RESEARCH

Exploration of Methods Used by Pharmacy Professional Programs to Contract with Experiential Practice Sites

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Objective. To explore methods used by pharmacy programs to attract and sustain relationships with preceptors and experiential practice sites.

Methods. Interviews with eight focus groups of pharmacy experiential education experts (n=35) were conducted at two national pharmacy meetings. A semi-structured interview guide was used. Focus group interviews were recorded, transcribed verbatim, and categorically coded independently by two researchers. Codes were compared, consensus was reached through discussion, and two experiential education experts assisted with interpretation of the coded data.

Results. Six themes emerged consistently across focus groups: a perceived increase in preceptor compensation, intended vs actual use of payments by sites, concern over renegotiation of established compensation, costs and benefits of experiential students, territorialism, and motives.

Conclusion. Fostering a culture of collaboration may counteract potentially competitive strategies to gain sites. Participants shared a common interest in providing high-quality experiential learning where sites and preceptors participated for altruistic reasons, rather than compensation.

Keywords: experiential education, advanced pharmacy practice experience, introductory pharmacy practice experience, rotation, compensation

INTRODUCTION

Many factors contribute to competition for preceptors and experiential sites among health care professions programs. Meeting substantial experiential curricular requirements can be challenging with increased student enrollments, the changing landscape of health care delivery, and expanded economic demands of health care reform.

One approach is to compensate preceptors and/or experiential sites. In Smith et al's survey of pharmacy directors at academic medical centers, 31 of the 47 respondents provided information about compensation for experiential education.¹ Compensation ranged from direct payment to the medical center, to funding for professional travel, to funding employee positions. The modal compensation rate was \$500 per student per rotation. Interestingly, "inadequate reimbursement" was listed as a factor contributing to negative relationships between medical centers and colleges and schools of pharmacy. This finding highlights a potential disconnect in perceptions of experiential compensation where sites may view compensation as reimbursement for pharmacists' time and

programs may consider compensation payment for a service. Directors projected that less time would be devoted to experiential instruction for their departments because of inadequate compensation relative to the pharmacists' time required for student education.¹

Maintaining clinical sites and capable preceptors is paramount to efficiently train health care workers, according to the Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey.² The 2013 report provided data on the recruitment and maintenance of clinical sites from multiple health care professions organizations (nursing, osteopathic medicine, medicine, physician assistants). The dramatic increase in the number of professional program students over the past 10 years placed greater demands on existing institutions and other infrastructure to meet experiential education needs.² The joint report stated that more than half of the survey respondents felt pressured to pay for sites, highlighting the importance of studying preceptor and/or experiential site compensation. Understanding the methods pharmacy programs have used to secure sufficient sites may provide guidance for new programs, assist existing programs in determining class size, and identify best practices to engage preceptors and experiential sites.

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Within pharmacy education, Danielson et al reported increased demand for practice sites resulting from greater numbers of pharmacy professional students.³ Increased student numbers coupled with monetary compensation of preceptors was increasing the cost of experiential education.³ Although costs could be offset by student tuition, increased tuition dollars may not translate to increased budgets for experiential learning. Danielson found that paying for adjunct preceptors was a strategy used to secure rotations when resources for faculty salaries were scarce. However, schools varied substantially in the ways in which sites and/or preceptors were secured and retained; no definitive model existed. Some experiential programs paid all preceptors, some paid few, and some paid none.³

Exploring different types of compensation could assist all programs in balancing program resources with preceptor supply and demand. Skrabal et al's survey of 1163 voluntary preceptors (ie, not employed as pharmacy program primary faculty members) assessed desirable forms of experiential learning compensation.⁴ Respondents had a high preference for monetary stipends over electronic library resources or faculty appointment (eg, adjunct faculty status).⁴ A limitation of the study was that only a subset of the study participants responded to compensation questions; only preceptors who required compensation were asked to respond to the questions regarding preferences and methods of compensation.

