



**Preceptors in Training: Powering Up to Precept**

Michelle W. McCarthy, Pharm.D., FASHP  
Patrick D. Fuller, Pharm.D., BCPS, FASHP  
Hina Patel, Pharm.D., BCPS  
December 3, 2017



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**Disclosure**

All planners, presenters, and reviewers of this session report no financial relationships relevant to this activity.

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**Learning Objectives**

- By the end of this session, attendees will be able to:
  - Define residency accreditation standards in relation to preceptors in training.
  - Select potential preceptors-in-training.
  - Develop a plan to transition a preceptor-in-training to a full preceptor.
  - Assess development needs of potential preceptors-in-training.

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**Outline**

- Accreditation Standards
- Recognizing Untapped Resources
- Program Specific Examples
  - University of Virginia Health System
  - Nebraska Medicine
  - NorthShore University HealthSystem
- Interactive Case Study
- Key Takeaways
- Q&A



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**ashp MIDYEAR 2017**  
Clinical Meeting & Exhibition

**Preceptors-In-Training**

Michelle W. McCarthy, Pharm.D., FASHP  
Coordinator, Pharmacy Education and Graduate Programs  
PGY1 Residency Program Director  
University of Virginia Health System  
Charlottesville, VA



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**Who is in the audience?**

- Residency program director
- Residency preceptor
- Residency coordinator
- Resident/student



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**With what types of residency programs are you affiliated?**

- A PGY1 pharmacy, community, and/or managed care
- B PGY2
- C Both



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**What percentage of programs receive findings of partial compliance related to preceptor qualifications?**

- A ≤ 25%
- B 26-50%
- C 51-75%
- D ≥ 76%

The Communique Newsletter Spring 2017



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**The ASHP accreditation standards that require preceptors to meet eligibility criteria is a critical factor.**

- True
- False



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**ASHP Accreditation Standards:  
Preceptor Eligibility\***

Preceptor Requirements	PGY1 Pharmacy AND Managed Care (4.6)	PGY1 Community (4.3)	PGY2 (4.6)
Completion of ASHP-accredited PGY1 residency	+ ≥ 1 year pharmacy practice experience	+ ≥ 1 year pharmacy experience in community or ambulatory	<b>X</b> See row 3
Completion of ASHP-accredited PGY1 AND PGY2 residencies	+ ≥ 6 months pharmacy practice experience	+ ≥ 6 months pharmacy experience in community or ambulatory	+ ≥ 1 year Rx experience in advanced area of practice
Has not completed ASHP-accredited residency(ies)	≥ 3 years pharmacy practice experience	≥ 3 years pharmacy experience in community or ambulatory	≥ 3 years experience in the advanced area of practice

\* Critical factor




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**ASHP Accreditation Standards:  
Preceptor Responsibilities**

Preceptors serve as role models for learning experiences, they MUST:

- Contribute to the success of residents and program
- Create, implement, and maintain learning experiences in accordance with standard 3
- Participate actively in residency program continuous quality improvement processes
- Demonstrate practice expertise, preceptor skills, and strive to continuously improve
- Adhere to residency program and departmental policies pertaining to residents and services, AND
- Demonstrate commitment to advancing residency program and pharmacy services.

Standards 4.7/4.3(c)




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**ASHP Accreditation Standards:  
Preceptor Qualifications (1 of 4)\***

- Demonstrate ability to precept resident learning experience by using clinical teaching roles (instructing, modeling, coaching, and facilitating) at the level required by the resident
- Ability to assess resident performance
- Established, active practice in the area for which they serve as preceptor
- Maintenance of continuity of practice during the time of residents' learning experiences, AND

Standards 4.8/4.3(b)

\* Critical factor




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**ASHP Accreditation Standards:  
Preceptor Qualifications (2 of 4)\***

Recognition in area of pharmacy practice for which they serve as preceptor (**MUST have 1**):

- Board certification
- Fellow at state or national level
- Multidisciplinary certification
- Advanced degree beyond entry level pharmacy degree related to learning experience precepted
- Formal recognition by peers as model practitioner

**\* Critical factor**



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**ASHP Accreditation Standards:  
Preceptor Qualifications (3 of 4)\***

Ongoing professionalism/ personal commitment to advancing profession (**at least 3 activities in the previous 5 years**)

- Reviewer
- Presentation/ poster/publication
- Presentation/poster/publication co-author with residents or students
- **Active** service (beyond membership) in professional organizations

**\* Critical factor**



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**ASHP Accreditation Standards:  
Preceptor Qualifications (4 of 4)\***

Ongoing professionalism/personal commitment (con't):

- Evaluator at regional residency conference/other professional meetings
- Routine inservices
- Pharmacy technician educator
- Primary preceptor for pharmacy students
- Provision of preceptor development topics
- Completion of teaching and learning program
- External professional consultation
- Active participation in health and wellness (community or organization)
- Teaching pharmacy or other health profession students (classroom, lab, inservices)

**\* Critical factor**



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### Pharmacy Accreditation Standard: Preceptors-in-training

Preceptors-in-training: Pharmacists *new to precepting* who do not meet qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 (or 4.3a-c), and therefore, **MUST**

- a.(1): Be assigned and advisor or coach who is a qualified preceptor
- a.(2): have a documented preceptor development plan to meet qualifications for becoming a residency preceptor within 2 years



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### Outline

- Accreditation Standards
- Recognizing Untapped Resources
- Program Specific Examples
  - University of Virginia Health System
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- Key Takeaways
- Q&A



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### Who are the preceptors-in-training?



