AACP REPORTS

Report of the 2011-2012 AACP Professional Affairs Committee: Addressing the Teaching Excellence of Volunteer Pharmacy Preceptors

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According to the Bylaws of 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, commission, or other groups.

COMMITTEE CHARGE

President Brian Crabtree charged the 2011-2012 American Association of Colleges of Pharmacy (AACP) Standing Committees with issues related to excellence and relevance in pharmacy education.¹ Specifically, the 2011-2012 Professional Affairs Committee is charged to:

- (1) Embark on an analysis of the concept of "master preceptor." This should include a discussion of the following elements of a professional development program to cultivate a pharmacy preceptor who excels in experiential teaching: a) content of the program, b) mechanism(s) for program delivery and c) program outcomes and assessment.
- (2) Recommend a recognition system for teaching excellence by preceptors. The recognition system should include elements that would be

beneficial and motivational for the continued professional development of the preceptor as well as sustaining and maintaining excellence of experiential education provided by colleges and schools of pharmacy.

Members of the Professional Affairs Committee (PAC) included faculty from multiple disciplines from various schools/colleges of pharmacy as well as association representatives from three national pharmacy organizations: The American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), and the American College of Clinical Pharmacy (ACCP). Prior to an in-person meeting of the committee, pertinent background information and resource materials were distributed and the sharing of initial methods to address the committee charges was encouraged. Committee members met for a day and a half in Crystal City, Virginia on October 6-7, 2011 to discuss the various facets related to this issue as well as to develop a process for addressing the charge. Following the process development and delegation of assignments related to the committee charges, the Committee communicated via a series of conference calls and electronic communications as well through personal exchanges via telephone and email. The result is the following report, which discusses elements necessary for a development program to cultivate pharmacy preceptors to be the best teachers possible and a recognition

system for those preceptors who reach and sustain teaching excellence.

BACKGROUND

Experiential education is a key component of the pharmacy curriculum, comprising approximately 30% of the professional curriculum. The experiential component of pharmacy education currently relies heavily on volunteer and adjunct faculty to provide practical experience in health care settings. It has been estimated that about 82 percent of schools/colleges use faculty who are jointly funded with practice sites and up to 60 percent of the total APPE rotations nationally are provided by adjunct or volunteer faculty.^{2,3} The need for qualified preceptors is increasing due to new schools/colleges of pharmacy and enrollment growth in existing programs,⁴ the increased experiential load in the pharmacy school curricula,⁵ and the necessity of having preceptors available in a variety of pharmacy practice settings.⁶ This report will focus on volunteer preceptors, defined as individuals who are not full-time employees of a school or college of pharmacy who are responsible for experiential education of student pharmacists.

Several entities have established requirements for pharmacy preceptors. According to the 2011 National Association of Boards of Pharmacy (NABP) Survey of Pharmacy Law, 23 (44%) of the 52 boards of pharmacy require pharmacy preceptors to register or communicate with the board in some matter regarding their role as a pharmacy preceptor.⁷ In addition, some boards have criteria that specify a minimum number of years of licensure prior to becoming a preceptor and specific training/continuing education or professional development requirements that must be met to remain a preceptor.

Schools/colleges of pharmacy are provided direction regarding preceptor qualifications and preceptor development. Elements of the Accreditation Council for Pharmacy Education (ACPE) Standards and Guidelines⁸ that pertain to experiential education include Standard 14 (Curricular Core-Pharmacy Practice Experiences), Standard 15 (Assessment and Evaluation of Student Learning and Curricular Effectiveness), Standard 24 (Faculty and Staff—Quantitative Factors), Standard 25 (Faculty and Staff—Qualitative Factors), Standard 26 (Faculty and Staff Continuing Professional Development and Performance Review), and Appendix C (Additional Guidance on Pharmacy Practice Experiences). All faculty should be evaluated as to their teaching abilities, communication skills, and effectiveness related to pharmacy education. These areas can be documented and evaluated utilizing review committees, experiential site visits by trained individuals, and student pharmacist feedback. ACPE Standard

26 states that schools/colleges of pharmacy must have an effective continuing professional development (CPD) program for full-time, part-time, and voluntary faculty. Guideline 26.1 states that schools/colleges of pharmacy must have or provide support for programs and activities for faculty and preceptor CPD commensurate with their responsibilities. It is therefore imperative that schools/colleges of pharmacy develop and maintain preceptor development programs.

While accreditation and other entities have established criteria for preceptor training and development, the perceptions and needs of the preceptor should also be taken into consideration. AACP's institutional research department gathers, analyzes and summarizes data related to schools/colleges of pharmacy accredited by ACPE.⁹ The institutional research department has surveyed preceptors, via the administration by schools/colleges and the AACP centralized survey system, annually since 2009.¹⁰ While the preceptor response rates have averaged 32% over the past 3 years, the strongly agree and agree responses to questions regarding resources and support received by preceptors have increased during this time.¹⁰ Namely, the strongly agree and agree responses for 2009, 2010, and 2011 for ongoing contact with the office of experiential education were 78.7%, 80.5%, and 84.1% respectively, support received from the office of experiential education was 80.5%, 81.9%, and 85.6% respectively, and the college/school having an effective CPD program that is consistent with preceptor responsibilities was 76.4%, 78.4%, and 81.4% respectively.¹⁰ Though the differences were modest and the response rate low, the results may indicate some improvement over time.

