

# Experimental Education in Australian Pharmacy: Preceptors' Perspectives

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## Abstract

**Background:** Experiential education is key to students understanding their future practice settings. The quality and success of experiential education rest largely on volunteer preceptors, who are an essential asset to the education of pharmacy students in Australia. This asset needs constant support and nurturing.

**Aims:** This study aims to explore the perceptions of Australian preceptors' and their needs regarding their role in training future generations of pharmacists.

**Method:** Five focus groups of pharmacist preceptors were conducted, audio-taped and transcribed verbatim. Transcripts were thematically analysed to identify major themes related to pharmacy experiential education.

**Results:** Thirty seven pharmacists participated in the focus group interviews, representing diverse demographics and workplace settings. Pharmacists reported enjoying the role of preceptor however, lack of insight into education techniques, increased workload, lack of time and space, and increased stress levels were identified by participants as obstacles to achieving good educational outcomes.

**Conclusion:** Preceptors are role models for novice practitioners, and the relationships between universities and preceptors need to be robust, supportive and relevant to changing professional and health sector environments

**Keywords:** *Experiential learning; Pharmacy Education; Preceptor perspectives*

## Introduction

Experiential education has been highlighted by the Pharmaceutical Society of Australia (2003) and other international bodies, as a key element in developing students' ability to apply theory to practice, improve communication and problem solving, and acquire standard competencies required of pharmacists in Australia (Owen, S., and Stupans, I. 2008). The quality and success of experiential education rests largely on the students' preceptors who are professional practitioners, guiding student interns through the learning. Preceptors are therefore regarded as an essential asset to the

experiential education of all pharmacy students in Australia (Marriott, J. et al., 2005). This study aims to explore the perceptions of Australian preceptors' and their needs regarding their role in training future generations of pharmacists.

### *Different Models of Experiential Education*

Requirements for experiential education typically add up to the equivalent of a minimum of 5-6 weeks clinical placement time, delivered in various models e.g. staggered time slots per

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week or block placements (Wilson, K. et al, 2005). Experiential education in pharmacy generally follows initial didactic education in theory and is offered in numerous models throughout the world. In Australia, all pharmacy curricula include experiential education (Marriott, J., et al, 2008). The University of Sydney offers two degrees in pharmacy: a 4 year Bachelor of Pharmacy and a 2 year postgraduate Master of Pharmacy, both leading to professional registration. Experiential education is offered predominantly within the community setting, and to a lesser degree in hospitals. This is due to logistical limitations in availability of hospital placements and their capacity to train large numbers of students.

In the United Kingdom (UK), of the 16 pharmacy schools (2005) only 2 schools of pharmacy offered formal community experiential education, due to the difficulty in ensuring access to suitable placement sites, whilst all schools offered hospital experiential education (Sosabowski, M., Gard, P. 2008). Experiential education in Canada varies between schools, with some courses requiring as much as 12 weeks of experiential education in their final year (Austin, Z., Ensom M., 2008).

Interestingly, American pharmacy schools are moving towards experiential education that provides students with increasing patient care responsibilities so that they may start their final year of supervised training already competent in patient care and medication/disease management (Turner, C. et al. 2007; Harralson, A. 2003). In light of this move, the Accreditation Council for Pharmacy Education (ACPE) Standards and Guidelines (2006) state the curriculum must include experiential education that represent more than 30% of the academic program, before graduation.

#### *Current concerns*

There have been concerns regarding the steady increase in the number of pharmacy graduates in Australia over the last 10 years, and the impact that this may have on preceptors. In 1997, there were six pharmacy university programs with approximately 485 graduates each year; there are currently 21 pharmacy programs graduating approximately 1250 graduates annually (Marriott, J. et al. 2008; Wilson, K. et al, 2005).

This influx of students has raised growing concern regarding the availability of sufficient numbers of experienced pharmacists who are willing to supervise and assess the experiential education students. Studies have identified a number of key factors involved in supervising a trainee pharmacist which weigh heavily on the workload of practising pharmacists. Some pharmacists claim to experience stress and anxiety with the responsibility and problems that may occur in their role as preceptor, including the need to assess a trainee's performance (Turner, C. et al. 2007; Marriott, J. et al. 2006; Skrabal, M. et al., 2008).

It is important to investigate preceptors' perceptions further and explore suggested strategies to help support them in their vital role precepting future generations of pharmacists in Australia. Understanding preceptors' thoughts on current experiential education models may aid in the development of methods to recruit and better support preceptors.

#### **Aim**

This study aimed to explore preceptors' needs and opinions

about supervising pharmacy students' experiential learning, in Sydney, Australia.