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**Possible Preceptors-in-Training**

- New residency graduates
  - Do not meet eligibility requirements for years of post-residency pharmacy experience
- Mid-career pharmacists
  - Do not have documented experience in clinical teaching roles/ assessment of resident performance
- Experienced pharmacists
  - Do not have sustained contributions to the profession



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**Think-Pair-Share:  
Preceptor Development Needs**

- New residency graduate who does not meet eligibility requirements for years of post-residency pharmacy experience
- Mid-career pharmacist who does not have documented experience in clinical teaching roles/ assessment of resident performance
- Experienced pharmacist who does not have sustained contributions to the profession



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**Program Specific Examples: The University of Virginia Health System**

- Preceptor Selection and Development Policy
- Preceptor application process overseen by Residency Oversight Committee (ROC)
  - All residency program directors, coordinators, and assistant directors
  - Submission of statement of interest, ASHP Academic and Professional Record (APR)



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**Program Specific Examples: The University of Virginia Health System**

- Preceptors-in-training:
  - Submit APR, letter of intent, and preceptor development plan to ROC
  - Works with supervisor/ residency program director (RPD) who serve as preceptor advisor
  - Quarterly progress updates on progress towards development goals to advisor
  - Preceptor advisor notifies ROC and program coordinator when all elements of preceptor-in-training have been met and full preceptorship status is attained



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**Program Specific Examples: The University of Virginia Health System**

- Required preceptor development activities for all new preceptors /preceptors-in-training
  - ASHP Modules
    - [Resident's Learning Activities: Understanding Learning Taxonomies and Levels - new \(2014\) Standards](#)
    - [Starring Roles: The Four Preceptor Roles and When to Use Them](#)
  - Program specific requirements
    - Evaluation definitions site specific module



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**Program Specific Examples: The University of Virginia Health System**

- Programmatic Preceptor Development Plan
  - Approved by ROC
  - Each RPD contributes
  - Preceptor development needs/year
  - Additional preceptor development requirements for all newly appointed preceptors



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**Preceptors-In-Training  
Nebraska Medicine**

Patrick D. Fuller, Pharm.D., BCPS, FASHP  
Pharmacy Staff Development Coordinator  
PGY1 Residency Program Director  
Nebraska Medicine  
Omaha, NE



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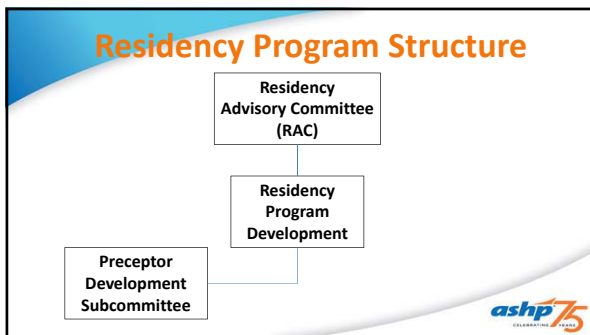
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### Residency Policies

RES 029 Preceptor Development Subcommittee

- Plan
- Develop
- Coordinate
- Maintain

- Serve as a resource to the RAC on selection and appointment of preceptors
- Facilitate on-boarding of new preceptors
- Facilitate continuous preceptor development



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### Preceptor Development Subcommittee

First Co-Chair is member of the RAC


- Reviews preceptor applications
- Provide updates to the RAC

Second Co-Chair

- Develops subcommittee meeting agendas
- Coordinates topic discussions

PGY2 resident (Secretary)

- Meeting minutes
- Schedules quarterly roundtables
- Reserve rooms for webinars
- Annually updates preceptor bios on webpage



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### How do I become a preceptor?

Must submit the following to the Chair of the Preceptor Development subcommittee:

1. Letter of intent
2. Preceptor application form
3. Completed ASHP Academic and Professional Record



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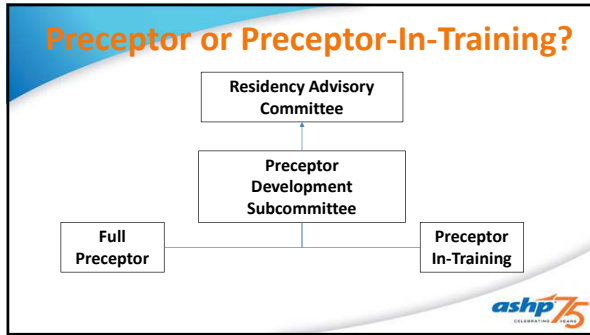
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### Preceptor or Preceptor-In-Training?

Full Preceptor	Preceptor-In-Training
<ol style="list-style-type: none"><li>1. Follow all policies/procedures</li><li>2. New Preceptor Orientation</li><li>3. Precepting "CE" Credits</li></ol>	<ol style="list-style-type: none"><li>1. Follow all policies/procedures</li><li>2. New Preceptor Orientation</li><li>3. Precepting "CE" Credits</li><li>4. Paired with an advisor</li><li>5. Development Plan</li></ol>

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### Preceptor-In-Training Development Needs

**Preceptor Qualifications**

- ASHP qualifications that are not met become part of the development plan with a timeframe
- Agreed upon by the preceptor-in-training and their advisor
- Submitted as the "Preceptor Development Plan" to the preceptor development subcommittee

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### New Preceptor Orientation

- Identifying qualities of an effective preceptor
- Defining resident roles, expectations and responsibilities
- Rotation syllabus
- Criteria-based feedback
- PharmAcademic™
- Precepting a “difficult” resident
- Instruction, coaching, modeling, and facilitating



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### Continuous Preceptor Development

- Ongoing development
- Advancement of knowledge and teaching skills
- Ensure clinical and precepting competence

**Example**

- Ten “Preceptor CEs” are required every two years at Nebraska Medicine for residency preceptors
- Random auditing of 25% of preceptors every two years to confirm attainment of 10 “Preceptor CEs”



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### What are “Preceptor CEs?”