Accredited pharmacy residency programs have the responsibility for assuring required preceptor qualifications and professional development. Key areas of preceptor development named in the American Society of Health-System Pharmacists (ASHP) accreditation standards for postgraduate year 1 (PGY1)¹¹ pharmacy residencies and postgraduate year 2 (PGY2)¹² pharmacy residencies include the teaching and professional skills of the residency program director (RPD) and preceptors. Pharmacy residency accreditation standards require that the RPD and preceptors should have a record of contribution and commitment to the profession of pharmacy (Requirement 5.9); they must demonstrate a desire and aptitude for teaching that requires mastery of the four preceptor roles (instructing, modeling, coaching, and facilitation) when used in teaching clinical problem solving; and they must also demonstrate the ability to provide criteria-based feedback and evaluation of the residents performance (requirement 5.10).^{11,12} In addition,

the RPD should assess and provide preceptors opportunities to enhance the quality of their precepting skills (Requirement 4.3).^{11,12} According to data reported by the ASHP Commission on Credentialing (COC) in August 2011, 72% of PGY1 and 64% of PGY2 pharmacy residency programs surveyed were cited for not having adequate preceptor development.¹³ ASHP has multiple sessions for the development of residency program directors and preceptors at the ASHP midyear clinical meeting and other designated programs, such as the biennial national ASHP residency preceptors conference.

A study was conducted to determine the training needs and interests of volunteer pharmacy preceptors of six regional APPE programs throughout California.¹⁴ Approximately 74% of the study respondents indicated an interest in obtaining additional training. The preferred areas for preceptor development included engaging and motivating students (69%), update on teaching/precepting strategies (60%), questioning students effectively (59%), communicating effectively with students (49%), working effectively with different adult learning styles (49%), assessing student performance (47%), and effectively integrating students into day to day workplace activities (42%). Respondents who had received formal preceptor training were significantly more confident in their abilities to clarify expectations, evaluate a student's knowledge, and foster skills related to critical thinking and problem solving. This information provides potential areas for future preceptor development programs.

A recent study suggests that being an active pharmacist preceptor is associated with increased job satisfaction among pharmacists, but is not necessarily associated with increased career satisfaction.¹⁵ The job satisfaction associated with precepting student pharmacists was independent of the type of pharmacy practice setting. This information may assist schools/colleges of pharmacy as well as pharmacy practice sites in the recruitment, engagement, and retention of pharmacy preceptors.

While the benefits of precepting to preceptors^{5,16,17} and to practice sites^{5,16-19} have been well documented, the issue of quality precepting continues to be of paramount importance and discussion in pharmacy and other areas of health care training. Experiential office faculty and staff members are striving to meet quality assurance standards as well as preceptor development needs.⁶ The responsibility for ensuring quality pharmacy practice experiences for students, defined as a well-planned, outcomes-focused training experience with adequate supervision and assessment by a qualified preceptor within a learning-rich practice environment, resides with schools/colleges of pharmacy.²⁰ Schools/colleges of pharmacy should have requirements established for preceptors and practice sites

where precepting occurs that lead to quality pharmacy practice experiences.

Quality in experiential education is pursuant to the preceptor (practitioner-educator), the learning experiences (collaboratively designed by college, preceptor, and student pharmacist), and the practice environment.³ A common thread within this triad is the preceptor. While the focus of many schools/colleges of pharmacy experiential departments is on identifying and sustaining an adequate number of quality preceptors and practice sites, it has been suggested that the goal of every experiential program should be to identify, train, develop and maintain quality preceptors.³ The 2004 AACP PAC report provided the following preceptor characteristics that were thought to be conducive to effective learning:

- Is approachable and establishes a good learning environment
- Is available to the student for interaction and discussion
- Treats the student with trust and respect in their interactions
- Demonstrates interest and enthusiasm in teaching
- Explains the decision-making process to the student and asks questions that promote learning
- Stimulates the student to learn independently and allows autonomy that is appropriate to the student's level of experience and competence
- Regularly provides meaningful feedback to the student, both positive and negative, in a timely manner
- Is a good role model for the student and inspires student confidence in preceptor's technical skills
- Is aware of the clerkship goals and objectives and seeks to meet them

These preceptor characteristics are just as germane in today's pharmacy academic environment as they were at the time of the 2004 AACP PAC report.

Summary of PAC Proposed Policy Statements, Recommendations, and Suggestions

Policy Statement 1 (as amended and voted upon by the 2012 AACP House of Delegates). AACP affirms that preceptor development is essential to enhance the quality of experiential education and believes that preceptors should possess competencies that include, but are not limited to, leadership/management skills, embodiment of the development of a practice philosophy focused on improving patient outcomes, role modeling as a practitioner, commitment to excellence in scholarly teaching, effective communication skills, and encouragement of self-directed learning.

Recommendation 1. AACP will periodically update resources in the Academic-Practice Partnership Initiative

(specifically the Professional Experience Program Library of Resources).

Recommendation 2. AACP will explore establishing and reaffirming formal relationships with nationally available pharmacy preceptor training development programs.

Recommendation 3. AACP supports the development of a national master preceptor recognition program.

Recommendation 4. AACP will develop a resource/communication vehicle to enable practitioners designated as a “master preceptor” to communicate best practices/development opportunities with one another and schools/colleges of pharmacy.

