, free clinic) Specify activity and location	■ Meets	Needs Improvement

2. Individual Preceptor Development Evaluation Form (Standard 4.7)

 Required (Standard 4.7 or Community Standard 4.3c): Preceptors serves as role models for learning experiences. 		
Membership in at least one professional organization	■ Meets	■ Needs Improvement
Attend at least 5 Residency Advisory Council Meetings per year with active participation	■ Meets	■ Needs Improvement
Completes at least 80% of evaluations within 7 days of due date	■ Meets	■ Needs Improvement
Completed at least one live, didactic or on-line precepting related educational activity per calendar year	■ Meets	■ Needs Improvement
Effectively balances job responsibilities with precepting responsibilities	■ Meets	■ Needs Improvement
Demonstrates effective interpersonal and communication skills	■ Meets	■ Needs Improvement
Demonstrates effective problem solving skills	■ Meets	■ Needs Improvement
Maintains emotional maturity when working with others, confronting problems, and suggesting changes	■ Meets	■ Needs Improvement
Has developed good working relationships with other members of the health-care team	■ Meets	■ Needs Improvement
Demonstrates reliability - meets commitments and/or communicates status of work	■ Meets	■ Needs Improvement
Has prior experience precepting students/residents	■ Meets	■ Needs Improvement
Demonstration of PowerPoint proficiency (PowerPoint Tips and Tricks class optional)	■ Meets	■ Needs Improvement
Completion of Excel 1, Excel Charts/Graphs, and Excel Advanced - Formulas	■ Meets	■ Needs Improvement
Completion of CITI training exp date:	■ Meets	■ Needs Improvement
Completion of 2 preceptor development module for 2021-2022 academic year (required to be completed certificates)	when completing thi	s form, include PDF version CE
 "Precepting Millennials: The How with Generation Why" (1 Free CEU) Expiration date: 9/5/2022 http://elearning.ashp.org/products/7805/on-demand-precepting-millennials-the-how-with-generation-why 		
 "Practice to Publication: Helpful Tools for Successful Pharmacy Resident Research Projects" (1 Free CEU) Expiration date: 8/30/2022 https://elearning.ashp.org/products/7801/on-demand-from-practice-to-publication-helpful-tools-for-successful-pharmacy 	■ Meets	

2. Individual Preceptor Development Plan: Goal setting

Preceptor Development Plan				
Please comment on your progress	s with your pr	eviously chosen development goals as listed on last year's plan:		
Please identify what your precepte	or developme	ent goal(s) will be for this year:		
Please indicate how you plan on r	eaching thes	e goals:	Anticipated completion date:	
For Preceptor-in-training:	Name of adv	visor/coach:	< 2 year PIT goal date:	
Reviewed by	Preceptor		Date:	
nericinea by	Manager		Date:	

2. Individual Preceptor Development

- Goal Setting
 - Designation of goals for the upcoming academic year
 - Plan for goal achievement documented
- Review progress of last year's goals
- Committee of RPDs, RPCs, and pharmacy leadership confirm the re-appointment of each preceptor
- Signed/Dated and placed in employee file
- Preceptor and Manager track goal progress

3. RPD Mentoring

- Small program with about 12 preceptors total
 - No subcommittee of RAC
 - Only one program to maintain
- Goals for preceptors and preceptors in training AND preceptors
 - Review of the goals set for the previous year
 - Review residents feedback
 - Review preceptor self-assessments
 - Review of preceptor qualifications
 - Review of professional accomplishments from previous year

Preceptors-in-Training

Approaches to evaluate deficiencies, develop goals, & track success

Preceptors in Training (PITs)

- ASHP Standard 4.9: Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 (also known as preceptors-in-training) must:
 - 4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and
 - 4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.
- "THE PLAN"
 - Must be documented & provide opportunity for PITs to become full preceptors
 - Within two years
- As you are creating your program's plan, consider:
 - O Who will be your "coaches"
 - Plan must have clear deadlines to meet requirements (within two years)
 - O Do you want this to be a part of your organization's performance review process?

Case LT: Preceptor-in-Training

LT graduated from your PGY1 Pharmacy Residency Program 15 months ago

- Took a staffing position in the inpatient pharmacy
- Expressed interest in working with residents
- Teaching Certificate completed during residency
- Member of a few national pharmacy organizations
- Enjoys community service and is involved in many health-care related initiatives

Does LT meet preceptor eligibility criteria?

Standard 4.6: Eligibility of Preceptors

- Completed PGY1 residency program
- ASHP-accredited PGY1 residency + at least 1 year practice experience
- Pharmacy practice experience is relevant to the practice setting in which learning experience is conducted

Is LT a role model?