Prior research on preceptor and rotation site compensation is limited. In addition, economic and societal conditions have changed so data from 10 or more years ago may no longer pertain to the current educational context. The purpose of this qualitative descriptive study was to explore methods used by pharmacy programs to attract and sustain relationships with preceptors and experiential sites to meet current experiential learning needs.

METHODS

A qualitative, descriptive methodology was used to explore methods to contract with experiential sites for both introductory pharmacy practice experiences (IPPEs) and advanced pharmacy practice experiences (APPEs). Purposive sampling was used to select participants who had expertise pertinent to our research question: experiential education job responsibilities and experience acquiring and sustaining sites. To identify these individuals, the researchers accessed the membership list of the 2012 American Association of Colleges of Pharmacy (AACP) Experiential Education Section. Potential participants were leaders in experiential pharmacy programs who had knowledge of experiential practices and issues related to preceptor compensation. Focus groups were used to

stimulate synergistic group interaction that would allow for potentially better data and insights to emerge than data generated by an individual.⁵

One hundred six experiential education experts were sent an invitation for at least one of the eight focus groups held at two pharmacy meetings in 2013 (American Pharmacists Association [APhA] Annual Meeting and Exposition in Los Angeles, California, and the AACP Annual Meeting in Chicago, IL). The majority of invitations were declined because of schedule conflicts at the respective meetings or nonattendance. In these cases, initial recipients were asked to pass the invitation to the next most appropriate individual in their program who would also have experiential education expertise and who would be attending one of the two meetings (ie, a variation of snowball sampling technique). Participants attended one of three focus groups at the 2013 APhA meeting or one of five focus groups at the 2013 AACP meeting. For AACP meeting focus groups, we did not invite individuals from programs who had already participated during the APhA meeting to avoid overrepresentation of any single program's perspective. Participants represented pharmacy programs from the west (7), midwest (12), south (9), and northeast (7).⁶ E-mail reminders were sent to individuals who agreed to participate prior to each focus group.

Thirty-five experiential education experts participated in the focus groups (APhA, 11 participants) (AACP, 24 participants). Focus group size ranged from two to six with an average of four participants per session. Two experienced focus group facilitators worked as a pair to lead the 90-minute sessions. A brief demographic questionnaire was administered prior to the start of each focus group (Table 1). A semi-structured interview guide was used to assure consistency and inclusion of salient topics across focus groups. The guide included broad questions with additional probes to stimulate discussion as needed (Table 2). Each session was recorded onto an encrypted flash drive and field notes were taken by one of the facilitators. Program and subject identities were not tracked during the focus groups to encourage an open and rich exchange of information.

After each session ended, the electronic recordings were transcribed verbatim and then categorically coded independently by two researchers. Codes were compared, and consensus was reached through discussion when differences were noted, although differences were minimal. By the conclusion of the eighth focus group session, data saturation was evident as topics and responses were repetitively seen, so data collection ceased. Two additional experiential education experts who had not participated in the focus groups assisted with interpretation of the coded data and validated data saturation.

Table 1. Demographic Characteristics of Pharmacy Programs that Participated in Focus Groups

Characteristic	No.
Public School	16
Private School	14
Average APPE Class Size (range 70-200 students)	129 ^a
Fully Accredited	27
Candidate Status	3
Program With Distant Site Campus	6
Traditional Program (P1-P4)	29
Accelerated Program (P1-P3)	1
Rural	4
Urban	26
Located Within 150 Miles of Another School of Pharmacy (Any Program Site)	27
Not Located Within 150 Miles of Another School of Pharmacy (Any Program Site)	3

N=30; responses unknown for 5 participants who did not complete all survey items. Only 27 out of 30 schools were accredited at the time of the study and represents a primary limitation

^aResponse represented as a mean

As a check of the trustworthiness and credibility of the data analyses, a member-checking session was conducted during the 2014 AACP annual meeting in Grapevine, TX. A subset of the focus group participants from across the country was selected to review a summary of the study results. Seven former focus group participants attended a 60-minute review of the findings. The participants were drawn from across the country (1 northeast, 2 midwest, 1 south, 3 west). Field notes were taken during that discussion and no changes were recommended.