Suggestion 1. Schools and colleges of pharmacy should institute and continuously review a preceptor development program and ensure that they include the competencies of leadership/management skills, embodiment of practice philosophy, role modeling as a practitioner, commitment to excellence in scholarly teaching, effective communication skills, and encouragement of self-directed learning.

Suggestion 2. Schools and colleges of pharmacy should make preceptor development programs available via a variety of mechanisms to facilitate various learning styles.

Suggestion 3. Experiential Directors should consider collaborating with other schools/colleges of pharmacy in the local/regional area to develop common approaches to preceptor development, that allow for consistency in communicating performance expectations to preceptors and the potential for sharing resources and training opportunities.

Suggestion 4. AACP encourages schools and colleges of pharmacy to develop and maintain mechanisms for preceptor recognition.

Suggestion 5. Schools and colleges of pharmacy should develop or refine their current recognition system for preceptors based, in part, on objective criteria.

WHAT IS A “MASTER PRECEPTOR”?

The PAC discussed the concept of a “Master Preceptor” at length and many aspects related to quality and effectiveness in teaching, practice, community service/involvement and professionalism were offered. Ultimately, it was decided that defining the competencies desired in all preceptors should be elucidated. ACPE provides guidance on preceptor training components (Table 1) and the behaviors expected by preceptors who are positive role models (Table 2).

An outgrowth of the AACP Report of the 2004 Professional Affairs Committee was the Academic-Practice

Table 1. Preceptor Training Program Components (Adapted from Appendix C in Reference 8)

Orientation to the college or school’s mission, goals, and values
Review of the college/school’s curriculum and teaching methodologies
Review of the specific objectives for the pharmacy practice experiences
Guidance regarding the assessment of student pharmacists’ prior knowledge and experience relative to the rotation’s objectives so that the preceptor may tailor the rotation to maximize the educational experience and ensure appropriate student pharmacist interaction
Review of the college or school’s performance assessment and grading systems

Partnership Initiative (APPI).²¹ APPI was created to identify strategies and develop resources to increase capacity and enhance quality, efficiency, and effectiveness of professional experience programs. It serves to improve pharmacy education and practice by enhancing opportunities for pharmacists to become partners of schools/colleges of pharmacy, enabling member institutions in their efforts to assist practitioners and organizations to advance patient care services, and to assist administrators at schools/colleges of pharmacy as well as in pharmacy organizations to enhance experiential education. The outgrowth of APPI included a 2005 Summit on Advancing Experiential Education in Pharmacy,²² a professional experience program (PEP) library of resources comprised of peer-reviewed resources to prepare and support practitioner

Table 2. Preceptor Role Model Behaviors, Qualities, and Values (Adapted from Appendix C in Reference 8)

Practice ethically and with compassion for patients
Accept personal responsibility for patient outcomes
Have professional training, experience, and competence commensurate with their position
Utilize clinical and scientific publications in clinical care decision making and evidence-based practice
Have a desire to educate others (patients, caregivers, other health care professionals, student pharmacists, pharmacy residents)
Have an aptitude to facilitate learning
Be able to document and assess student pharmacist performance
Have a systematic, self-directed approach to their own continuing professional development
Collaborate with other health care professionals as a member of a team
Be committed to their organization, professional societies, and the community

educators and professional experience program personnel,²³ an advanced practice experience site profiling system (APESPS) which is a toolkit designed to identify, document and profile models of exemplary experiential education practice sites exhibiting the APPI-developed quality criteria,²⁴ and the Crystal Academic-Practice Partnerships for Learning Excellence (APPLE) Award.²⁵ Contained within APESPS are experiential site-specific criteria for excellence and preceptor-specific criteria of excellence, which were developed based upon the 2001 Institute of Medicine report *Crossing the Quality Chasm: A New Health System for the 21st Century* and the AACP Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes.²⁶ The APPI preceptor-specific criteria of excellence describes six areas necessary for a preceptor to be engaged in effective precepting: possess(es) leadership/management skills, embody(ies) a practice philosophy, demonstrates being a role model practitioner, is an effective, organized, and enthusiastic teacher, encourages self-directed learning with constructive feedback, and has well developed inter-personal communication skills.²⁷

After examining the APPI preceptor-specific criteria of excellence,²³ the PAC recognized the need for preceptors to place more emphasis on effective teaching. The 2008-2009 AACP Task Force for the Recognition of Teaching Excellence collected best teaching practices from schools/colleges of pharmacy, evaluated the literature to identify evidence-based criteria for excellent teaching, and provided recommendations on the acknowledgement and rewarding of teaching excellence.²⁸ The characteristics of a good teacher, as defined by the task force, were distilled into six target areas for all preceptors. These include: (1) having positive student-faculty contact, (2) encouraging effective active learning, (3) setting achievable, yet high expectations, (4) respecting diverse talents and ways of learning, (5) demonstrating effective communication skills, and (6) having a commitment to teaching well.²⁸

The PAC examined both the APPI preceptor-specific criteria of excellence and the recommendation by the Task Force on Teaching Excellence and combined them into six competencies that should be embodied with all pharmacy preceptors. These competency areas and elements that can be used to measure them are found in Table 3. It is recommended that these areas be included in all training programs for pharmacy preceptors.