Preceptor Development Opportunities Core (5 CEs)

- Focuses on enhancement of precepting skills

Preceptor Development Opportunities Misc. (5 CEs)

- Focuses on a wider range of skill sets
  - Therapeutic knowledge advancement
  - Research advancement
  - Other areas specific to a preceptor’s practice area



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**Preceptor Development Opportunities Core (5 CEs)**

- Annual Preceptor Development Retreat (5 CEs)
- Attend a quarterly roundtable discussion (1 CE)
- Lead a quarterly roundtable discussion (3 CEs)
- Nebraska Medicine Preceptor 101 Class (1 CE)
- Webinars (1 CE/hour)
  - Vizient™ Pharmacy Network Preceptor Development
- Computer based training modules (1 CE/hour)
  - ASHP Preceptor Toolkit
  - Pharmacist's Letter® Preceptor Training



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**Preceptor Development Opportunities Misc. (5 CEs)**

- Attend resident Pharmacy Grand Rounds (PGRs)
  - 0.5 CEs/PGR attended
- Precept a resident PGR
  - 2 CEs/PGR precepted
- Precept a resident research project
  - 4 CEs
- Moderate/judge at the Midwest Pharmacy Residents Conf.
  - 2 CEs/session
- Board of Pharmacy Specialties (BPS) Board Recertification Credit Earned
  - 1 CE/BPS credit earned



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**Preceptor-In-Training to Preceptor**

- Within 2 year timeframe (or sooner if preceptor meets criteria)
- Preceptor-in-training submits updated development plan with documentation of meeting all ASHP preceptor qualifications
- Advisor writes email in support of full preceptorship
- RAC reviews preceptor and learning experience evaluations
- RAC discusses and votes on granting full preceptorship



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**How many “Preceptor CEs” are required every two years at Nebraska Medicine?**

- A** 10
- B** 15
- C** 20
- D** 30



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**Assessing Preceptor Development Needs**

- Annual anonymous preceptor needs assessment survey
- Resident end-of-the-year feedback
- Reviewing PharmAcademic™ evaluations
- Quarterly preceptor meetings
- Financial support for attendance at regional or national meetings



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Summit of Haleakala Crater, Maui, HI July, 2017



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**ashp MIDYEAR 2017**  
*Clinical Meeting & Exhibition*

**Preceptors-In-Training  
Community Health System**

Hina Patel, Pharm.D., BCPS  
PGY1 Pharmacy Residency Program Director  
NorthShore University HealthSystem  
Evanston, IL



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**Preceptor Development**

It definitely takes a village!



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### Recruiting New Preceptors

Experienced Pharmacists vs. Newer Graduates	
Practical experience	Didactic teaching courses
Previous students	Project management skills
Giving and receiving feedback	Mentorship
Independence	Professional contributions
Enthusiasm!	



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### Recruiting New Preceptors

Considerations

- Filling a previously established preceptor role
- Creating a new role for a willing preceptor
- Establishing a new service that includes resident involvement
- Differentiating support needs for each new preceptor



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### Recruiting New Preceptors

Challenges in community hospitals

- Overall smaller number of preceptors performing multiple roles
- Academic mentorship
- College of pharmacy affiliations
- Support for primary research and publishing



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### Recruiting New Preceptors

- Opportunities in community hospitals
- Broad patient populations and disease states
- Mentorship from other similar programs or professional organizations
- Support for developing project management skills
- Significant community benefit or service



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### Preceptor vs. Preceptor-In-Training

- Preceptor: meets all 6 ASHP preceptor criteria from PGY1 Standard 4.8
- Preceptor-in-training (PIT): does not meet the standards, requires mentor until criteria met



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### Preceptor Criteria

Criteria
Precepts using instructing, modeling, coaching, facilitating
Ability to assess performance (specific, constructive feedback)
Recognition in the area of precepted pharmacy practice
Established, active practice in precepted areas
Maintenance of continuity of practice during learning time
Ongoing professionalism



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### Preceptor Criteria

Criteria	PIT Development need
Precepts using instructing, modeling, coaching, facilitating	<b>Where do your new preceptors have the most development needs?</b>
Ability to assess performance (specific, constructive feedback)	
Recognition in the area of precepted pharmacy practice	
Established, active practice in precepted areas	
Maintenance of continuity of practice during learning time	
Ongoing professionalism	




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### Preceptor Criteria

Criteria	PIT Development need
Precepts using instructing, modeling, coaching, facilitating	✓✓
Ability to assess performance (specific, constructive feedback)	✓✓
Recognition in the area of precepted pharmacy practice	✓✓
Established, active practice in precepted areas	✓
Maintenance of continuity of practice during learning time	✓
Ongoing professionalism	✓✓✓✓




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### Ongoing Professionalism

- Increases network and horizons
- Many broad opportunities
- Need to select specific, achievable activities
- Set goals for whole department and individual preceptors
- Document professional activities longitudinally
- Measure preceptor satisfaction




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### Ongoing Professionalism

Can include

- Research, publications, presentations, posters
- Service as reviewer, moderator, evaluator
- Leadership roles and committee involvement
- Educator or faculty appointment
- Contributions to community wellness programs



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### Preceptor Development Form



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### Preceptor Development Form

- Each section evaluates one preceptor criteria
- Defines timeframe in which criteria must be fulfilled
- Gives institution specific examples
- Includes space to specify details on how the individual preceptor met or plans to meet criteria
- Allows for opportunities for RPD/manager to assign appropriate mentorship