The University of Missouri – Kansas City Adult Health Sciences Institutional Review Board, upon consultation, affirmed that this study did not involve human subjects and did not require IRB review.

RESULTS

Six themes emerged regarding methods used by pharmacy professional programs to contract with experiential practice sites: payment per rotation, allocation of compensation, maintenance of payment, student contributions to routine workflow, territorialism, and altruism. Representative quotes are presented in Table 3.

Participants identified a wide range of direct and indirect benefits to experiential sites provided by their programs (Table 4). Yet, payment per rotation was a dominant theme regardless of whether a participant currently provided stipends. Participants eagerly discussed regional trends and future implications of providing various support for sites. Regional differences for payment were apparent during group discussions (Table 5). Participants

Table 2. Focus Group Questions and Discussion Probes

How does your program compensate preceptors?
Does your program offer compensation to all preceptors?
If compensation is required, what is the average amount/rate for an APPE rotation?
What are the reasons given to you for compensation by preceptors or their institutions?
How are your operating procedures regarding preceptor payment successful or unsuccessful?
If your program does NOT compensate preceptors, what are the reasons behind this?
How is the additional cost for funding APPE rotations/preceptors handled at your institution?

noted that payments per rotation to health system institutions exceeded those made to community sites. In fact, community sites were most frequently engaged for no compensation. Reasons included supply vs demand, fixed budgets and need for revenue for health systems, downsizing and/or specialization of hospitals, and challenges of smoothly integrating students into the health system workflow. Several participants voiced concern regarding the payment to some sites and not others. While participants reported that experiential programs were careful not to advertise payment because of budgetary limitations, they were, nonetheless, willing to provide compensation if requested. A few participants described payment as a means to secure quality sites, while some felt payment was harmful to the process of acquiring quality rotations. Overall, participants reported ~\$100/student/week as an average compensation for IPPEs and APPEs. However, some participants in all focus group sessions reported compensation for sites upwards of ~\$250/student/week.

As common as payment per rotation was allocation of compensation. The question of who received payment for student placement was echoed repeatedly. Participants reported that preceptors were generally aware that a payment was being made to the institution on their behalf; however, preceptors seemed uncertain about how the money was used. Participants expressed difficulty accurately pinpointing how stipends provided to institutions were ultimately disbursed. Participants described ways they believed the funds should be used, (eg, preceptor development, improvement to the site to support students). Participants were uncertain how the funds were actually managed by sites, and, consequently perceived the compensation may not necessarily have been used as intended. Several participants noted that payment created a negative dynamic when it was clear that the money was not being utilized for its intended purpose. Two participants described how their programs managed special accounts to specifically support preceptor development

Table 3. Representative Participant Quotes of Common Themes From Focus Group Participants