Just as schools/colleges of pharmacy are encouraged to provide developmental opportunities for its experiential education faculty and administrative staff members,²⁹ there is a need for all schools/colleges of pharmacy to establish training programs for preceptors.³⁰ Effective

preceptor training programs should result in the development of, and improvement in, student pharmacist learning and satisfaction as well as contribute to providing exemplary patient care, enhancing current and developing new models of care as well as increasing preceptor satisfaction. Preceptor development in pharmacy residency training programs offers some valuable suggestions for creating an effective development plan. These include understanding accreditation standards, conducting a needs assessment, setting goals for the requirements, development and improvement of preceptor teaching skills, establishing how the preceptor training and development plan will be implemented and assessed, completing training for preceptors (as needed), evaluating the effectiveness of the training, assessing preceptors' progress toward goals, and reviewing the entire procedure on an annual basis.³¹ Preceptor training programs should be delivered using a variety of approaches, including live, electronic, and paper formats, in order to accommodate preceptors. After completion of an initial preceptor training program, ongoing preceptor development should be required of preceptors every 1-2 years.

The report of the 2010 AACP Council of Sections Preceptor Development Task Force provides some valuable information regarding the types of preceptor development program components found at schools/colleges of pharmacy.³² There was a 73% response rate for the survey, which was administered to experiential education administrators at schools/colleges of pharmacy. Of these, 97% indicated they currently offer preceptor development programming. The reasons cited by respondents for not providing preceptor training included lack of time and financial resources. These responses are consistent with findings from the AACP Council of Deans Costs of Experiential Education Task Force, which reported that minimal experiential education costs were allocated toward preceptor development compared to other experiential education program costs, such as faculty salaries, administrative staff salaries, and preceptor stipends.³³

Of those who offer preceptor development programming, 48% stated they required preceptor development. Most (71%) respondents indicated that their training programs for new and existing preceptors were the same. A variety of delivery methods were offered for preceptor training including live, web-based, and electronic programs as well as hard copy training materials. The task force recommended several topics for preceptor development training including how to give feedback, evaluating/grading student pharmacists, how to develop an Introductory Pharmacy Practice Experience (IPPE)/Advanced Pharmacy Practice Experience (APPE), how to manage conflict/dealing with difficult students, professional

Table 3. Pharmacy Preceptor Competencies (adapted from References 27 and 28)

Preceptor Competency	Development of Competency	Competency Attributes
Possess Leadership and Management Skills	Adapted from APPI Preceptor-Specific Criteria of Excellence area #1 ²⁷	Demonstrates effective managerial and leadership relationships with colleagues and student pharmacists Demonstrates humility and is self-reflective related to own limitations Monitors quality of own professional practice, practice at the site, and teaching activities Demonstrates non-discriminatory behavior
Embodies Practice Philosophy	Original APPI Preceptor-Specific Criteria of Excellence area #2 ²⁷	Motivates and inspires pharmacists and student pharmacists to develop patient-centered care services Has a mission and/or vision for pharmacy illustrated by a strategic plan that encourages planning, implementation, and evaluation of programs, initiatives, and standards at their practice site Insists that administration or ownership supports pharmaceutical care services
Role Model Practitioner	Original APPI Preceptor-Specific Criteria of Excellence area #3 ²⁷	Provides or supports high-quality patient-centered care or pharmacy-related services Practices ethically Practice patterned after accepted guidelines or model practices Solves problems effectively using sound critical thinking and problem solving skills Educates and integrates patients, family members, and caregivers in decision making Interacts professionally with patients, health care providers, and team members
Commitment to Excellence in Scholarly Teaching	Adapted from APPI Preceptor-Specific Criteria of Excellence area #4 ²⁷ and teaching excellence criteria #1 and #6 ²⁸	Demonstrates a caring attitude toward student pharmacists (e.g., gets to know them, inquires about previous experiences and future career goals) Provides prompt assessment and constructive feedback Promotes cooperation between student pharmacists and other members of the health care team (e.g., physicians, nurses, social workers, lab technicians, etc.) Is accessible to student pharmacists Aids student pharmacist learning beyond the normal/regular practice experience Teaches by example (e.g., demonstrates patient assessment skills, discusses the clinical reasoning process, practices ethically) Inspires and motivates student pharmacists Engages in activities to continually develop teaching skills Invites and accepts constructive feedback to improve teaching skills Incorporates new techniques to promote learning
Effective Communication Skills	Adapted from APPI Preceptor-Specific Criteria of Excellence area #6 ²⁷ and teaching excellence criterion #5 ²⁸	Demonstrates enthusiasm and passion for his or her practice Displays compassion and is caring toward patients Commands student pharmacist attention and maintains it Provides substantive information and clarifies when necessary Raises thought-provoking and significant questions instead of just providing answers Demonstrates awareness and understanding of how cultural elements (e.g., beliefs, values, practices) can impact patient behaviors, health communication and patient outcomes Exhibits excellent interpersonal skills within an interprofessional healthcare team and/or environment

(Continued)

Table 3. (Continued)