#### **Method**

After acquiring approval from the Human Research Ethics Committee of the University of Sydney [No.05-2009/11858] NSW Australia, the Pharmaceutical Society of Australia (PSA) was approached for recruiting pharmacists attending their Preceptor Training weekend in July 2009. With permission from the PSA, three focus groups were conducted, attended by 7- 8 participants all of whom were asked questions following an interview protocol [attached-Appendix 1]. Another two focus groups were conducted: one in a teaching hospital and another in the community pharmacy setting. Interviews continued until saturation of the data was achieved.

Overall, 37 pharmacists who were also-preceptors participated in the focus group interviews, representing diverse demographics and workplace settings. Focus group discussions were audiotaped and transcribed verbatim. The transcripts were entered in NVivo software (QSR International Pty Ltd, Doncaster, VIC, Australia) for qualitative analysis, and the data thematically analysed by two researchers and verified with co-researchers.

#### **Results**

Of the 37 participating pharmacists, five were hospital pharmacists, the remaining 32 were from community pharmacy settings in various suburbs and some from remote rural areas in NSW Australia. This sample provided broad perspectives of precepting in various workplaces and from a wide selection of demographics. All 37 participants in the discussions had precepted graduate pharmacists or students in either an official capacity or unofficial (e.g. employer imposed; locum or part-time employee) preceptor.

#### *Enjoying the Role*

The majority of preceptors reported that they enjoyed supervising pharmacy students and found the current pharmacy student externship program well organised and implemented.

"I get a lot of personal, professional satisfaction out of having students. I literally enjoy it." Interviewee 11, F.Gr.2

Most participants reported the experience of being a preceptor rewarding. Many preceptors highlighted the personal enjoyment they gained from having students and found it a useful way to maintain their professional knowledge.

"The students give a lot to the mentoring pharmacist by ways of current information, technical contacts [and] organizing my computer for instance!" Interviewee 16, F.Gr.3

Other preceptors felt that students were good for business and brought a sense of enthusiasm back to the pharmacy and their staff. Some preceptors reported that they hired students after the externship program, using the internship

as a screening process.

“Just having someone new is a breath of fresh air and hopefully they can fit in and work well with you and, as we expand growing pharmacies, they actually stay with us. Interviewee 17, F.Gr.3

“Students are good for the business as well. They’ve got the knowledge base, the skills, so it just makes business sense.” Interviewee 19, F.Gr.3

Several preceptors also noted a strong sense of professional responsibility. Many felt it was their responsibility to teach the next generation, recognising that university coursework was inadequate in giving students the practical experience needed.

“I think it is a responsibility for all pharmacists, wherever possible [to have students]. It’s not possible for everybody but I think it is a responsibility that we should participate in.” Interviewee 9, F.Gr.2

### *Teaching methods*

Regardless of the preceptors’ motives for taking on students, there were a variety of methods used during pharmacy student externships.

“I make it quite clear to them that it is ‘your’ learning experience, I’ll do as much as I can but they need to take responsibility for this.” Interviewee 6, F.Gr.1

To ensure students met the requirement of the externship, many preceptors reported that they make a significant commitment to ensure that they are prepared. For example by reading the Preceptor Manual provided by the University and other resources, as well as selecting appropriate patients for the students to interview for medication reviews.

“I consider it a huge responsibility to be a preceptor... I spent time after work with students, because I don't have enough free time during work hours” Interviewee 23, F.Gr.4

“I do the background reading and I know what they have to get done” Interviewee 18, F.Gr.3

“[I give students] guidance as to where to seek information and find suitable patients for them to interview and research.” Interviewee 14, F.Gr.2

### *Problems*

Issues highlighted by pharmacy preceptors regarding students were mainly about increased workload, lack of space/time, and heightened stress levels.

“I am already time-poor and [students add] extra stress...so my personal workload increases far more than the benefit to me in delegating tasks.” Interviewee 19, F.Gr.3

“Some [students] just stand in the middle of the dispensary; they’re a bit of a road block to navigate around.” Interviewee 15, F.Gr.2

“When they are not very active I end up having to do their work as well. Plus, helping them study!” Interviewee 4, F.Gr.1

“I find it is a big time constraint [to have students].” Interviewee 25, F.Gr.4

### *Assessment*

Assessment was identified as one of the most challenging issues of being a preceptor. A range of different methods were used to assess students effectively, some preceptors set the students homework so they had an objective way of marking the student, while others sought input from other pharmacists to ensure they were assessing them fairly. Many preceptors highlighted that the student’s attitude was the most important measurement used in assessments.

