AACP REPORT

The Report of the 2017-2018 Professional Affairs Standing Committee: The Development of the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Graduates

Susan S. Vos, Chair,^a Meagan M. Brown,^b Elizabeth A. Cardello,^b Matthew R. Dintzner,^d George E. MacKinnon, III,^e Eric M. Maroyka,^f Peter Mbi,^g Sharon K. Park,^h Krystalyn K. Weaver,ⁱ Jacqueline M. Zeeman,^j Lynette R. Bradley-Baker,^k Cecilia M. Plaza^k

^a The University of Iowa College of Pharmacy, Iowa City, IA

^b The University of Mississippi School of Pharmacy, Jackson, MS

^c American Pharmacists Association, Washington, DC

^d Western New England University College of Pharmacy and Health Sciences, Springfield, MA

^e Medical College of Wisconsin School of Pharmacy, Milwaukee, WI

^f American Society of Health-System Pharmacists, Bethesda, MD

^g University of Maryland School of Pharmacy, Baltimore, MD

^h Notre Dame of Maryland University School of Pharmacy, Baltimore, MD

ⁱ National Alliance of State Pharmacy Associations, Richmond, VA

^j University of North Carolina at Chapel Hill Eshelman School of Pharmacy, Chapel Hill, NC

^k American Association of Colleges of Pharmacy, Arlington, VA

EXECUTIVE SUMMARY. The 2017-2018 AACP Professional Affairs Committee addressed the charges of (1) developing a self-reflection/self-assessment tool for pharmacy faculty and preceptors to allow them to assess their capability and confidence with Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes, the Pharmacists' Patient Care Process (PPCP), and the Entrustable Professional Activities (EPAs) for New Pharmacy Graduates and (2) creation of a plan for AACP to utilize in the development of preceptor continuing education and training programs. This report describes the framework, rationale and process for the development of the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates (PSAE Tool), the pre-test for the PSAE tool, and the online pilot test and its results for the PSAE Tool. The committee provides recommendations for AACP in the continued development and distribution of the PSAE Tool to the schools of pharmacy. Considerations for AACP and the schools of pharmacy to consider in the continuing professional development (CPD) for all preceptors are also discussed. The committee provides a policy statement, adopted by the AACP House of Delegates, regarding the commitment of AACP regarding the CPD for all preceptors. The committee also provides several recommendations to AACP and suggestions to schools of pharmacy and other stakeholder groups pertaining to the committee charges.

KEY TERMS: Entrustable Professional Activities (EPAs), Experiential Education, Preceptor, Preceptor Development.

Special Acknowledgment:

The Experiential Education Department from the following schools of pharmacy that participated in the pilot study of the Preceptor Self-Assessment Tool for Entrustable Professional Activities (EPAs) for New Pharmacy Graduates: Albany College of Pharmacy and Health Sciences, Creighton University School of Pharmacy and Health Professions, Howard University College of Pharmacy, Loma Linda University School of Pharmacy, Medical College of Wisconsin School of Pharmacy, Notre Dame of Maryland University School of Pharmacy, Purdue University College of Pharmacy,

Texas Tech University Health Sciences Center School of Pharmacy, The University of Iowa College of Pharmacy, The University of Mississippi School of Pharmacy, University of Missouri-Kansas City School of Pharmacy, and University of Washington School of Pharmacy.

INTRODUCTION AND COMMITTEE CHARGES

According to the Bylaws of the American Association of Colleges of Pharmacy (AACP), the Professional Affairs Committee is to study issues associated with the professional practice as they relate to pharmaceutical

education, and to establish and improve working relationships with all other organizations in the field of health affairs. The Committee is also encouraged to address related agenda items relevant to its Bylaws charge and to identify issues for consideration by subsequent committees, task forces, commissions, or other groups.

President Steven Scott called for the 2017-18 AACP standing committees to focus on student pharmacists, including their education while in pharmacy school. Experiential education, which comprises a significant portion of the Doctor of Pharmacy (PharmD) curricula, is resourced by full-time faculty, adjunct/affiliate faculty members, and pharmacy practitioners who serve as preceptors. The 2017-18 Professional Affairs Committee (PAC) charge was to:

- (1) Develop a self-reflection/self-assessment tool for pharmacy faculty and preceptors to allow them to assess their capability and confidence with the Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes, the Pharmacists' Patient Care Process (PPCP), and Entrustable Professional Activities (EPAs) for New Pharmacy Graduates; and
- (2) Create a plan for AACP to utilize in the development of preceptor continuing education and training programs.