Standard 4.7: Preceptors' Responsibilities/Role models

- Involve LT in the program's quality improvement process
- Teach LT to build, implement, and maintain learning experiences
- Ensure LT attends RAC meetings

Member of professional organizations - volunteer beyond membership

Does LT demonstrate ability to precept?

Standard 4.8: Demonstrate ability to precept

- Review of instructing, modeling, coaching, and facilitating
- Specific, constructive criteria-based, actionable feedback
- Plan for LT to attain
 - O Board Certification
 - O Certificate program that relates to area of practice
 - O Post-graduate fellowship, or other advanced degree
 - O Formal recognition by peers
 - O Credentialing and privileging

Does LT demonstrate ability to precept?

Standard 4.8: Demonstrate ability to precept

- LT should actively practice and have continuity in the learning experience she precepts
 - Assign policy or guideline development
 - o Implementation of clinical services or service improvement
 - Active organizational committee involvement
 - Leadership role

Does LT demonstrate ongoing professionalism?

- At least 3 activities in the last 5 years
 - Resident projects or posters
 - Evaluator or posters or projects
 - Student Preceptor
 - Teaching Certificate program
 - Community wellness activities/service
 - Publication or presentation

Plan for fostering preceptor development: LT

Start with Documentation of Initial Preceptor Qualifications and Training

- Completed prior to the 1st precepted experience
- Consists of criteria based forms, didactic learning, one-on-one live discussions with the RPD, and simulation
- Reviewed by RPD and/or Manager
- Added to Pharmacist initial training in employee file

Initial Preceptor Qualifications and Training

Pharmacy Residency Preceptor Development Strategy

Purpose: To outline a plan for development of preceptors for pharmacy residents for initial assessment of preceptor qualities to ongoing activities to maintain a sustained performance for aptitude, skill, and desire to precept residents. (Refer to Appendix 1 for ASHP preceptor qualifications and program responsibilities)

Initial preceptor qualifications and training

(ADD to Pharmacist On-Boarding/Initial Training Grid)

Prior to the first precepted experience, each preceptor must complete the following: (criteria based forms, didactic learning, one-on-one live discussions with the residency program director (RPD), and simulation)

Activity	To be completed/confirmed by:	Method/Comments
ASHP Preceptor Academic and Professional Record Form and accompanying Preceptor Individual Development Plan Evaluation Form	Preceptor with initial review by manager, final review by RPD	Document completion Signed copies of both forms in employee file Electronic copy of ASHP Academic and Professional Record Form to RPD
Review of the current pharmacy residency manual(s)	RPD	Live discussion
Review of ASHP Resident's Learning Taxonomies and APhA Systematic Curriculum Design and Implementation (SCDI)	RPD	Live discussion
Review of PharmAcademic for documentation of evaluations	RPD	Live discussion
Completion of module "Starring Roles: The four preceptor roles and when to use them" with successful completion of post test	Manager	Online learning Place certificate of completion in employee file
Completion of "Understanding Learning Taxonomies and Levels" with successful completion of post test	Manager	Online learning Place certificate of completion in employee file
Completion of CITI Training	Manager	Online learning Place certificate of completion in employee file

PIT-specific Template

- Qualified preceptor advisor assigned by RPD
 - Advisor & PIT must be in same practice area
- Advisor & PIT work with PQC:
 - Create an individual preceptor development plan
- Timelines:
 - Advisor and PIT meet <u>quarterly</u>
 - Discuss feedback from students and residents
 - Advisor and PIT update the PQC & RPD biannually
 - Documented plan must provide opportunity for:
 - PITs to become full preceptor within 2 years

Preceptor Development Plan

Please refer to ASHP A&P form and ASHP Accreditation Standards and Guidance Documents for PGY1 and PGY2 residencies for required activities, contributions and experiences

Preceptor-in-Training (PIT) Name: XXX

Activity	Documentation	Advisor/RPD Assessment
Education	[school/graduation date]	[verified/unverified]
PGY1 Residency	[name of residency]	[verified/unverified]
PGY2 Residency	[name of residency]	[verified/unverified]
Years of Experience	[years (specific details in A&P)]	[verified/unverified]
Licensed Pharmacist	[Illinois license number]	[verified/unverified]
Preceptor Deficiency(s) (Category and specific	[varies by PIT, example: A&P question 1: "recognition in area of pharmacy practice", 2.	[verified/unverified]
deficiency within A&P form)	"established, active practice for which you are a preceptor"]	