Preceptor Competency	Development of Competency	Competency Attributes
Encourages Self-Directed Learning	Adapted from APPI Preceptor-Specific Criteria of Excellence area #5 ²⁷ and teaching excellence criteria #2, 3, and 4 ²⁸	Assesses the student pharmacist's baseline knowledge, skills, and abilities Defines objectives and expectations for the practice experience Develops plan to meet objectives for practice experience (activities, experiences, assignments, reading, reflections) Teaches to the level of the student pharmacist Models appropriate skills and behavior for practice setting (e.g., efficiency) Coaches student pharmacist behavior through effective, constructive, and timely feedback Creates a safe yet challenging learning environment Treats student pharmacists as colleagues-in-training Encourages student pharmacists to be independent, lifelong learners Respects student pharmacists individuality with fairness and balance Recognizes and teaches to different learning styles Integrates and includes student pharmacists into practice experience Stimulates and engages the student pharmacist in critical thinking skills Encourages student pharmacist's self-reflection on quality of tasks and efficiency of tasks

communication skills, cultural competence, incorporating student pharmacists into the practice setting, evaluating practice management, and ethics for preceptors.³² A variety of preceptor training programs were reported in the survey. These include live (92%) and web-based (52%) school-developed programs, Pharmacist's Letter Preceptor Training and Resource Network³⁴ (81%), the APhA/National Association of Chain Drug Stores (NACDS) Foundation Community Pharmacist Preceptor Education Program³⁵ (64%), and the Collaborative Education Institute (CEI) preceptor program.³⁶ While the APhA/NACDS Foundation Preceptor Program³⁵ and the Collaborative Education Institute (CEI)³⁶ have direct involvement with schools/colleges of pharmacy and its experiential education faculty, the Pharmacist's Letter Preceptor Training and Resource Network³⁴ was discussed in the task force report as having limited input from academic pharmacy. Given the large number of schools/colleges of pharmacy utilizing this training program, it may be beneficial for AACP to explore a formal relationship with The Pharmacist's Letter for its preceptor training/development program.

There are many other examples of preceptor training/development programs provided by schools/colleges of pharmacy. Efforts such as an Academy of Preceptors,³⁷ developing a center of teaching excellence,³⁸ using a LearningBridge[®] tool,³⁹ and other programs targeting specific practice settings⁴⁰⁻⁴³ are tools that schools/colleges can review and consider implementing to enhance and expand

their level of preceptor training. Teaching certificate programs are also an example of training that can be extended to preceptors to advance their teaching skills.^{44,45} Many schools/colleges of pharmacy have developed consortiums to provide training and development for preceptors in specific regions and such approaches should be considered when possible to promote consistency and efficiency.^{46,47} Many schools/colleges of pharmacy have also developed an experiential education newsletter that address timely issues in experiential education and can also provide an avenue for preceptor recognition. A listing of preceptor training and development programs, including some outside of pharmacy, are found in Appendix I.

Preceptors, just as all other teachers and educators, should be assessed for their effectiveness in teaching. Schools/colleges should have a continuous quality improvement process in place to ensure preceptor development programs are achieving outcomes related to increasing preceptor effectiveness. Most schools/colleges of pharmacy do this through student pharmacist evaluations of the practice experience and practice site visits performed by experiential department personnel. Student pharmacist evaluations are sometimes criticized as being subjective and therefore having an evaluation instrument with specific questions designed to solicit factual-based responses is necessary.³ Additional assessments that may be used include preceptor self-assessment, monitoring of completion of preceptor development modules, and (re)appointment procedures for preceptors that collect

information on training and development completed regarding education/precepting.

To go beyond regular preceptor development and assessment, each school/college of pharmacy should develop their own definition and criteria for preceptor excellence. A “master preceptor” should not only encompass the competencies described in Table 3, they should demonstrate the competencies over time by their education, practice, citizenship, and recognition by their peers, supervisor(s), and other organizations.

RECOGNITION OF PRECEPTOR TEACHING EXCELLENCE

Recognition of a job well done is valued by most people in a variety of situations, including academic pharmacy. Many schools/colleges of pharmacy offer tangible benefits for being a preceptor including books, clinical appointments, continuing education, tuition credits, stipend or salary compensation, and access to drug information, library resources, and reference materials.⁶ Many schools/colleges of pharmacy recognize faculty with awards and some include preceptor awards. Institutional teaching awards result in varying outcomes on faculty recruitment and retention.⁴⁸⁻⁵⁰

In order to attract and retain high quality preceptors, schools/colleges should ensure that preceptors are provided incentives and recognition for supporting the experiential component of their curriculum.³⁰ In a survey of preceptor awards provided by schools/colleges, 79% of the respondents indicated providing recognition for preceptors/volunteer faculty members.⁴⁸ Recognitions included a plaque or certificate, recognition at a ceremony/luncheon, monetary award, and/or travel funds for a professional conference.⁴⁸ Other forms of preceptor recognition have included authorship in preceptor/experiential education newsletters and recognition in national communications.⁵¹ Various categories of preceptor recognition exist (eg, new preceptor of the year, IPPE preceptor of the year, APPE preceptor of the year) as well as differing mechanisms for selecting preceptor awards (i.e., student pharmacist vote, school/college committee vote following nominations, administrative decision, or course evaluation surveys).⁴⁸ National pharmacy practice organizations also recognize the value of pharmacy preceptors and examples of such recognition programs are listed in Table 4.