Members of the 2018 PAC include faculty representing multiple disciplines from various schools of pharmacy and professional staff representation from the American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), and the National Alliance of State Pharmacy Associations (NASPA). Prior to the in-person committee meeting, staff distributed pertinent background information and resource materials for PAC members to review. A conference call was held with the full committee to develop a strategy for addressing committee charges and to develop initial committee assignments. The committee met for a day and a half, with the other 2017-18 standing committees, on October 16-17, 2017 in Alexandria, Virginia, to discuss the various facets related to the charges as well as to finalize the process and strategies for addressing the charges. Following the process development and delegation of assignments related to the committee charges, the PAC continued its work via electronic communications as well as through personal exchanges via telephone and email.

BACKGROUND

The PAC reviewed numerous documents and reports in developing the strategy to address the committee charges. These various resources cultivated the strategy

for developing a self-assessment tool for pharmacy faculty and preceptors to allow them to self-assess their capability and confidence with the Center for the Advancement of Pharmaceutical Education (CAPE) Outcomes, the Pharmacists' Patient Care Process (PPCP) by the Joint Commission of Pharmacy Practitioners, and Entrustable Professional Activities (EPAs) for New Pharmacy Graduates.¹⁻⁴ The 2017 AACP Academic Affairs Committee created a crosswalk that maps the EPAs to the 2013 CAPE Educational Outcomes and the PPCP.^{1-3,5} Therefore, the PAC decided that the self-assessment tool would focus on the domains and subdomains of the EPAs. In addition, the PAC decided to utilize the self-efficacy theory developed by Albert Bandura as the framework for the self-assessment tool.⁶ According to Bandura, self-efficacy is a measurement of an individual's confidence in his or her ability to perform a specific task or behavior to achieve successful completion of a desired outcome. Self-efficacy is based on tasks and the EPAs are written as tasks.^{3-4,7} Therefore, the EPAs lend themselves to be self-efficacy items. The self-assessment tool developed by the PAC is focused on the confidence of the preceptor and/or faculty member in performing the EPAs and not on their ability to teach the EPAs or to assess a student's ability to perform the EPAs.

For the second committee charge, the PAC considered numerous factors that contribute to the training and continuing professional development of preceptors. The committee reviewed previous PAC reports pertaining to preceptor training and recognition and the role of experiential education in practice.⁸⁻¹¹ The PAC decided that the plan to be considered by AACP for continuing professional development (CPD) should assist schools of pharmacy with providing educational tools and opportunities for all preceptors as required by Standards 2016.¹²

In addition, a review of current AACP policy reveals several policies which pertain to the 2017-18 PAC charges:¹³

- AACP supports ongoing mechanisms and collaborations that define the "Practice Readiness" of pharmacy school graduates and influence internal and external stakeholders. (Source: Professional Affairs Committee, 2015);
- All pharmacy faculty have the responsibility to practice as scholarly teachers. Scholarly teaching is achieved when faculty use an evidence-based approach to deliver their discipline-specific content knowledge as well as their pedagogical knowledge of teaching and motivation. (Source: Academic Affairs Committee, 2012);
  - The PAC acknowledges that preceptors are members of pharmacy faculty and therefore recognizes the role that preceptors have as scholarly teachers;

- AACP affirms that preceptor development is essential to enhance the quality of experiential education and believes that preceptors should possess competencies that include, but are not limited to, leadership/management skills, embodiment of the development of a practice philosophy focused on improving patient outcomes, role modeling as a practitioner, commitment to excellence in scholarly teaching, effective communication skills, and encouragement of self-directed learning. (Source: Professional Affairs Committee, 2012); and
- AACP should support the concept of Continuous Professional Development. (Source: Continuing Professional Development Section, 2003).

This report has the following purposes: (1) to describe the development of a self-assessment tool for pharmacy faculty and preceptors to enable them to self-assess their confidence in performing the Entrustable Professional Activities (EPAs) for New Pharmacy Graduates, and (2) to describe a plan for AACP to utilize in the development of preceptor continuing education and training programs.

