



## NOTE

# Residency preceptor development and evaluation: A new approach

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Precepting and preceptor development are commonly cited by the American Society of Health-System Pharmacists (ASHP) Commission on Credentialing as areas of partial compliance for postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) residencies.<sup>1</sup> In August 2012, the commission reported that 82% of PGY1 and 51% of PGY2 programs recently surveyed were cited for not ensuring adequate contributions by preceptors to the total body of pharmacy knowledge and did not meet a minimum of four of the seven preceptor development criteria. Furthermore, 53% of PGY1 and 45% of PGY2 programs do not have adequate preceptor development or the residency program director (RPD) does not have a plan for improving the quality of preceptor instruction, or both.<sup>1</sup> The commission also identified these areas of partial compliance as factors that can have a critical impact on the length of accreditation.<sup>1</sup>

Strong preceptor development is a fundamental component of a resi-

**Purpose.** The design and implementation of a preceptor development program involving close collaboration by the pharmacy residency program director (RPD) and members of a residency advisory committee (RAC) are described.

**Summary.** In 2011 the Nebraska Medical Center (NMC) implemented a program to foster the development of preceptors' teaching and clinical skills, as required by accreditation standards of the American Society of Health-System Pharmacists (ASHP). The RPD and RAC worked closely to define expectations of resident preceptors and a pathway for their transition from "conditional" to "primary" status. Among other program requirements, prospective (and new incoming) preceptors must (1) submit to the RAC a letter of interest in becoming a resident preceptor accompanied by an academic and professional record, (2) complete a new preceptor orientation session in which teaching concepts and principles

are presented and discussed, and (3) obtain 10 preceptor education (PE) credits every two years. PE credits are earned through defined preceptor development opportunities including a teaching core and a clinical core focused on enhancing skills such as the application of therapeutic knowledge and conduct of clinical research. All preceptors are required to submit updated academic and professional records to the RAC every two years. The RAC audits 25% of preceptors to document attainment of PE credits and also conducts annual reviews of ASHP Resi-Trak summary evaluations of all preceptors and learning experiences.

**Conclusion.** The NMC program may serve as a model for other institutions in planning and evaluating professional development programs to ensure that preceptors maintain the skills and knowledge necessary to provide high-quality resident training.

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deny program. In addition to possessing advanced clinical knowledge, practitioners who serve as preceptors to residents must demonstrate excellent teaching abilities. The develop-

ment of practitioners who are skilled in the art of precepting is integral to successfully training the next generation of practitioners.<sup>2</sup> RPDs must identify ways to enhance their pre-

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ceptor development programs. The purpose of this article is to describe the design and implementation of a preceptor development program that involves the RPD working closely with members of a residency advisory committee (RAC) to evaluate, assess, and provide educational opportunities for continued preceptor development.

## Background

The Nebraska Medical Center (NMC) is a 624-bed level 1 trauma center with over 40,000 emergency room visits per year. As the primary teaching hospital for the University of Nebraska Medical Center (UNMC), NMC is a respected leader in solid-organ transplantation, cardiology, blood and marrow transplantation, oncology, and neuroscience.

NMC's accredited PGY1 residency program has been in existence since 1973. Currently, there are six PGY1 residents, one PGY2 critical care resident, and one PGY2 oncology resident in the accredited training programs. The residency programs are governed by the RAC, whose membership is determined and approved by a residency board of directors. The 10-member RAC comprises three program directors, an executive director, one clinical coordinator, two staff members, two faculty members, and a chief resident.

Currently, there are 45 residency preceptors comprising NMC staff and UNMC college of pharmacy faculty. Of those 45 preceptors, 28 (62%) are board certified, 34 (75%) are PGY1 residency trained, and 7 (15%) are PGY2 residency trained; 7 (15%) are conditional preceptors who will become full preceptors by the end of 2013 (all 13 practitioners who have served as conditional preceptors since 2009 have become full preceptors). In 2009, an internal survey was sent to NMC and UNMC residency preceptors to assess their needs, preferences, workload satisfaction, and resources used.<sup>3</sup> Re-

sults from this survey were used to construct a preceptor development program to meet the identified needs and to assure consistent and continuous development of all preceptors. The program was implemented in 2011 and included increased opportunities for preceptors to enhance their teaching skills while maintaining clinical skills.