Theme	Quote
Payment per rotation	“...more often they [preceptors] don’t ask for it. But it’s coming more. And there are sites that didn’t used to that are starting to ask.” (Chicago, focus group 5) “...how do you explain to the guy that’s done a really good job and takes students [in] his store that we’re going to pay [a hospital] but we’re not going to pay [him]?” (Chicago, focus group 2)
Allocation of compensation	“[Much] of what gets paid at these sites [goes] into the big, dark hole and doesn’t really add any value to the person who is doing the work—we hear that all the time.” (Chicago, focus group 5)
Maintenance of payment	“If we could do it all over again, I would say no payment. We’re at a point now where it’s just an expectation... We can’t go back now, so we’re in it for the long haul.” (Chicago, focus group 5) “It’s interesting because once the school makes the decision to pay a site, you can never go back, ever.” (Chicago, focus group 5)
Student contributions to routine workflow	“And we also need to do a better job at advertising what our students are trained in.” (Chicago, focus group 5) “Down the road, you’re thinking maybe the sites will be competing for students as opposed to us competing for the sites. They’re going to want [our] students because they’re going to be able to hit the ground and do all sorts of great things.” (Chicago, focus group 5)
Territorialism	“There’s kind of a territory.” (Los Angeles, focus group 2)
Altruism	“I don’t like [payment] being the motivating factor. I feel that the preceptor should be taking students because they have a passion to learn and further the profession.” (Chicago, focus group 2) “...we really are looking for people who are dedicated to giving back to the profession and that it’s not for their financial gain. It’s because they care.” (Chicago, focus group 1) “We have a lot of pharmacists that are aware of it and refuse the payment because they feel like they owe it to the profession.” (Chicago, focus group 1)

activities including conference travel, continuing education, and board certification instruction, among others. Both also reported that such accounts required a considerable amount of time and effort to manage.

Participants were generally adamant that once compensation was provided, the program would not be able to return to a nonpaying relationship. However, one program in the midwest described an instance where site payments were negotiated down from \$400 to \$300 per rotation as a result of budget cuts. So, while the consensus was that payment could not be withdrawn, the amount of compensation would still be negotiable if conditions changed (eg, budget, contract renegotiation clauses, evidence of poor precepting).

As the focus on monetary support grew, the majority of participants advocated that programs direct attention to the benefits students might provide to the sites. When sites were aware of and took advantage of the services pharmacy interns could provide, students were used more efficiently, thus increasing the value of students to the site. When students’ training and skills were tapped for patient care during rotations, their contributions to workflow and

patient care could be perceived as “payment in kind.” The majority of participants were adamant that experiential programs could benefit from focusing on the value of the student to patient care and that sites should see them as less of a burden and more of a resource. In fact, two participants from experiential programs in more rural areas of the country noted that pharmacies in those regions depended on students to contribute to the routine workflow and profitability of the pharmacy. However, despite the benefit to workflow, students were placed at experiential sites to learn and develop skills, and that focus was also reflected in the group discussions.

Throughout all focus group sessions, territorialism was a common theme, especially among participants located in regions or cities where another school(s) was proximal. Participants appeared to generally agree that these territories were recognized and respected, even though no formal borders existed. The consensus was that programs should and do work together to meet rotation requirements; however, some participants expressed concern over a changing culture. A few participants reported site saturated areas in the country that are beginning to pay

Table 4. Direct and Indirect Benefits Provided by Focus Group Participants

Direct Benefits (monetary)	Indirect Benefits (nonmonetary)
Payment per rotation	Conference registration
Grants to site/institution	Continuing education programming
Resident funding	Library access/drug information
Shared faculty position	Adjunct faculty title
Provision of full-time equivalent	School discounts
	Recognition programs and awards
	Continual professional development
	Educating the next generation
	Technology (flash drives, laptops)
	Site visits
	Preceptor training
	Improved workflow
	Employee recruitment

for exclusivity of student placement. References were also made to “bidding wars” for placement, although this did not appear to be a widespread practice. One participant referred to the competitive culture as a “mixed bag” where sometimes people worked together and other times they did not. All participants agreed that collaboration among programs and sites to maximize resources was the preferred and supported method in their areas at the present time.

Over the eight focus group sessions, participants mentioned the American Pharmacists Association’s Oath of a Pharmacist and the obligations of pharmacists to give back to the profession, without requirement for monetary compensation.⁷ The core belief was that the necessity to “pay it forward” to the profession should outweigh the desire for payment. Many participants believed that helping sites focus on growing and sustaining the profession was one approach to maintaining loyal sites. Other participants recognized that a significant number

of preceptors for their program provided service on the basis of this principle.