Addressing Preceptor Self-Assessment with the Entrustable Professional Activities (EPAs) for New Pharmacy Graduates

In response to its first charge, the PAC utilized the self-efficacy framework to develop a self-assessment tool for measuring a faculty or preceptor's confidence in performing the CAPE Educational Outcomes, PPCP, and EPAs.¹⁻³ Self-efficacy is defined as an individual's belief in his/her ability to succeed in performing a specific activity or task, and most accurately measured through a case-based assessment.⁶ Considering that the EPA statements are written as specific tasks that pharmacy graduates should be able to perform, self-efficacy provided an appropriate framework to measure faculty and preceptor's confidence in performing EPA tasks. Further, previous committee work has provided a cross-walk summary of CAPE, PPCP, and EPAs such that all EPA tasks are mapped to CAPE and PCPP.⁵ Thus, the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates (PSAE Tool) was developed to assist pharmacy faculty and preceptors with measuring their confidence in performing the EPAs. The PSAE Tool serves as a first in the series of tools and resources that should be developed for faculty and preceptors. The PSAE Tool focuses specifically on the preceptor and/or faculty member's confidence in performing the EPA tasks, not in their ability to teach or assess a student's performance of the EPA tasks. Although some institutions within the academy may have already started professional development programs related to the EPAs

at their institutions, future work should support the development of resources and tools to aid in the teaching and assessment of EPAs across the academy.

The PSAE Tool was created by the PAC to allow preceptors and faculty to self-assess their confidence in performing EPA tasks. The goals of the PSAE Tool are to (1) allow preceptors and faculty to self-assess their confidence in performing the EPA tasks; (2) educate preceptors and faculty about EPAs; and (3) provide information to AACP and schools of pharmacy about the educational needs of preceptors and faculty related to EPAs for continuing professional development. A longitudinal scenario following a patient through various healthcare settings where pharmacists practice was developed to aid in measuring respondent's self-efficacy. Demographic information regarding the patient (eg, gender, age, socioeconomic status) was not provided in order to make the scenario more inclusive and representative of all patients in all practice settings. Participants were instructed to respond based on their confidence in performing the task, not necessarily the healthcare settings provided in the longitudinal case scenario. A six-point scale was used to assess respondents' self-efficacy: (1) very unconfident, (2) unconfident, (3) somewhat unconfident, (4) somewhat confident, (5) confident, and (6) very confident. The EPA domain statements, rather than the EPA example supporting tasks, were utilized to assess the respondent's confidence in performing the EPA tasks because the example supporting tasks do not provide an all-inclusive list of specific activities and/or tasks associated with each EPA domain. The longitudinal case scenario was intentionally developed to assess each EPA domain, with some EPA domains being measured multiple times. A summary of the EPAs included in the PSAE Tool is provided in Table 1.

Pre-Test of the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates (PSAE Tool)

Each member of the PAC pretested the PSAE Tool by asking pharmacists within their respective institutions/organizations and practice sites to complete the tool, answer questions regarding the tool, and provide feedback about the tool. The pre-test participants were pharmacist preceptors and/or faculty clinicians who precept students in Introductory Pharmacy Practice Experiences (IPPEs) and/or Advanced Pharmacy Practice Experiences (APPEs). Each pharmacist participant was provided with the pre-test instructions, a copy of the PSAE Tool to complete their assessment of their confidence in performing the EPAs, and the opportunity to provide any feedback to improve the PSAE Tool. A total of 25 pharmacists pretested the PSAE Tool and their collective feedback was

Table 1. Entrustable Professional Activities (EPAs) for New Pharmacy Graduates Domain Information in the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates PSAE Tool)