## Preceptor development program

Preceptor development is defined by the NMC RAC as an ongoing, continuous preceptor improvement and mentoring process including but not limited to instructing, modeling, coaching, and facilitating. Updates to the preceptor requirements policy, including definitions and expectations of primary and conditional preceptors, were approved by the RAC. The RAC defined primary preceptors as preceptors who have met all requirements outlined in ASHP's PGY1 and PGY2 accreditation standards (principles 5.7, 5.8, 5.9, 5.10, and 5.11), with a key emphasis on standard 5.9 (meeting at least four of the seven criteria for having a sustained record of contribution and commitment to pharmacy practice [Appendix A]).<sup>4,5</sup> Primary preceptors are responsible for the overall education, training, assessment, and evaluation of a resident's performance. Conditional preceptors are defined as those who do not meet all the criteria required of a primary preceptor; they must serve as conditional preceptors for a minimum of one year while they work toward meeting all criteria for becoming a primary preceptor. Conditional preceptors are paired with a primary preceptor for mentoring and guidance as they work toward becoming a primary preceptor. Application requirements include submission of a letter to the RAC requesting to become a preceptor in addition to an ASHP academic and professional record. The RAC makes the determination of approving each preceptor as conditional or primary.

## New preceptor orientation

All conditional residency preceptors and those primary preceptors who are new to NMC or the college of pharmacy are required to complete a formal preceptor orientation, which includes a review of key teaching concepts and principles as identified by the RAC. Conditional residency preceptors are only required to go through this training once, although the training is offered yearly to accommodate new preceptors coming into the program. The orientation session lasts approximately one half day and is conducted by program directors, experienced preceptors, and faculty. Topics include but are not limited to the following: identifying qualities of an effective preceptor, defining resident roles, expectations and responsibilities, and how to evaluate residents (Appendix B).

## Continual preceptor development

It is vital that residency preceptors maintain and advance their teaching skills and professional knowledge to ensure continuing competence throughout their careers. Therefore, the RAC determined that continual preceptor development should incorporate elements that seek to enhance both precepting skills and clinical expertise. It was determined that each preceptor would be required to obtain 10 preceptor education (PE) credits every two years divided evenly into two core areas. The numbers of PE credits awarded for various activities are determined by the RAC. Preceptors need to obtain 5 PE credits from a preceptor development opportunities core focused solely on the enhancement of teaching skills (Table 1) and 5 PE credits from a preceptor development clinical core focused on a wider range of clinical skills relative to the preceptor's practice area (Table 2). Other clinical core opportunities include attending accredited professional development programs and seminars; presenting at the local, state, regional, or

national level; and completing other credit-bearing continuing-education programs as determined by the RAC on a case-by-case basis.

### Preceptor evaluation

All preceptors are required to submit to the RAC an updated ASHP academic and professional record by January 31 in even-numbered years. The RAC reviews in detail the preceptors' academic and professional records to determine if individuals are meeting principle 5 of the ASHP standards. The information reviewed includes the following: education, postgraduate training, professional experience, improvements in and contributions to pharmacy practice, appointments to drug policy and other committees, recognition by peers as a role model, publications, presentations, manuscript review activity, membership, teaching service, and service in national, state, and local professional associations. In conjunction with this review, the RAC audits 25% of preceptors, requiring those selected to submit documentation of attainment of 10 PE credits (5 credits from the preceptor development core and 5 credits from the preceptor clinical core). In order to assess each preceptor's mastery of the four preceptor roles (instructing, modeling, coaching, and facilitating), PGY1 and PGY2 residency program directors annually review ResiTrak preceptor and learning experience summary evaluations.