DISCUSSION

Rotation capacity is vital to the success of current and emerging pharmacy programs. In this study, we explored payment practices for IPPEs and APPEs. Our findings aligned with prior research on preceptor compensation as well as with data from the AACP annual administrative surveys.^{3,4,8} The growth of pharmacy programs across the country may contribute to more routine payment practices as competition for sites increases.⁹ The value of indirect benefits, such as library resources, conference registration, continuing education programming, etc., to preceptors and/or sites is described.^{4,10-12} However, findings regarding the provision of direct monetary payment by pharmacy experiential programs to preceptors and/or sites is limited.^{3,4} One factor to consider is that payment for experiential sites may produce an unsustainable financial burden on programs, even though the cost may be passed on to students through increases in tuition and/or fees.

Our focus group participants consistently expressed a perceived need to ensure site loyalty and long-term commitment. Although indirect methods of compensation are a traditional component of the program/rotation site relationship, the emerging practice of paying fees to secure sites raised concerns. Participants felt that once payment was initiated for a site, it was not possible to return to a nonpaying relationship. As pharmacy professional programs continue to grow and face economic stresses, payment negotiation may be important to sustainability. A byproduct may be the emergence of differential pay rates based on high-quality performance with a potential for increased monitoring of site effectiveness. This type of quality assurance monitoring could significantly impact manpower and budgets for experiential offices as experiential directors would spend more time establishing quality measures and evaluating sites. Future research should explore strategies for payment negotiation

Table 5. Summary of Regional Differences in Payment per Rotation Provided by Focus Group Participants

West (n=7)	Unique in that multiple programs within the region do not provide monetary payment to preceptors under any circumstances. Although several programs do not provide payment at this point, payment is becoming more prevalent among the other programs.
Midwest (n=12)	Payment is increasingly common in this region and is especially common for advanced pharmacy practice experience (APPE) rotations. Some preceptor payment has arisen out of the necessity to place students at health system sites where demand is high and volume is low.
South (n=9)	Payment is prevalent in this region and it is common practice to pay for both APPE and introductory pharmacy practice experience (IPPE) rotations. Payment to community sites in this region is uncommon.
Northeast (n=7)	Payment is mixed in this region with respect to rotation type and need. The expectation for payment is higher in this region than in any other.

and procedural issues in documenting indicators of quality performance for sites.

Another important factor to consider is how money is used. The program may intend the funds to be used for the education of students whereas sites may view payment as compensation for pharmacists' time. Strong consensus was expressed within our focus groups that payments were intended for site and preceptor development. Consistent with prior research,¹³ our participants felt that funds would be used to incentivize preceptors, increase and/or secure experiential practice sites, and pay for opportunities for career development. A complicating factor is that payments are typically made to an institution rather than specific preceptors, thus diluting the incentive for preceptors.¹³ Although experiential programs often cannot control exactly how the money is disbursed, experiential directors may recommend that funds be channeled to an account for preceptor development or materials. This could be accomplished by incorporating language into affiliation agreements that stipulates how such funds should be used. However, unless the site is required to request the funds from the experiential program, such language may be difficult to monitor or enforce. Thus, the time and resources needed to manage and operate disbursement effectively must be accounted for when considering adoption of this strategy.

Academic pharmacy continues to grow, resulting in a more crowded market and a potential incubator for a culture of competition.³ As programs seek to secure and maintain sites, it becomes increasingly important to consciously create a climate that will best serve the pharmacy profession. The participants in our study described possibilities for the future including a positive and collaborative culture in which programs form consortiums, share preceptors, and continually plan to meet common needs. This option is based on the belief that there are enough sites to go around. An alternative is a more competitive culture. Experiential program leaders may be at a tipping point in the current economic context at which a conscious

decision must be made. Focus group participants preferred a collaborative climate, but also expressed fear of a degradation to the system triggered by a compression of resources, such as an inability to secure adequate sites to maintain program viability. The challenge would be to find the balance between working together to secure experiential sites and minimizing territorialism and competitiveness.