“I give [my students] tasks throughout the week,” Interviewee 10, F.Gr.2

“[I] try to bring in another mentor and a different point of view [when assessing them].” Interviewee 26, F.Gr.4

“You assess their attitude really...they can be as academically good as you like. But I’ll still mark someone down who can’t approach a customer.” Interviewee 17, F.Gr.4

Preceptors’ views on the assessment varied greatly. Most preceptors were happy to assess students as long as the assessment sheet was of a reasonable length.

“As long as the [assessment] form wasn’t going to take me four hours to fill out!” Interviewee 1, F.Gr.1

Preceptors also felt accurate assessment was important for the safety of patients and generally had no hesitation in marking students poorly if it was deserved. However, many preceptors felt unqualified to assess students appropriately and some felt conflicted when assessing. Preceptors expressed the view that as the externship was too short, assessment was unrealistic. Some mentioned the possibility that a poor assessment mark created tension in the work environment.

“I’m not an educator, I’m a pharmacist.” Interviewee 16, F.Gr.3

“I hate [assessing]. I really hate it, I agonize over it because in a way you don’t want to be unfair” Interviewee 11, F.Gr.2

“I’ve only known this person for a couple of weeks, is 2 weeks enough [to assess them]?” Interviewee 3, F.Gr.1

Some preceptors reported giving challenging students a satisfactory grade rather than an honest assessment.

“It is a tough decision to [mark someone as unsatisfactory] ...This situation has the potential to create a lot of resentment.” Interviewee 15, F.Gr.2

“I think to be honest, if you have a really bad student the preceptor will sign them off to get rid of them.” Interviewee 16, F.Gr.3

Interestingly, most preceptors would always give the students verbal feedback even if they felt uncomfortable putting it in writing.

“I won’t fail them or anything like that, but we’ll just tell them you need to do a lot of work.” Interviewee 35, F.Gr.5

### *Suggested support mechanisms*

Preceptors felt access to pharmacy resources would be helpful when having students and wanted to utilise

technology more to lower the amount of paperwork involved.

“I would [appreciate] access to the university databases... preceptors don't have that sort of information access” Interviewee 8, F.Gr.1

Remuneration or acknowledgment for the preceptors' time also seemed appealing. Preceptors suggested that the acknowledgement could be in the form of Continuing Professional Development (CPD) points, certificates of appreciation, and awards for outstanding preceptors or invitation to faculty dinners.

“I think something of a reward would be quite attractive for a lot of pharmacists; e.g. remuneration for the time and effort.” Interviewee 14, F.Gr.2

“Maybe if you link CPD points to [us being preceptors] for the benefit of the student and our own benefit.” Interviewee 17, F.Gr.3

Suggestions regarding students' assessments were also made during the interviews. Some felt the assessment marks should not be seen by the students, or completed by an independent assessor. Others wanted more information regarding the weighting of the assessment marks and guidance on how to assess the students.

Various preceptors also proposed a variety of methods that would enable them to accurately assess the students. One suggestion was to increase the externship period to ensure preceptors had enough time to become familiar with the student. Others felt this would also be achieved if students could choose the pharmacy they did a previous externship at so they could get a deeper level of practical experience at pharmacies they were already familiar with.

“I think it would better if you established a rapport with a student you already know, than have [a new] student.” Interviewee 31, F.Gr.5

Preceptors also noted that training for them or additional information would be beneficial. They felt training, either face-to-face or via the Internet, or discussion with other preceptors would help inform them with current changes at the university and promote the exchange of ideas on how to train students.

“[I would like] training, whether it's face-to-face training or internet training.” Interviewee 16, F.Gr.3

“I think a course should be mandatory because I had no idea what was going on” Interviewee 19, F.Gr.3

“I'd be happy to go to the university in the evening, maybe once a year, just to be informed on what is happening and if things have changed or what the expectations are.” Interviewee 23, F.Gr.4

Others also wanted additional information about the students and their level of knowledge:

“The pharmacy course has changed over the 2-3 years course... I don't necessarily feel like I know where they are up to.” Interviewee 36, F.Gr.5

“Give us a pre-prep on the student we're getting.” Interviewee 23, F.Gr.4

“It might help us to know what happens to [the students] if we fail them. Because we don't know, what happens if we fail them” Interviewee 18, F.Gr.3

Lastly, preceptors felt that unprepared and unmotivated students were very frustrating to train. They also wanted the current students to be equipped with better communication skills, as many of them are not able to simplify information to patients.

