SPECIAL ARTICLES

Reflections on the First Three Years as a Junior Faculty Member

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A career in pharmacy can lead one down several different paths; however, I chose a career in academia because I knew that it would allow me to have the daily variety of responsibilities I enjoy, provide opportunities to promote the profession, and teach future generations. My experiences as a junior faculty member have been challenging as well as rewarding. I write this reflection for new junior faculty members and pharmacy practice administrators to share my journey, highlight challenges, and offer strategies and solutions to address potential obstacles. Specifically, orientation, mentoring, teaching, and evaluations will be addressed.

Like many other new faculty members, I received my appointment as an assistant professor of pharmacy practice following completion of a 1-year pharmacy practice residency and a 1-year specialty training program. During the 2 years of residency, the majority of training I received was clinical. I was briefly exposed to academia during 2 months of elective experiences; however, that short period is not sufficient to prepare a person for a full-time faculty position. During residency training little emphasis is given to the expectations placed on a faculty member: teaching, research, and service.^{1,2} Yet, residency graduates are the most likely candidates to fill the vacant positions in pharmacy education.¹

ORIENTATION

Few junior faculty members are provided with adequate training in teaching, research, and service during orientation.¹ Glover and Armayor developed a survey that reviewed components of orientation provided and desired for first-year faculty members (Table 1). I was given an orientation checklist with similar components along with a contact person with whom to discuss these items (Appendix 1). The checklist was to be reviewed during orientation and returned to at a later time when the information could be discussed in greater detail with the appointed person.

The majority of general components of orientation such as introductions, tours, and orientation to the clinical site were handled immediately. Technical support was addressed at a later time when the need was more apparent. Most importantly, a mentor was identified.

I expected my mentor to subsequently contact me to ensure I received the necessary training; however, this did not happen and I found it difficult to obtain the necessary information on my own. As time passed, I became more involved with the needs of my clinical site and did not identify time to address the orientation items during the first year of my appointment. In retrospect, having a scheduled time with my mentor may have ensured adequate training in a timely manner. While I am delighted that my institution provided an all-inclusive checklist and contact person, I would encourage new junior faculty members and administrators to ensure that there is adequate follow through and coverage of these orientation components.

MENTORS

Assigning mentors to assist with the orientation process for new faculty members can alleviate some of the training workload for department chairs. As a new junior faculty member I was fortunate to be paired with a senior faculty member experienced in teaching, research, and service. Unfortunately, neither my mentor nor I took the initiative to arrange meetings. In hindsight, I needed to be more assertive in pursuing information from my mentor. The first step in the orientation process should have included training on the mentor/mentee relationship to eliminate confusion regarding the role of each. I believe many new faculty members share my confusion regarding who should take the initiative to set meeting times, agendas, and goals for the meetings. One junior faculty member suggested that the experienced mentor should take the leading role and stated that a "mentor is someone who answers the questions you did not know you should be asking." In contrast, Zerzan et al advocate, "mentees should take responsibility for managing meetings. They should start by agreeing with their mentors on a regular schedule that is both feasible, considering time commitments, and adequate, allowing them to reach their intended goals."³ Administrators need to be aware of these potential misunderstandings. As time

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Table 1. Components of Orientation for New Pharmacy Faculty Members

General
Assigned an advisor/mentor
Introduced to pharmacy practice faculty
Introduced to faculty in other departments
Introduced to support staff
Tour of department
Tour of college
Tour of campus
Obtaining office supplies
Establishing phone service/voice mail
Computer support
Orientation to clinical site
Teaching
Guidance in organizing and delivering lecture material
Guidance in handout and exam preparation
Attended lecture of senior faculty member
Guidance in structuring clerkship
Scholarship
Guidance in developing research ideas
Provided with information regarding "starter" grants
Guidance conducting research
Guidance in writing protocols
Guidance in writing manuscripts
Provided with promotion/tenure policies and procedures
Guidance in identifying clinical research areas of interest
Service
Provided with list of department and college committees
Guidance in selecting committees
Provided information regarding professional organizations
Guidance in developing clinical site

Reprinted from Glover ML, Armayor GM. Expectations and orientation activities of first-year pharmacy practice faculty. *Am J Pharm Educ.* 2004;68(4):Article 87.

progressed and I met additional faculty members who had expertise in a variety of areas, I sought out multiple mentors who were able and willing to guide me in different aspects of my career. Undoubtedly, a number of individuals may be needed to cultivate professional growth in the areas of teaching, research, and service.