The PAC believes that schools/colleges of pharmacy should develop preceptor recognition programs that distinguish and celebrate excellence in teaching and other essential elements in precepting. These preceptor recognition programs should be based, in part, on objective data, and should include some element

of the three primary sources of evidence/data used to measure teaching excellence: (1) student pharmacists/learners and alumni; (2) peers, administrators, and/or instructional specialists; and (3) the teacher himself/herself in the form of self-assessment and reflection.²⁸ Schools/colleges of pharmacy should create valid and reliable methods by which to judge and formally recognize preceptor teaching excellence.²⁸

The PAC also believes that a national “master preceptor” recognition program should be created to reward and celebrate those preceptors who are exemplary in precepting and teaching. This program should be recognized by multiple pharmacy organizations, yet be administrated by AACP, as it is the national association representing pharmacy education. This AACP Master Preceptor Recognition Program would be based on criteria related to the preceptor’s training/education in teaching, practice competency, citizenship, and recognition by other persons and organizations.

The AACP Master Preceptor Recognition Program

The purpose of the AACP Master Preceptor Recognition Program is to recognize preceptors who do not directly report to a school/college of pharmacy for their professional practice position and who have demonstrated sustained commitment to excellence in experiential education. This program, to be made available annually at the beginning of each academic year (ie, August/September) would consist of a self-nomination process where preceptor applicants would complete and submit an application and a portfolio of supporting documentation.

Program Submission Materials (Content)

The program submission information should include an application that requests information from the previous five years. Exceptions to the five year period could be considered for extenuating circumstances (eg, extended leave of absence). All preceptors should be licensed pharmacists or recognized in their field of expertise by the appropriate licensure/registration and be in good standing.

The applicant must submit a personal statement/reflection statement on precepting. This statement should describe as specifically as possible their philosophy and achievements in the areas of education, professional practice, citizenship (service), and recognition, and how these demonstrate their pursuit of excellence in experiential education. The personal statement/reflection should be no more than 5 pages in length and have specifics on formatting (ie, font size) as well as detailed instructions/references on how to write a personal statement.

Table 4. National Pharmacy Associations' Preceptor Recognition Programs

Organization	Type of Recognition	Program Criteria	Website
National Association of Chain Drug Stores (NACDS) Foundation	Community Pharmacy Preceptor of the Year Award	Recipients have made significant contributions to the education of the student pharmacist during APPE rotations in the community setting through: offering a unique, cutting edge experience at training student pharmacists to provide patient services; being an exemplary mentor and inspires student pharmacists to be better patient advocates; achieved accomplishments that enhance student pharmacist education and patient care.	http://www.nacdsfoundation.org/WHATWEDO/SCHOLARSHIPSANDSTUDENTOPPORTUNITIES/CommunityPharmacyPreceptoroftheYearAward.aspx
National Community Pharmacists Association (NCPA) Foundation	NCPA Foundation National Preceptor of the Year	Recipients have made significant contributions to student pharmacist education as a preceptor in the community practice setting through: demonstrating high standards of professionalism (leadership, service, innovation, exemplary professional ethics); commitment to student pharmacists as a mentor and educator, unique teaching techniques, ongoing professional involvement beyond the experience.	http://ncpafoundation.org/awards.shtml
American Society of Health-System Pharmacists (ASHP) Research and Education Foundation	Pharmacy Residency Excellence Award	Recipients have a historical demonstration of significant contributions to residency training in the role of preceptor and mentor; demonstrate leadership qualities; respected by peers; innovative resident educator; contributes to research and service within community and organization levels; have a track record for developing residents with the same qualities, while contributing to the positive influence of the resident's career.	http://www.ashpfoundation.org/MainMenuCategories/Awards/PharmacyResidencyExcellenceAwards.aspx

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Table 4. (Continued)

Organization	Type of Recognition	Program Criteria	Website
American Pharmacists Association (APhA)	Community Pharmacy Residency Excellence in Precepting Award	Recipients are recognized based on the following: APhA and other leadership roles; community service; has influence over resident or residency program; provides an innovative practice or scholarly activities; be involved in advocacy and the promotion of community pharmacy residency training.	http://www.pharmacist.com/AM/Template.cfm?Section=Awards&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=114&ContentID=18554

The applicant must also submit letters of recommendation attesting to the preceptor's education and/or practice competency. Letters from the following individuals should be submitted with the application:

1. Dean or Experiential Education Director [or other designate] from the applicable school(s)/college(s) of pharmacy;
2. Previous IPPE or APPE students who have graduated from pharmacy school (total of 3 graduates); and
3. A direct supervisor, peer, or direct report of the preceptor.

Table 5 displays the suggested additional submission materials for the AACCP Master Preceptor Recognition Program in the areas of education, practice, citizenship, and awards. The absolute submission column contains information of definitive requirements for master preceptor recognition that will be contained in the application. The additional supporting documentation column contains elements that can be demonstrated/illustrated in a portfolio or similar other system. Further development and refining of the program application content should be pursued by AACCP and other interested stakeholders.

Program Evaluation

Preceptor applicants will submit their materials to an evaluation committee. This committee will have the administrative assistance of an AACCP staff member (who will not have a vote on the applicants) and be comprised of AACCP Experiential Education Section member leadership (ie, president, president-elect, immediate past president) and representatives (preferably members involved in experiential education) of pharmacy practice organizations, such as ACCP, ASHP, APhA, the NACDS Foundation, and the National Community Pharmacists Association (NCPA). Other potential evaluation team members may include representatives from the AACCP Pharmacy Practice Section and the AACCP Social and Administrative Sciences Section. The evaluation committee should be comprised of no more than 15 members and may eventually include past master preceptor recipients. The evaluation team should be sent all submitted applications electronically for review and evaluation based on an assessment formulated from the recognition program attributes. Following the individual committee members review, the entire committee will meet virtually to determine master preceptor designees. There should be no set number of master preceptor awardees allocated per year as long as budgetary guidelines for the recognition program are satisfied.