“Students should have mandatory training in professional etiquette before they go to an externship.” Interviewee 4, F.Gr.1

“We had a student last semester who planted himself in that corner, and did his own work that whole time. He might as well have been in the university library!” Interviewee 14, F.Gr.2

## Discussion

Experiential education is an essential component of pharmacy students' training, and heavily relies on preceptors' expertise and goodwill in volunteering to teach students how to apply theoretical knowledge gained at universities, to practice settings. With the nationwide increase in pharmacy schools and students in Australia, it is important to not only maintain and support the pool of preceptors willing to contribute to the training of future generations of pharmacists, but also to recruit new pharmacists willing to act as preceptors. This study highlighted a number of issues that should be addressed in order to assist in supporting preceptors in their supervisory role with pharmacy students.

Most participating pharmacists reported enjoying the role of preceptor and felt a professional responsibility to supervise future generations of pharmacists. The fact that most pharmacy based preceptors were altruistically motivated is the basis upon which experiential learning and teaching is founded in Australia, as to date this service is generally *pro bono*.

Many preceptors reported spending considerable time and effort in preparing for the supervision of students. Increase in workload, lack of time and space, and increased stress levels were commonly reported by participants in this study. This is consistent with findings of previous studies that preceptors do often feel they have inadequate time for students over their normal workload and view the students as disrupting normal pharmacy operations rather than enhancing them (Turner, C. et al. 2007; Marriott, J. et al. 2006; Skrabal, M. et al., 2008). It has also been reported that “precepting” encourages students to become dependent learners rather than independent learners (Turner, C. et al. 2007). This may result in more reluctance of pharmacists to volunteer their time to aid students' experiential education and possibly an increase in demand for tangible rewards for student supervision (Skrabal, M. et al., 2006)

However, precepting students is not always perceived to be completely without reward. In this study, participants described some benefits, much like those reported by their peers in countries such as the USA. According to Skrabal et al (2006 ; 2008), some preceptors benefit in the provision of training, in recruitment opportunities, enhanced knowledge, skills and job satisfaction, lifetime mentorship relationships and helping shape the next generation of pharmacists. Tangible rewards preceptors may also receive

from different universities in some countries have included remuneration, books, clinical appointments, continuing education points, access to library and drug resources (Boyle, C. et al. 2009; Trovato, J. & Edwards, J., 2004; Marriott, J. et al 2006).

Pharmacy preceptors also identified resource-related constraints, particularly time, as a primary barrier during student placements. This is similar to reports in the literature describing preceptors spending many hours with the students to improve their skills in interviewing, developing relationships with patients and others skills required for providing pharmaceutical care. Furthermore, unprofessional, unmotivated and challenging students have commonly caused concern and stress to preceptors. This stress is further aggravated when preceptors are required to assess students causing some preceptors to turn to the university coordinator for assistance (Kassam, R. & Volume-Smith C., 2003; Marriott, J. et al. 2006).

These problems although common, may be somewhat alleviated by some suggestions offered by preceptors in this study. One of the major concerns expressed in this study was assessment of students by preceptors. There was a range of opinions, including many who felt unconfident or lacking the skills to properly assess a student. Some even felt that it was not their role to assess students, that being more so of an academic. Fear of resentment was also evident in the case where students performed poorly. There was clearly a strong case for provision of more information from universities about the specific role of preceptor and assessor, the students' capabilities and training in strategies to relay formative and summative feedback to students. It was also suggested that students be better prepared at university level before stepping out into the reality of practice in community pharmacies.

Preceptors in this study had various views about assessing students, but most noted that short placement timeframes did not allow for sufficient time to judge a student's performance. Longer blocks of time on placement at the experiential learning site were strongly recommended by many participants. It was also suggested that students be allowed freedom of choice of preceptor, so that those known to the preceptor could be better assessed.

Many participants suggested the notion of preceptor training and remuneration for their efforts in precepting students. Training is commonly regarded as a necessity for preceptors in Australia and elsewhere. In particular, Australian preceptors in rural areas have commented that they often feel uncertain about their clinical knowledge and ability to teach (Marriott, J. et al. 2005). Numerous preceptor training programs have since been developed to address these concerns. However, despite the need for preceptor development many of these programs have few attendees and many found they could not meet the training deadlines (Marriott, J. et al. 2006 Skrabal, M. et al. 2008). The provision of online training and related resources may provide one avenue to provide support to preceptors, especially those who are unable to attend formal training due to time and/or distance.

## Conclusion

Experiential education is the nexus between academic programs on university campuses and 'real-world practice', and is pivotal to the training of practitioners. Preceptors are role models for

novice practitioners, and the relationships between universities and preceptors need to be robust, supportive and relevant to changing professional and health sector environments. In Australia, current national and state-based health reforms will influence health service delivery and these changes will need to inform experiential education. In fact experiential education is key to students understanding their future practice settings. Ongoing changes in the higher education sector with regard to clinical training funding and models for multidisciplinary programs will also continue to evolve and future experiential education in pharmacy will need to reflect these opportunities.

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