Mentorship should be viewed as a developing relationship. Whether the mentor is assigned or sought out, both the mentor and mentee need to be committed to the relationship. Mentors play a vital role in the growth of the junior faculty member.

TEACHING

Teaching in the classroom has been an extremely positive and rewarding experience. As a professional student, I observed that not all students learn in the same manner. Lujan et al found that the majority of students in medical education actually prefer diverse learning styles using all

modes: visual, auditory, reading/writing, and kinesthetic.⁴ Therefore, I wanted to have a teaching style that utilized multiple learning methods: reading, listening, writing, discussing, experiencing, and peer teaching. I also wanted to emulate teaching styles I admired from my past professors. I announced to the students prior to class they were expected to read and answer the objective questions prior to class and that their work might be collected. The oral lecture provided reinforcement of this material. Because writing is an important component of learning, I provided a handout for the students to fill in the blanks during the lecture (they should have seen the majority of information before class in their reading assignment). This reiterated the main points of the objectives as well as allowed me to randomly call on students to fill in the blanks on the slides. I wanted the students to participate in the learning process rather than be lectured to. When possible, I incorporated brief (5 minute) videos to emphasize the real-life aspects of what we were discussing. During the last 20 minutes of the lecture, the students engaged in a role-playing activity. They acted as an interdisciplinary medical team making therapeutic decisions for another student playing the part of the symptomatic patient. Ultimately, I encouraged the students to discuss scenarios and try to teach their classmates outside of class. I also gave the students mnemonics throughout the discussion to reinforce the information.

There are barriers, however, to this teaching style. Teaching in this manner requires creativity, more time to organize and prepare activities, and receptive students. I needed to draw from multiple resources (for example, the local medical library) to find videos and from the Internet to find visual aids for creating handouts/slides with visual mnemonics. There may also be a small number of students who prefer a single mode of presenting the information rather than multiple modes.⁴

Students learn in a variety of ways, and because the majority of students prefer diverse modes of information presentation, faculty members should require students to read prior to class and attend the lecture, encourage note taking, facilitate discussion, incorporate role-playing exercises when possible, and encourage students to teach their classmates to master the information. Although this teaching style may require additional time to plan these activities, it is imperative to utilize all ways in which students learn.

EVALUATIONS

Evaluations are crucial for continuous improvement and occur on multiple levels. Students evaluate the professor in the classroom, the preceptor evaluates the experiential students and vice versa, and the department chair evaluates the junior faculty member. Both positive and negative feedback is essential for the growth of the junior

faculty member. However, the feedback must be presented in a timely manner so the faculty member can use the information and, if appropriate, incorporate the suggestions into future teaching scenarios.

Obtaining feedback regarding students' preferred learning modes helps to improve and tailor subsequent lectures.⁴ The majority of feedback I received from learners on the aforementioned lecture style was positive; however, a minority were opposed to this atypical approach. Their feedback also alerted me that I needed to revise the timing of later lectures to create more time for role playing, which the students found valuable.

Evaluating experiential students has become progressively easier over the past 3 years. Initially, it was difficult to differentiate between students' performance, but after working with many students, the differences in their competencies became clearer and it was more apparent who was average, above average, or excellent. Additionally, I found it important for each student to do a midpoint self-evaluation. Self-evaluations, which were part of my experience as a pharmacy practice resident, ensure that student and teacher have a similar view of the student's performance. A key to student success is for the preceptor to provide continuous feedback. As a learner, I appreciated timely feedback regarding my performance. As a preceptor, I set aside time each Friday during the advanced pharmacy practice experience (APPE) to discuss what the student did well over the week and in what areas the student could improve. I also asked the student during this time what aspect of the APPE went well over the past week and what I could do over the remainder of the APPE to make the experience more positive. This weekly activity serves 2 purposes: the students know how they are performing, and if there is an aspect of the APPE I can change to make the experience a more positive one, I learn about the suggestion during the APPE and not afterwards when it may be too late. Incorporating this feedback exercise into a busy week is not always easy, but it is crucial that students as well the preceptor share this information. When student evaluations of the preceptor are available, I review them and use the feedback as appropriate to make the APPE continuously better for the next group of learners. Because of student feedback and ideas, the APPE has been molded to better fit students' learning needs.