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**Contributions to Pharmacy Practice**

Documented record of improvements in and contributions to the respective areas of practice

- Implementation of a new service
- Development of treatment guidelines/protocols
- Moderator or evaluator at regional residency conferences or other professional meetings



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**Contributions to Pharmacy Practice**

- At least 3 in-service presentations per year to pharmacy staff/health care professionals
- Pharmacy technician educator
- Completion of, enrollment in, or teaching in, a teaching certificate program
- Provide preceptor development topics at the site



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**Contributions to Pharmacy Practice**

- Professional consultation to other health care facilities or professional organizations
- Successfully precepting a resident on a Medication Use Evaluation (MUE)/Major Project that resulted in implementation of an improvement

Every 3 years



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**Active Committee Involvement**

- Active participation on a committee/task force resulting in practice improvement
- Examples of committees
  - Department or service line
  - Pharmacy specific

Every 3 years  
**ashp 75**  
CELEBRATING 75 YEARS

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**Recognition**

Formal recognition by peers as a model practitioner

- Pharmacist/practitioner/preceptor of the year at institutional, local, or state level
- Fellow of a professional organization
- Selection for participation on national/state association council
- Educator of health care professionals
- Accreditation practitioner surveyor
- Board certification/certification in related practice area (BCGP, CDE, Anticoag, etc.)

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CELEBRATING 75 YEARS

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**Publications/Presentations**

Publications

- Research or practice-related information in peer-reviewed journals
- Texts or books
- Newsletters or journals outside of practice site
- Platform or poster presentation at local, state, or national meeting

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CELEBRATING 75 YEARS

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**Publications/Presentations**

Presentations (must be presented at professional meetings)

- Platform or poster presentation of original practice-related research or information at a local, state, or national meeting

Every 3 years



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**Reviewer**

- Reviewer of contributed papers or manuscripts submitted for publication
- Residency poster mentor
- Poster or content reviewer for accepting content for presentation at a professional meeting

Every 3 years



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**Leadership**

- Any level of organizational activity beyond basic membership
- Officer or board member
- Chair or member of committee
- Service on policy-making council



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**Community Benefit**

- Healthcare outreach activity or comparable other community benefit as a pharmacist
  - Patient support group discussions
  - Health fairs, immunization clinics
  - “Brown bag” or patient medication reviews outside of hospital
  - Global health endeavors

Every 2 years  
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CELEBRATING 75 YEARS

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**Think-Pair-Share:**  
**How do your new preceptors develop in these areas at your site?**

- Contributions to pharmacy practice
- Active committee involvement
- Peer recognition
- Publications/presentations
- Reviewer
- Leadership
- Community benefit

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CELEBRATING 75 YEARS

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**Skills Development**

- Teaching /learning/precepting continuing education
- Communication, interpersonal, time management skills
- Proficiency with technology (i.e. Word®, Excel®, PowerPoint®)
- Basic research skills
  - Institutional Review Board training
  - ASHP Essentials of Practice Based Research

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**For new preceptors, specifying examples of professional activities can:**

- A** Increase development burden on new preceptors and their managers
- B** Create confusion on what needs to be done as a new preceptor
- C** Contradict department specific goals
- D** Provide achievable and timely development opportunities at the individual and department level



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**Preceptor-In-Training to Preceptor**


**Section I**

Name: Joan Smith Date of Application: 12/2017

Residency Program Preceptorship:  
 PGY1    PGY2    Both PGY1 and PGY2

Residency rotation(s): Critical Care/Trauma

Preceptor In-Training Advisor: Jane Jones



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**Joan Smith**

ASHP Preceptor Academic and Professional Record completed and submitted with application

**Section II**

**PGY1 Eligibility**

I have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 followed by a minimum of six months of pharmacy practice experience.



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**Joan Smith**

Meets all qualifications of a preceptor except:

- 4.8.a. *Demonstrating the ability to precept residents' learning experiences by use of clinical teaching*
- 4.8.b. *The ability to assess residents' performance;*
- 4.8.c. *Recognition in the area of pharmacy practice for which you serve as a preceptor;*



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**Joan Smith's Development Plan**

**4.8.a. *Demonstrating the ability to precept residents' learning experiences by use of clinical teaching***

Plan: "During the upcoming year, I will serve as evaluator and co-preceptor for PGY1 residents rotating on the Trauma ICU/Critical Care Surgery rotation. This will give me the opportunity to showcase my ability to precept residents. During this time my advisor (Dr. Jones) will provide me with feedback and be available for guidance."



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**Joan Smith's Development Plan**

**4.8.b. The ability to assess residents' performance;**

Plan: "Serving as preceptor to PGY1 residents I will be precepting four residents over the course of this year. My evaluation of the resident will be signed off by my advisor (Dr. Jones), which will give her the opportunity to provide me with any constructive feedback on my ability to assess a resident and provide feedback. This feedback will be reviewed by the preceptor development and RAC committee when I apply for full preceptorship status."



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**Joan Smith's Development Plan**

**4.8.c. Recognition in the area of pharmacy practice for which you serve as a preceptor;**

Plan: "I plan to study and take the board certification exam in critical care (BCCCP) in the spring of 2018."