Table 5. Submission Elements for the AACP Master Preceptor Recognition Program

Competency Area	Preceptor Competency Demonstration	Absolute Submission Item(s)	Additional Supporting Documentation
Education	Preceptor participates in faculty development programs and activities that foster the preceptor's ability to teach student pharmacists.	<p>Has attended, over the previous five (5) years, at least 15 hours of development course content related to education and teaching student pharmacists (ie, continuing education or continuing development programming related to preceptor skill development)</p> <p>Has received a "superior" or similar rating by a majority of student pharmacists on evaluations over the previous 5 years; should be verified/provided by Experiential Education department(s)</p> <p>Has provided consistent student pharmacist contact an average of 24 weeks/year over 4-5 years</p>	<p>Presented (poster session, podium session, or other avenue) or published on an education topic(s)</p> <p>Mentored or supervised student pharmacist research projects</p> <p>Developed and/or delivered an education program for other preceptors</p> <p>Participated in other avenues of teaching at school(s)/college(s) of pharmacy (ie, didactic lectures, small group)</p> <p>Evaluations of preceptorship by Experiential Education and/or peers</p>
Practice	Preceptor participates in continued professional development to improve and sustain their individual practice competency as well as to advance the competencies of their practice site.	<p>Record of continued professional development related to their practice area</p> <p>Appointed to appropriate policy and/or other committees of their practice site department/organization/company</p> <p>Area(s) of privileging</p> <p>Involvement in collaborative practice</p> <p>Service as a reviewer of contributed papers for manuscripts submitted for publication</p> <p>Abstract reviewer for professional meetings</p>	<p>Formal recognition by peers as a model practitioner (ie, Board certification, fellow status, certificate training program such as immunization, medication therapy management, anticoagulation, other recognized certifications,^a certified diabetic educator)</p> <p>Publications in journals/peer reviewed publications</p> <p>Preceptor for other training programs, such as pharmacy residency, pharmacy internships, other health professions</p>

(Continued)

Table 5. (Continued)

Competency Area	Preceptor Competency Demonstration	Absolute Submission Item(s)	Additional Supporting Documentation
Citizenship	Preceptor is involved in their community (includes pharmacy and general public)	Active involvement in pharmacy local, state, and/or national organizations (ie, elected officer or board member, task force, chair, standing committee) Demonstration of pharmacy innovation by taking initiative, creating new/revised practice models	Advisor for student pharmacists for public health, community outreach (ie, screenings), and other associated events Active involvement in non-profit community outreach organizations (ie, church, Red Cross, free clinics) Has contributed to a public awareness education campaign or associated programs
Awards	Preceptor has received accolades from other organizations or institutions	School/college of pharmacy award (ie, preceptor, alumni, service) Employer preceptor or service award State and/or national association recognition/award Civic award(s) Any other professional or social recognition	

^a Certification Programs for Pharmacists. Council on Credentialing in Pharmacy (CCP) website. <http://pharmacycredentialing.org/ccp/Files/CertificationPrograms-comprehensive108-10Final.pdf>. Accessed February 21, 2012.

Program Recognition

The recipients of the AACP Master Preceptor Recognition Program will receive a certificate of recognition that is valid for the five years following the award notification. The master preceptors can submit materials, to be determined and developed by the AACP Experiential Education Section, for reaffirmation/renewal of their master preceptor recognition status every five years. Master Preceptor Recognition recipients will receive a travel stipend to receive their award at their AACP/ National Association of Boards of Pharmacy (NABP) regional meeting,⁵² which are generally held in late summer/early fall. In addition, recipients will have their name advertised via various communication vehicles of AACP and other pharmacy practice organizations and can be celebrated by the school(s)/college(s) of pharmacy of which they are a preceptor. They will also receive a free AACP membership for the length of their recognition period (5 years), which will provide the opportunity to further develop their skills through AACP programming and resources.

Program Outcomes

A variety of other potential valuable outcomes may result from the AACP Master Preceptor Recognition Program. Mechanisms such as an AACP special interest group [SIG], LinkedIn, or Facebook page could be developed for the AACP Master Preceptor recipients to communicate with one another and other stakeholders interested in precepting. Recipients could also be used for continuing education/continuing professional development programming for preceptors at schools/colleges of pharmacy as well as national, state, and regional pharmacy meetings. The formation of an Academy of Master Preceptors, comprised of current AACP Master Preceptor recipients, could serve as an advisory board to AACP and other interested stakeholders to develop standards and best practices for effective and exemplary precepting and preceptor development.

CONCLUSION

The application of knowledge in practice environments is an effective and accepted learning experience methodology used by many professions including pharmacy. Reliance on experiential educators has expanded in quantity and diversity of experience concurrently with the increased numbers of ACPE accredited schools/ colleges of pharmacy across the United States. Consensus from practitioners, practice organizations, and academia on recognizing the merits of experiential educators and the need for consistent training and education of these

practice educators has been proposed. Supporting the professional development of teaching practitioners and cultivating these practitioners to pursue teaching excellence to the benefit of student pharmacists would be most readily achieved by a cooperative effort by all interested professional stake holders. Though the ability and efforts put forth by experiential educators has been recognized by many schools and colleges of pharmacy, the need to step forward, share and recognize the leadership and commitment to excellence in teaching student pharmacists at a higher level is best directed by AACP, the national organization of pharmacy educators.