Training Plan

Activity	Documentation
Advisor Name	XXX
Advisor Role	[title, practice area]
Initial Plan	Goals: [varies by PIT, but should include ASHP requirements and documented attendance (dates) of NMH preceptor development series or external preceptor development CE]
	Strengths: [varies by PIT]
	Areas for Improvement: [varies by PIT]

Advisor is assigned by RPD and must be a full preceptor who practices in a similar area as PIT

Created on: [Date]

Deadline for preceptor appointment: [Date]

(Note: documented plan will provide opportunities for PIT to become a full preceptor within 2 years)

Signature (may be electronic) [PIT written signature]

Signature (may be electronic) [Advisor written signature]

Updates and Monitoring of Plan:

Updated by PIT and advisor quarterly and presented to Preceptor Qualifications Committee twice annually

	End of Q1 Update	End of Q2 Update	End of Q3 Update	End of Q4 Update
Date Updated	[date]			
Activity	[varies by PIT]			
Strengths	[varies by PIT]			
Areas for Improvement	[varies by PIT]			
Meets Preceptor requirements?	[Yes/No]			

Required Elements Met for Preceptor Appointment

in YES

n NO (please comment below)

Fostering preceptor development

Activities and Education

The Preceptor Development Plan: Standards

ASHP Standards

RPDs are responsible for:

4.4.e. creating and implementing a preceptor development plan for the <u>residency program</u>

4.4.f. continuous residency program improvement in conjunction with the residency advisory committee

ASHP Guidance

- Preceptor development plans are documented and include:
 - Assessment of needs
 - Schedule of activities to address identified needs
 - Review of effectiveness of development plan
- The plan could defer to, or be a part of, an organizational plan.
- The plan may be a group plan or individualized plan or a combination of both.
- Consider education to the preceptors on burnout syndrome, the risks and mitigation strategies. (Wellness)

Continuous Quality Improvement: Preceptor Development Plan

- How do we support our preceptors in meeting the standards?
- How do we assess needs?
- How do we ensure plan is successful?

What is your plan?

Preceptor Evaluation & Development:

"Develop, document & track effectiveness"

Internal data resources

- Preceptor individualized plans
- RAC attendance & meeting minutes
- Completion of continuous education
- Inclusion in annual evaluation
- Demonstrated service excellence

External data resources

- ASHP Preceptor A&P form
- PharmAcademic preceptor evaluation report
- % of evaluations completed on time
- Completion of continuous education

Preceptor Development Plan: Consider a multifaceted approach

- 1. Preceptor review by the Preceptor Qualifications Committee
- 1. Preceptor review at annual evaluation as a part of organizational plan
- 1. Review of resident evaluations and feedback (RPD conversations, PharmAcademic)
- 1. Preceptor Development Series to ensure preceptor education and advancement
- 1. Preceptor self-assessment

Preceptor Development Series: one program's example

Program Description

- Quarterly series implemented in 2013
 - All preceptors required to attend 2/yr
- Topic Selection:
 - RPD-noted preceptor deficiencies
 - Quality of formative evaluations
 - Quality of LE descriptions
 - Discussions at RAC
 - Feedback from residents
 - Preceptor self-evaluation tools*
 - Annual Staff survey for needs assessment
- External opportunities:
 - Colleges of Pharmacy
 - ASHP Visiting Leaders
 - ASHP Preceptor Conference

Programming

- Wellness: one <u>required</u> annually
- Standard topics:
 - Giving and receiving feedback
 - Communication of expectations
 - Difficult learners and difficult situations
- Institution-specific
 - Team-based precepting
 - Pharmacy extenders
 - Workgroup best practices
- Writing letters of recommendation
- Preceptor pearls
- Hot topics in pharmacy, medicine



Preceptor self-assessment evaluation

Form description

Instructing- I give clear explanations to trainees

- Never
- Sometimes
- Frequently
- Always

Self Evaluation Tool

- Completed by:
 - PIT & discussed with their coach/mentor
 - Preceptors discussed with manager
- 10 questions
- Directly linked to:
 - Instructing
 - Modeling
 - Coaching
 - Facilitating

Assessment of Needs Preceptor Survey

- Sent at least yearly with preceptor self evaluation
- Some topics listed for idea generation
- Often the free text ideas are best and based on
 - Resident feedback
 - Difficult student or resident scenarios
 - New research/current events
 - RAC discussions
 - RPD request (if noticing similar trends among preceptors)
- Topics for the year are chosen based on common themes
- Preceptors with more subject expertise are asked to lead discussions

Large Group Interactive Discussion

- Consider possible solutions to the following scenarios:
 - What are some of the weaknesses of your current preceptor development plan?

 What things can be incorporated into your current preceptor development plan?