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**Joan Smith**

**How would you as her advisor assist Joan in meeting the ASHP criteria within a two year timeframe?**

- New Preceptor Orientation
- Guidance on constructing resident evaluations
- Offer any support needed for passing the BCCCP exam
- Resources from within and outside of your organization



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**Joan Smith**

**What documents would you want your RAC to have in granting Joan Smith full preceptor status?**

- Updated Academic and Professional Record
- Updated development plan from Joan requesting to become a full preceptor
- Letter of support from her advisor
- Review of resident evaluations of Joan and the learning experience



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**Outline**

- Accreditation Standards
- Recognizing Untapped Resources
- Program Specific Examples
  - University of Virginia Health System
  - Nebraska Medicine
  - NorthShore University HealthSystem
- Interactive Case Study
- Key Takeaways
- Q&A



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**Preceptors-in-Training**

<b>Challenges</b>	<b>Successes</b>
<ul style="list-style-type: none"><li>• Identify preceptor-specific opportunities for development</li><li>• Ensure progression to full preceptorship within 2 years</li><li>• Longitudinal commitment</li></ul>	<ul style="list-style-type: none"><li>• Expands preceptor base</li><li>• Collaboration between new and experienced preceptors</li><li>• Elevates overall department level of practice</li></ul>



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**Key Takeaways**

- **Key Takeaway #1**
  - The ASHP residency accreditation standards that require eligible pharmacists to meet preceptor qualifications are critical factors. The standards allow programs to use preceptors-in-training for those preceptors who do not meet full criteria with attainment of full preceptorship in 2 years.
- **Key Takeaway #2**
  - Creating an organized process for new preceptors and preceptors-in-training to follow will help preceptors be successful.
- **Key Takeaway #3**
  - Defining specific activities that promote ongoing professionalism can help meet individual preceptor development needs longitudinally.



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**Preceptors in Training: Powering Up to Precept**

Michelle W. McCarthy, Pharm.D., FASHP  
Patrick D. Fuller, Pharm.D., BCPS, FASHP  
Hina Patel, Pharm.D., BCPS  
December 3, 2017



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**ASHP MCM 2017**  
**Sunday, December 3, 2017**

**Title:** Preceptors-in-Training: Powering up to Precept

**Presenters:**

Holly Byrnes, Pharm.D., BCPS  
Michelle W. McCarthy, Pharm.D., FASHP  
Patrick Fuller, PharmD, BCPS, FASHP  
Hina Patel, Pharm.D., BCPS

**Bibliography:**

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American Society of Health-System Pharmacists. ASHP accreditation standard for postgraduate year two (PGY2) pharmacy residency programs. [www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-residency-accreditation-standard-June2017.ashx?la=en&hash=FA375984733CEA67F705CB327A635777515EE65E](http://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-residency-accreditation-standard-June2017.ashx?la=en&hash=FA375984733CEA67F705CB327A635777515EE65E) (accessed September 3, 2017).

Phillips H, Holler J, Lepkowsky M, May D, May JR. Assessment of current practices for developing “preceptors in training”. *Am J Health-Syst Pharm* 2017;74:e128-30.

## Sample Preceptor Development Form

**Note that specific activities and timeframes listed are specific to this health-system**

**Reviews are completed each year prior to end of the academic year**

<b>Preceptor Name:</b>	_____	<b>Date of Review:</b>	_____
<b>Preceptor in training</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>If preceptor in training, name of mentor:</b>		
<b>ASHP Preceptor Criteria (Per Residency Standard 4.6 and 4.8)</b>			
<b>1. Required (Standard 4.6):</b> Pharmacist preceptors must be licensed pharmacists and meet one of the following: <ul style="list-style-type: none"> <li>• have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience in a hospital, community, or ambulatory care setting as appropriate for the program setting – <b>OR</b></li> <li>• have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience in a hospital, community, or ambulatory care setting as appropriate for the program setting – <b>OR</b></li> <li>• without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience in a hospital, community, or ambulatory care setting as appropriate for the program setting</li> </ul>		<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
<b>2. Required (Standard 4.8.a):</b> Demonstrates the ability to precept residents' learning experiences by use of clinical teaching roles at the level required by residents (direct instruction, modeling, coaching, facilitating). <ul style="list-style-type: none"> <li>• Student +/- resident evaluations: preceptor must obtain an average favorable score above the median of evaluation categories</li> <li>• Teaching awards</li> <li>• Faculty appointment – Specify Institution : _____</li> </ul> <b>RPD Direct Observation Completion Date:</b> _____		<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
<b>3. Required (Standard 4.8.b):</b> Demonstrate abilities to assess residents' performance via specific and constructive criteria <b>Manager/RPD evaluation review Completion Date:</b> _____		<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement

### Sample Preceptor Development Form

<b>4. Required (Standard 4.8.d, 4.8.e):</b> Preceptors must have training and experience in an established, active practice area in the area for they serve as preceptor, maintenance of continuity of practice during the time of the residents' learning experiences. Specify area of practice: _____	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement	
For this health-system's ASHP accredited residency programs, preceptors must have a <b>record of contribution and commitment to pharmacy practice</b> characterized by at <b>least 1 of 7</b> of the criteria listed to the right (5-11)	<b>Criteria</b>	<b>Examples</b>	<b>Preceptor Evaluation</b>
Note: Completing at least 1 of 7 criteria (listed to the right (5-11)) will fulfill <b>Standard 4.8.c</b> (recognition in the area pharmacy for which they serve as preceptors) and <b>Standard 4.8.f</b> (ongoing professional, commitment to advancing the profession)	<b>5. Contributions to pharmacy practice</b>  Documented record of improvements in and contributions to the respective areas of practice at least <b><u>once every 3 years</u></b>	<ul style="list-style-type: none"> <li>▪ Implementation of a new service</li> <li>▪ Development of treatment guidelines/protocols</li> <li>▪ Moderator or evaluator at regional residency conferences or other professional meetings</li> <li>▪ At least 3 in-service presentations per year to pharmacy staff and other health care professionals</li> <li>▪ Pharmacy technician educator</li> <li>▪ Completion of, enrollment in, or teaching in, a teaching certificate program</li> <li>▪ Provide preceptor development topics at the site</li> <li>▪ Professional consultation to other health care facilities or professional organizations</li> <li>▪ Successfully precepting a resident on an MUE/Major Project that <b><u>resulted in implementation of an improvement</u></b> <ul style="list-style-type: none"> <li>○ Specify : _____</li> </ul> </li> </ul>	<input type="checkbox"/> Meets <span style="float: right; text-align: center;"><input type="checkbox"/> Needs Improvement</span>
	<b>6. Active Committee Involvement</b>  Current appointments to appropriate drug policy committees/task forces of the pharmacy department or corporation at least <b><u>once every 3 years</u></b>	<ul style="list-style-type: none"> <li>▪ Active participation on a committee/task force resulting in practice improvement                             <ul style="list-style-type: none"> <li>○ Specify initiative in which pharmacist actively participated in the past 3 years: _____</li> </ul> </li> <li>▪ Qualifying Committees Include:                               Anes PI, Abx SC of P&amp;T, Anticoag Taskforce, Cardiology PI, Clin Ops Council, Clin Prac Council, Clin Quality Committee, Clin Risk Management, Code Committee, Admin Staff, , Critical Care PI, CV Surgery PI, Diabetes Taskforce, ED EHR, Emergency Dept MD Quality, EMS Liaison, Emergency Preparedness Corp, EDAP liaison, EHR Acute Care MD, EHR Ambulatory MD, EHR Change Control, CDS Committee, EHR MD Leadership, EHR Ops Council, EHR Oncology, EHR Advisory Council, EHR Rx Superuser, Forms, Hospice Med Management, Corporate Ideal Transition Team, Infection Control, Invasive Procedures, IRB, ISCU PI, Meaningful Use Amb, Meaningful Use Hospital, Meaningful Use Leadership, Med Safety SC of P&amp;T, Neurology PI, Neurosurg Quality, Nutrition Taskforce, OB outcomes, Ophthalmology Quality, Ortho Quality, Ortho/Neuro/Spine PI, P&amp;T, Palliative Care PI/TJC, Peds PI, Periop Services, Pharmacy Clinical Services, Med Safety Committee, Pharmacy Quality/PI, Pharmacy Operations Council, Pharmacy Technology,                             </li> </ul>	<input type="checkbox"/> Meets <span style="float: right; text-align: center;"><input type="checkbox"/> Needs Improvement</span>



### Sample Preceptor Development Form

		<p>Pharmacy TJC, Policy Committee, Products Committee, Professional Staff PI, SAC, Smart Pumps Taskforce, Stroke Team PI, TJC Steering Committee, VAT Committee, Cancer Center specific committees: Cancer Center BMT Committee; Cancer Center IRB Protocol Review Committee; IRB – Disease Committee for Colorectal Cancer; Cancer Center Task Force for Consent Form Evaluation &amp; Changes; Oncology Drug Evaluation Committee; Molecular Medicine/Pharmacogenomics Committee; P&amp;T Pharmacoeconomics Subcommittee; Oncology QI Committee; Cancer Committee; Oncology Leadership Committee; Cancer Center Administrative Committee; Cancer Center Patient Advisory Committee; Nursing Clinical Practice Committee; Oncology Peer review committee, COC(Commission on Cancer ), Chemotherapy Safety Committee, Integrative medicine oncology practice committee</p> <p>o Specify committee: _____</p>		
	<p><b>7. Recognition</b></p> <p>Formal recognition by peers as a model practitioner</p>	<ul style="list-style-type: none"> <li>▪ Pharmacist/practitioner of the year at institutional, local, or state level</li> <li>▪ Preceptor of the year</li> <li>▪ Fellow of a professional organization</li> <li>▪ Selection for participation on national/state association council</li> <li>▪ Educator of health care professionals</li> <li>▪ Accreditation practitioner surveyor</li> <li>▪ Board certification or certification in related practice area (CGP, CDE, Anticoag, etc.)</li> <li>o Specify: _____</li> </ul>	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
	<p><b>8. Publications/ Presentations</b></p> <p>Sustained record, as defined as <b><u>at least once every 3 years,</u></b> of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings</p>	<p><u>Publications</u></p> <ul style="list-style-type: none"> <li>▪ Publication of research or practice-related information in peer-reviewed journals</li> <li>▪ Publication in texts or books</li> <li>▪ Publication in newsletters or journals outside of practice site</li> <li>▪ Platform or poster presentation at local, state, or national meeting</li> </ul> <p><u>Presentations</u> (must be presented at professional meetings)</p> <ul style="list-style-type: none"> <li>▪ Platform or poster presentation of original practice-related research or information at a local, state, or national meeting</li> <li>▪ Excludes Residency Showcase</li> <li>▪ Excludes preceptors of resident presentation of MUE poster/GLPRC presentation</li> <li>o Specify: _____</li> </ul>	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement

### Sample Preceptor Development Form

	<p><b>9. Reviewer</b></p> <p>Serving regularly as a reviewer of contributed papers or manuscripts for publication <b><u>at least once every 3 years</u></b></p>	<ul style="list-style-type: none"> <li>▪ Reviewer of contributed papers or manuscripts submitted for publication</li> <li>▪ Residency poster mentor</li> <li>▪ Poster or content review process for accepting content for presentation at a professional meeting (local, state, national)                             <ul style="list-style-type: none"> <li>○ Specify title and date of peer review completed in the past 3 years: _____</li> </ul> </li> </ul>	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
	<p><b>10. Leadership</b></p> <p>Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state or national levels</p>	<ul style="list-style-type: none"> <li>▪ Any level of organizational activity beyond basic membership</li> <li>▪ Officer or board member</li> <li>▪ Chair or member of committee</li> <li>▪ Service on policy-making council                             <ul style="list-style-type: none"> <li>▪ Specify role: _____</li> </ul> </li> </ul>	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
	<p><b>11. Community Benefit (at least once every 2 years)</b></p>	<p>Health-system sanctioned healthcare outreach activity or comparable other community benefit as a pharmacist</p> <p>Specify _____</p>	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Preceptor meets all <b><u>required</u></b> criteria (1-4)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preceptor meets at least 1 of 7 of requirements within record of contribution (5-11)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total ASHP Criteria (add up "meets" = yes in 1-11)</b> (select one)			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	
<b>Additional Health-System Criteria</b>				
Membership in at least one professional organization			<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Attend at least 5 Residency Advisory Council Meetings per year with active participation			<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Complete at least one live, didactic or on-line precepting related educational activity per calendar year			<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Effectively balances job responsibilities with precepting responsibilities			<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement

### Sample Preceptor Development Form

Demonstrates effective interpersonal and communication skills	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Demonstrates effective problem solving skills	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Maintains emotional maturity when working with others, confronting problems, and suggesting changes	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Has developed good working relationships with other members of the healthcare team	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Demonstrates reliability - meets commitments and/or communicates status of work	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Has prior experience precepting students/residents	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Demonstration of PowerPoint proficiency (PowerPoint Tips and Tricks class optional)	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Completion of Excel 1, Excel Charts/Graphs, and Excel Advanced - Formulas	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Completion of CITI training (including health-system modules and Good Clinical Practice) exp date:	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
Completion of ASHP Essentials of Practice-Based Research for Pharmacists:		
▪ Components of a Resident Research Plan – Part 1	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Components of a Resident Research Plan – Part 2	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Identifying Contemporary, Relevant and Practical Research Questions	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Study Design and Sample Selection	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Project Management for Residency Projects	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Data Acquisition and Data Cleaning	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Data Management – Part 1	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Data Management – Part 2	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Data Analysis – Part 1	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Data Analysis – Part 2	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ How to Effectively Present Your Residency Research Project Results	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Anatomy of the Research Article and the Peer Review Process	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Putting It All Together: An Example of a Residency Research Project – Part 1	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement
▪ Putting It All Together: An Example of a Residency Research Project – Part 2	<input type="checkbox"/> Meets	<input type="checkbox"/> Needs Improvement

### Sample Preceptor Development Form

Preceptor Development Plan			
<p><b>Please identify what your preceptor development goal(s) will be for this year:</b></p> <p>_____</p>			
<p><b>Please indicate how you plan on reaching these goals:</b></p> <p>_____</p>			<p><b>Anticipated completion date:</b></p> <p>_____</p>
<b>Reviewed by</b>	Preceptor	_____	Date: _____
	Manager	_____	Date: _____

**University of Virginia Health System  
Department of Pharmacy Services  
Preceptor Development Plan**

**Preceptor:** Ima Pharmacist

Ima has not completed a residency. However, he/she has 9 years of experience as a pharmacy manager in ambulatory settings including the last 3 years as the Ambulatory Manager for UVA). The following preceptor qualifications are not fully met:

- Recognition in the area of pharmacy practice for which you serve as a preceptor (no certification beyond Epic Willow Ambulatory, Fellow, Credential, or Awards/ Recognition)
- Active participation in national, state, or local professional organizations

Our PGY1 Pharmacy residency program director, Name, will serve as Ima's preceptor advisor including co-signing any summative evaluations and overseeing the development of his/her learning experience description, rotation schedule, and expectations.

**Personal Development Goals**

To further his/her growth as a practitioner and preceptor, the following goals have been established for Ima:

To support 4.8.c. recognition in the area of pharmacy practice for which he serves as a preceptor:

- Ima has enrolled in a Master's of Business Administration program starting in the fall of 2016

To support, 4.8.f. ongoing professionalism, including a personal commitment to advancing the profession

- Investigate joining a VPhA or VSHP committee- complete in Q3/Q4 of 2016

**Preceptor Development Goals**

As a new preceptor, Ima must complete the following ASHP and UVA preceptor continuing education sessions:

- [Resident's Learning Activities: Understanding Learning Taxonomies and Levels - new \(2014\) Standards](#)
- [Starring Roles: The Four Preceptor Roles and When to Use Them](#)
- [Evaluation Definitions: UVA specific](#)

Additionally, he/she is required to earn 6 preceptor development credits (2 above the departmental requirement) during the 20XX-XY residency year.

**Follow-up**

Ima's progress in completing the above goals will be evaluated quarterly with his/her preceptor coach and will be documented in his/her annual performance appraisal. Our PGY1 Pharmacy residency program director, Name, will serve as Ima's preceptor advisor including co-signing any summative evaluations and overseeing the development of his/her learning experience description.

**University of Virginia Health System  
Department of Pharmacy Services  
Preceptor Development Plan**

**Preceptor-in-training:** Tyra C. Kinase, PharmD

Tyra has completed a PGY2 oncology residency. With the exception of duration of practice, Tyra meets all preceptor qualifications. She will have 1 year of experience as an oncology clinical pharmacist post residency in August of 2016. Until August of 2016, Patti Taxel, the oncology residency program director, will serve as Tyra's preceptor advisor. Patti Taxel will work one on one with Tyra to provide feedback regarding her learning experience description, rotation schedule and expectations, and summative evaluations.