Another climate issue is the cultivation of pharmacists' commitment to sustaining the profession by educating the next generation. It is important for programs to assist preceptors in finding intrinsic value in experiential education work. Latessa et al reported that physicians, pharmacists, advanced-practice nurses, and physician assistants' intrinsic reasons for precepting generally outweighed extrinsic rewards.¹⁰ Programs could benefit by emphasizing the intrinsic rewards described in their study: "demonstrating what community practice is like, enjoyment of teaching, giving something back to their profession, intellectual stimulation and being a role model."¹⁰ This strategy emerged repeatedly during our focus groups and could help programs emphasize factors such as these that promote excellence in training experiences. Experiential program leaders would play a key role in inculcating altruistic enjoyment as a solid and powerful marketing strategy.

Finally, experiential program leaders may also benefit from reinforcing the worth of our students to the workflow and patient care of a practice. Sites and preceptors must understand how valuable students can be to daily operations and patient care services. A clear message should be sent that students are not a burden but a benefit to the bottom line.¹⁴ Programs can accomplish this by providing suggestions for maximizing student productivity (Table 6). In addition, one might argue that payment could ultimately be reversed as the economic implications are explored. Mersfelder et al examined existing literature to explore the cost savings per student. All studies that assessed economic impact of student pharmacist

Table 6. Suggested Strategies From Focus Group Participants to Maximize Student Productivity at Experiential Practice Site

6-week vs 4-week rotations (maximize student incorporation into the workflow)
Consistent student placement over the entire academic year (sustain patient care services for MTM, immunizations, medication reconciliation, etc.)
Emphasis of student incorporation into the workflow (offset budget/staff reductions when applicable)
Creation of new patient care initiatives/services (generate revenue and patient satisfaction)
Faculty and staff education
Student incorporation into accreditation and government initiative operations
Coordination of rotation schedules (maximize student placement)
Longitudinal introductory pharmacy practice experiences (IPPEs) and/or advanced pharmacy practice experiences (APPEs) ^a
Common evaluation form and orientation process

^aIPPE and/or APPE rotations that occur over an extended period of time (ie, one or two semesters)

involvement reported a cost savings or cost avoidance associated with having pharmacy students at the institution.¹⁵ The participants in our study frequently expressed the disconnect between paying students to work in the pharmacy when they were employed, yet charging programs for those same students during practice experiences. A struggle exists between appreciating the value students contribute and allowing them to be learners developing skills, rather than contributing to the site's profitability. Future research should investigate the cost benefits that training pharmacy students may produce for practice sites.

A limitation of our study was that the number of programs included was small. However, schools from all regions of the United States were represented and the participants in the focus groups met criteria for purposive sampling. Thirty-one of the 35 focus group participants were from states with multiple schools of pharmacy. Four participants were from states with only one school (Mississippi, Nevada, North Dakota, and South Dakota). Participants from states with more or less competition varied in the demand for sites or in the reasons for site compensation. Future research should more broadly assess and describe the economic and competitive climate of participants' programs to provide a more complex representation of the experiential education context. Future research should also address the impact of site payment on programs that do not pay for sites (regardless of reasons for not paying) and the pressure that paying programs may inadvertently place on them. Additional quantitative research using inferential analyses would help generalize findings.

CONCLUSION

A core finding of our study is that programs share the goal of providing high-quality experiential education for students as part of the professional curriculum. Moreover, programs seek to engage sites for altruistic reasons; that is, not for payment but to improve the level of care at their institution or practice by continuous development of their pharmacists and by training the next generation of pharmacists, who may subsequently be working for them and caring for their patients. Thus, fostering a culture of collaboration is important to avoid competitive strategies that undermine the collegial well-being of pharmacy education programs. Avoiding bidding wars or territorialism

may contribute to the common bond of optimally preparing future pharmacists.

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