The preceptor development program is in the early stages of operation. Currently, the pharmacy staff development specialist (who is also the PGY1 residency program director) and the pharmacy staff development coordinator conduct the preceptor development program in terms of planning and coordination. The estimated time needed to coordinate the program is approximately 0.1 pharmacist full-time equivalent resource unit. The program undergoes a yearly assessment in terms of

Table 1.  
**Preceptor Development Core (5 Credits Required Every 2 Years)<sup>a</sup>**

Requirement Opportunity	PE Credits
Symposia (must attend one every 2 yr)	
Fall: NMC Preceptor Development Retreat	4
Spring: topic discussions	1 per hr attended
New preceptor orientation	4
Roundtable discussions (1 hr each, offered in summer and winter)	
Attend discussion	1
Lead discussion	2
<i>Precepting Pearls</i> (quarterly newsletter)	
Publish one departmental pearl	1
Computer-based training	
<i>Pharmacist's Letter</i> preceptor training (available at <a href="http://www.thepharmacistsletter.com">www.thepharmacistsletter.com</a> )	1 per hr of CE earned
Faculty development seminars (offered monthly)	
Attend seminar	1 per hr attended

<sup>a</sup>PE = preceptor education, NMC = Nebraska Medical Center, CE = continuing education.

Table 2.  
**Preceptor Development Clinical Core (5 Credits Required Every 2 Years)<sup>a</sup>**

Opportunity	PE Credits
NMC resident pharmacy grand rounds (PGR)	
Attend	1 per PGR
Serve as preceptor	2 per PGR
Moderate or judge at annual Midwest Pharmacy Residents Conference	2 per session
Give clinical or educational presentations or lectures	1 per hr
Earn BPS board recertification credit (e.g., BCPS, BCOP, BCPP)	1 per credit
Earn accredited professional development credits specific to practice area	1 per credit

<sup>a</sup>PE = preceptor education, NMC = Nebraska Medical Center, BPS = Board of Pharmaceutical Specialties.

design, content, and requirements using both resident and preceptor feedback. An area in need of further development is determining how to assist a preceptor who does not meet all requirements. Currently, if a conditional preceptor does not meet all the requirements to become a primary preceptor, the term of conditional preceptorship is extended and the RAC determines a plan and timeline for the preceptor to meet those requirements. Another limitation is the time commitment required to obtain 10 PE credits over a two-year period.

The preceptor development program has been well received by preceptors; feedback has been positive given the fact that many of the PE credits obtained also satisfy pharmacist relicensure requirements in the state of Nebraska. Preceptors at NMC have embraced the need for continuing to develop their clinical and teaching skills in order to provide the best training possible for residents, who can, in turn, provide high-quality care to patients. Residents are also encouraged by the program because it provides another level of assurance that the preceptors

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they are training under are proficient in their respective clinical fields and in teaching.

The requirements of this preceptor development program may serve as a benchmark in planning and evaluating future professional development programs with the goal of assisting preceptors in the advancement of the skills and knowledge necessary to provide the highest-quality training for residents.

### Conclusion

The NMC program may serve as a model for other institutions in planning and evaluating professional development programs to ensure that preceptors maintain the skills and knowledge necessary to provide high-quality resident training.

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6. Formal recognition by peers as a model practitioner (e.g., board certification, fellow status).
7. A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
8. Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
9. Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels.
10. Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards).

### Appendix A—ASHP Accreditation Standard 5.9: Requirements of preceptors<sup>4,5</sup>

Preceptors must have a record of contribution and commitment to pharmacy practice characterized by a minimum of four of the following:

- a. Documented record of improvements in and contributions to the respective area of advanced pharmacy practice (e.g., implementation of a new service, active participation on a committee/task force resulting in practice improvement, development of treatment guidelines/protocols).
- b. Appointments to appropriate drug policy and other committees of the department/organization.

### Appendix B—New preceptor orientation topics for discussion

- Identifying qualities of an effective preceptor
- Defining resident roles, expectations, and responsibilities
- Developing project ideas for residents
- Orienting residents to their learning experience
- Evaluating residents using ASHP's ResiTrak service, one-on-one meetings, and other forums
- Understanding how to provide criteria-based feedback and evaluation of resident performance
- Creating a win-win experience for residents
- Describing ways to handle a challenging resident
- Reviewing common challenges of serving as a preceptor
- Explaining the difference between instruction, coaching, modeling, and facilitating