**Personal Development Goals**

To further her growth as a practitioner and preceptor, the following goals have been established for Tyra:

To support 4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors:

- Seek BCOP certification - complete in Q3 of 2016

To support, 4.8.f. ongoing professionalism, including a personal commitment to advancing the profession

- Join a HOPA or ASMBT committee or work group - complete in Q2/Q3 of 2016
- Submit preceptor application to VCU SOP- July 2015

**Preceptor Development Goals**

As a new preceptor, Tyra has completed the following ASHP and UVA preceptor continuing education sessions:

- [Resident's Learning Activities: Understanding Learning Taxonomies and Levels - new \(2014\) Standards](#)
- [Starring Roles: The Four Preceptor Roles and When to Use Them](#)
- [Evaluation Definitions: UVA specific](#)

In addition to the above, she is required to earn 4 preceptor development credits during the 20XX-XY residency year.

**Follow-up**

Tyra's progress in completing the above goals will be evaluated quarterly with Patti Taxel (her preceptor advisor/ supervisor) and will be documented in her annual performance appraisal.

**Fuller, Patrick D.**

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**From:** [REDACTED]  
**Sent:** Tuesday, June 27, 2017 8:52 AM  
**To:** [REDACTED]  
**Cc:** Fuller, Patrick D.  
**Subject:** Preceptor application  
**Attachments:** RES 013 Residency Program Preceptor Responsibilities 6\_2015.docx; Residency Preceptor Development Program April 2016.docx; [REDACTED]\_Pharmacy Residency Preceptor Development Plan0617.docx

June 27, 2017

Dr. [REDACTED]:

It is my pleasure to announce that the Residency Advisory Committee (RAC) has determined your classification as a "Preceptor In-Training" per ASHP standards in our PGY1 program.

The RAC and the Preceptor Development Committee have identified qualifications 4.8.a and 4.8.b as areas for you to strengthen and meet within the next two years to become a full preceptor through your preceptor development plan.

#### **Preceptor Advisor and Development Plan**

You will be paired up with a preceptor advisor who will mentor you and be a resource for you. Per ASHP, your advisor will also be required to co-sign your evaluations in PharmAcademic.

I am happy to inform you that I will be your advisor. Please let me know when we can meet to discuss your development plan and the process to meet outstanding criteria (attached).

As you begin precepting in our program, please remember to:

1. Follow the Pharmacy Residency Program Preceptor Responsibilities policy RES 013.
2. Follow the guidelines outlined in the Residency Preceptor Development Program.
3. Attend a preceptor "boot camp" which will be a lunch and learn session that we will have for new preceptors in the fall.
4. Submit to me by July 10th your preceptor development plan outlining how you plan on meeting all outstanding criteria within the next two years. You will need to describe your plan in each of the outstanding sections.
5. Obtain 10 preceptor CEs by 12/31/2017.

You will be considered for full preceptorship once you have met all outstanding preceptor qualifications within the next two years. If you feel you have met all qualifications sooner, please contact me. Upon that time, the following documents will be required for consideration of full preceptorship:

1. An updated ASHP academic and professional record.
2. An email from your preceptor advisor in support of your full preceptorship outlining areas that you have demonstrated growth and advancement of your precepting skills (including evaluations from residents of you and your learning experience).
3. Your completed preceptor development plan.

**Pharmacy Residency Preceptor-In-Training Development Plan  
Nebraska Medicine**

Name: John Jacob Jingleheimer, Pharm.D., BCCCP

Month/Year of Preceptor In-Training Approval: 3/2016 – 3/2018

Residency Program Preceptorship:

PGY1    PGY2    Both PGY1 and PGY2

Residency rotation(s): Trauma ICU/Critical Care Surgery

Preceptor In-Training Advisor: Jane Jet, Pharm.D., BCCCP

**Preceptor Qualifications**

In the following sections 4.8a and 4.8b, please describe how you plan to meet the qualifications within two years to become a full preceptor. Areas that you have already met eligibility criteria have been noted for you below.

***4.8.a. Demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;***

Plan: During the upcoming year, I will serve as evaluator and primary preceptor for at least one of the two PGY2 ER/Critical Care residents and PGY1 residents as split amongst Trauma ICU/Critical Care Surgery preceptors. This will give me the opportunity to showcase my ability to precept residents at varying levels. During this time my mentor (Dr. Jet) will provide me with feedback and be available for guidance.

- Please provide prior examples of PharmAcademic resident evaluations of you and your learning experience.  
 Eligibility criteria already met.

***4.8.b. The ability to assess residents' performance;***

Plan: Serving as preceptor to PGY1 residents and PGY2 residents on SICU, I will be primary evaluator for at least one rotation. My evaluation of the resident will be signed off by my mentor (Dr. Jet), which will give her the chance to provide me with any constructive feedback on my ability to assess a resident and provide feedback. This feedback will be reviewed by the preceptor development and RAC committee when I apply for full preceptorship status.

- Please provide prior examples of summative evaluations and other examples of documented feedback provided to residents.  
 Eligibility criteria already met.



**Pharmacy Residency Preceptor-In-Training Development Plan  
Nebraska Medicine**

**4.8.c. *Recognition in the area of pharmacy practice for which you serve as a preceptor;***

Eligibility criteria already met.

**4.8.d. *An established, active practice in the area for which you serve as a preceptor;***

Active practice is defined as maintaining regular and on-going responsibilities for the area where you will serve as a preceptor; you may be part-time but must be actively engaged.

Eligibility criteria already met.

**4.8.e. *Maintenance of continuity of practice during the time of residents' learning experiences;***

Eligibility criteria already met.

**4.8.f. *Ongoing professionalism, including a personal commitment to advancing the profession.***

Within the past 5 years, please list all that apply as evidence of an ongoing commitment to advancing the profession.

Eligibility criteria already met.