Just as students evaluate the preceptor and the preceptor evaluates the students, the junior faculty member is evaluated by the department chair. Feedback is imperative for growth.^{1,5} The comments, both positive and constructive, that I have received from my department chair and senior faculty members were greatly appreciated and contributed

to my development as a teacher and clinician. I was evaluated based on my accomplishments in teaching, service, and scholarship as outlined in a template used for my annual report. During the annual reviews, we discussed these accomplishments and how they compared with the chair's expectations for my position and experience. The verbal and written evaluations were more subjective than objective. During the evaluation process, the department chair encouraged me to seek additional credentialing with certification in geriatrics and/or pharmacotherapy and supported and guided my ideas for scholarship. Department chairs may want to consider a 6-month evaluation during the first year in addition to annual evaluations to ensure that the junior faculty member is meeting the expectations of the department. Evaluations are essential for the development of the junior faculty member. Both positive and constructive feedback is needed in a timely manner for the faculty member to utilize the information for continuous improvement in teaching and experiential site development.

CLOSING THOUGHTS

Being a new junior faculty member is a challenge. One must learn to balance teaching classes, patient care, precepting students, scholarship activities, and personal time. The work may be intense at times, but it is also important to allocate time for personal endeavors. Life is short. Junior faculty members must remember to take care of both their physical and mental health because without one they do not have the other. Physical activity is a great stress reliever.

My experiences as a junior faculty member over the past 3 years have been both gratifying and challenging. I experienced frustration, accomplishment, rejection, belonging, inertia, and growth. Part of growth is periodic reflection. I encourage junior faculty members to periodically reflect on their own goals, where they are and where they would like to be, and to take steps towards accomplishing their goals.

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Appendix 1. Orientation checklist for new pharmacy practice faculty members

Establishing your clinical site – first 12 months of employment		
√	Item	Contact Person
	Survey of service (assess current services and desired services)	Site Director/Mentor
	Opinions of prescribers, nurses	Site Director
	Role of students	Site Director
	Responsibilities to site (if not 100% university funded)	Site Director, Department Chairman
	Scope of practice	Department Chairman/Mentor
	Availability of library service: reimbursement for copies	Department Chairman
	Student start time (optimal 6 months)	Department Chairman
	Shadow Mentor faculty members/site visits	Mentor(s)
	Site visits from Mentor	Mentor(s)
	Meet with mentor faculty (as outlined in mentor document and TBD by involved parties during first 18 months)	Mentor(s)
Teaching – precepting (first 1-3 months) – didactic (prn)		
√	Item	Contact Person
	Copy of curriculum	Department Chairman
	Precepting	
	Number of students required each year	Department Chairman
	Copy of evaluation forms (student and preceptor): instructions on use	Director of Experiential Programs
	Review of website for Experiential Program	Director of Experiential Programs
	Documentation of students	Director of Experiential Programs
	Discuss rotation structure and grading opportunities	Mentor
	Non-student months: preparing for, number of, what to do	Mentor
	Develop goals and objectives for rotation	Mentor
	Shadow student program	Director of Experiential Programs
	Didactic	
	Copy of textbooks for the classes for which you are teaching	Department Chairman
	Copy of old handouts and exams for your lectures	Department Chairman and Admin Assistant
	Instruction on lecturing equipment available: how to use	Department Chairman
	Writing objectives (refer to files)	Department Chairman
	Academic dishonesty policy and procedure	Department Chairman
	Writing test questions (refer to files)	Mentor
	Lecturing hints/suggestions	Mentor
	Blackboard orientation	Mentor
	Other “teaching tips” (handouts, student feedback, difficult/inappropriate questions, teaching styles, etc)	Mentor
Other Items		
√	Item	Contact Person
	Professional presentation (P-4) seminar	Mentor
	Scholarship activities groups; research interests of co-workers; on-going projects	Department Chairman and peers
	Getting involved in publishing	Mentor
	Committee involvement	Department Chairman
	Promotion and Tenure - copy of guidelines - annual review process	Department Chairman and Mentor
	School of Pharmacy Residency Programs	Specific faculty person and Mentor
	Feedback regarding survival kit	Department Chairman and Mentor

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