In response to the charge by AACP President Brian Crabtree, this committee examined preceptor recognition programs in pharmacy and other professions. The committee evaluated the potential benefits and challenges that would be required in defining a "Master Preceptor" that supported the schools and colleges of pharmacy programs already in place. Continuing to partner with members of the Academy and supporting the advancement of both our student pharmacists and our valuable preceptors led to the development of the proposed policy statements and recommendations related to preceptor development and recognition.

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Appendix 1. Preceptor Development Programs/Resources

Name of Program/Resource	Description of Program/Resource	Web site for Additional Information
American Association of Colleges of Pharmacy (AACP)/Virginia Commonwealth University Professional Experience Program (PEP) Library of Resources	Peer-reviewed, annotated online library of resources to prepare and support practitioner educators and professional experience program personnel.	http://www.aacp.org/resources/education/APPI/Pages/default.aspx
American College of Clinical Pharmacy (ACCP) Academy Certificate Programs	Certificate programs, which are 18-hours of continued professional education (CPE) that are completed over a 2-year period, are available in four areas: Teaching and Learning, Career Advancement, Leadership and Management, and Research and Scholarship.	http://www.accp.com/academy/index.aspx
American Pharmacists Association (APhA) and National Association of Chain Drug Stores (NACDS) Foundation Community Pharmacist Preceptor Education Program	Continuing education program designed to develop skills to be an effective preceptor in community practice.	http://www.pharmacist.com/AM/Template.cfm?Section=Preceptor_Resources
American Society of Consultant Pharmacists (ASCP) Become a Preceptor Website	This Website provides references and presentation regarding precepting.	https://www.ascp.com/articles/become-preceptor
The American Society of Health-System Pharmacists (ASHP) Preceptor Skills Resource Center	An online resource center where preceptors of pharmacy residents or student pharmacists can obtain information and resources about preceptor development. Information includes articles, presentations and training, guidelines/policies/best practices, and books and external resources.	http://www.ashp.org/menu/PracticePolicy/ResourceCenters/PreceptorSkills.aspx
Collaborative Education Institute (CEI)	Develops comprehensive and innovative continuing professional development and educational activities for pharmacists, including those specifically designed for preceptors. Preceptor development modules are designed to be in compliance with ACPE requirements.	http://www.theceinstitute.org and http://www.theceinstitute.org/Preceptor.aspx
Education Scholar: Module 4C: Learning in the Experiential Setting	This module is designed to prepare the preceptor as an educator by developing skills to improve teaching in the experiential setting to maximize learning. This module is part of the Education Scholar series and is available for a fee (either as an individual module or the entire program).	http://www.educationscholar.org/
Georgia Statewide Area Health Education Centers (AHEC) Network	Six online preceptor learning modules.	http://www.georgiahealth.edu/ahec/cbdevelop/modules.html

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Appendix 1. (Continued)

Name of Program/Resource	Description of Program/Resource	Web site for Additional Information
Kirksville College of Osteopathic Medicine Preceptor Professional Development	Website containing online material for preceptor education in the areas of teaching skills, staying current with medical education journals, and exploring resources for clinical teaching support.	http://www.atsu.edu/kcom/preceptors/education/web_resources.htm
KU-Wichita: Family and Community Medicine Preceptor Teaching Skills	Free, online tools for reviewing and developing preceptor teaching skills. Although designed for preceptors of medical students and residents, many of these resources are applicable to all health care preceptors.	http://wichita.kumc.edu/fcm/precpdev/pskills.html
Mountain Area Health Education Center Preceptor Development Program	Free, online preceptor development program for designed for community-based preceptors.	http://www.mahec.net/pdp/pdp_info.aspx?a=9
Southern New Hampshire Area Health Education Center Preceptor Development Program	Free, online modules, additional resources and links designed for the development for community-based preceptors.	http://www.snhahcec.org/preceptor_development.cfm
Texas Joint Committee on Internship Programs	Continuing education programs for preceptors offered jointly by the Texas Board of Pharmacy and the schools/colleges of pharmacy in Texas.	http://www.utexas.edu/pharmacy/general/experiential/practitioner/news.html
The Pharmacist's Letter Preceptor Training and Resource Network	Program is designed to provide an online platform to connect pharmacists to teaching resources, preceptor training programs, and assist schools/colleges of pharmacy to enhance the precepting offered by the pharmacists who participate in the program. Participants must have subscription to <i>Pharmacist's Letter</i> to access the Preceptor Training and Resource Network.	http://pharmacistsletter.therapeuticresearch.com/ptrn/default.aspx?cs=&s=PL
University of Medicine and Dentistry of New Jersey	Website that provides links to additional resources for training and teaching clinicians.	http://cte.umdny.edu/clinical_education/clined_tips.cfm
University of Virginia Health System Preceptor Development Program	An online module-based preceptor training program that includes information on teaching and learning styles, providing feedback, teaching "clinical competencies," and student evaluation.	http://www.med-ed.virginia.edu/courses/fm/precept/index.htm