EPA Domain	EPA Domain Statement	Number of Times the EPA Domain Statement Appears in the PSAE Tool
Patient Care Provider	Collect information to identify a patient's medication-related problems and health-related needs.	3
	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	3
	Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.	2
	Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	2
	Follow-up and monitor a care plan.	2
	Total Patient Care Provider Domain	12
Interprofessional Team Member	Collaborate as a member of an interprofessional team.	5
Total Interprofessional Team Member Domain		5
Population Health Promoter	Identify patients at risk for prevalent diseases in a population.	2
	Minimize adverse drug events and medication errors.	2
	Maximize the appropriate use of medications in a population.	3
	Ensure that patients have been immunized against vaccine-preventable diseases.	3
Total Population Health Promoter Domain		10
Information Master	Educate patients and professional colleagues regarding the appropriate use of medications.	3
	Use evidence-based information to advance patient care.	2
Total Information Master Domain		5
Practice Manager	Oversee the pharmacy operations for an assigned work shift.	2
	Fulfill a medication order.	2
Total Practice Manager Domain		4
Self-Developer	Create a written plan for continuous professional development.	1
Total Self-Developer Domain		1
Total EPA Domain Statements Represented		37

incorporated for the pilot test of the PSAE Tool and in the final version of the PSAE Tool (Appendix 1). Positive feedback regarding the PSAE Tool included (1) the ease of completing the tool, (2) the level of complexity being suitable for any pharmacist who precepts student pharmacists, (3) using a patient case with a continuity of care through various care settings, and (4) the amount of time taken to complete the assessment (which averaged 12 minutes). Areas of the PSAE Tool identified as challenging, and thus prompted considerations for improvement, included (1) providing more simplistic information regarding

EPAs, (2) providing more details for the patient case, (3) not addressing enough of the operational aspects of pharmacy practice settings, (4) some respondents not being familiar with the EPAs enough to ensure validation of the domain statements, (5) not including the frequency of each activity in the PSAE Tool, and (6) lack of understanding of the meanings and/or definitions of terms used in the PSAE Tool.

Overall, the pharmacists indicated that the PSAE Tool would assist pharmacy faculty and preceptors in (1) becoming familiar with the EPAs, (2) recognizing the gaps in their knowledge or skills in the EPAs, and

(3) guiding them to include the EPAs in their teaching. The pharmacist respondents also suggested sharing in the future the following information resulting from the PSAE Tool: (1) the pharmacist's individual score or level compared with that of the entire cohort who took the assessment, and (2) the regional or sectional scores for the respective schools of pharmacy so that any preceptor and/or faculty development areas can be identified and supplemented in the future.

Pilot Test of the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates (PSAE Tool)

Each academic faculty member of the PAC was asked to approach their experiential education department to consider participating in the online pilot test of the PSAE Tool in which preceptors would be invited to complete the PSAE Tool. In order to have representation from all geographic regions of the US and from diverse institutions (eg, public and private), AACCP staff contacted additional experiential education departments to invite them to participate in the pilot test. A total of 12 schools of pharmacy (listed in the acknowledgement section of the paper) participated in the pilot study. Pilot schools were provided with background information regarding the PAC charges, directions for the schools regarding the PSAE Tool, a template that could be utilized to invite 10-15 of their preceptors to participate in the online pilot test, and the PSAE tool. The online pilot test was open for 2 weeks in February 2018 and a reminder was sent to the participating pilot schools one week into the online pilot testing period. The participating schools were asked how many of their preceptors were invited to participate in the pilot test. A total of 478 preceptors (as 1 school sent the invitation to all of their preceptors) were invited to participate in the online pilot test.

Response data from the Pilot Testing of the PSAE were downloaded to Microsoft® Excel (Version 15.13 for Mac) for analysis. There were initially 104 responses, 12 of which were deleted because they were incomplete, bringing the total number of valid responses to 92 (assuming that 478 preceptors received the invitation to participate in the online pilot test, the response rate was 19%). As one of the major goals of the PSAE tool is to provide information to AACCP and schools of pharmacy about the educational needs of preceptors and faculty related to EPAs for continuing professional development, we were primarily interested in the instrument's ability to identify those needs. Accordingly, we focused our analysis of the response data on respondents who self-assessed as being to some degree unconfident ("very unconfident," "unconfident," "somewhat unconfident," or "somewhat

Table 2. Pharmacy Settings at Which Preceptors Self-identified as Being to Some Degree Unconfident in Performing One or More EPA Activity

Pharmacy Setting	N (%) ^a
Non-Government Hospital/Health System Pharmacy (inpatient)	13 (38)
Large Chain Community Retail Pharmacy	4 (12)
Government Hospital/Health System Pharmacy (inpatient)	4 (12)
Other	4 (12)
Ambulatory Care	3 (9)
Academic Institution	3 (9)
Small Chain Community Retail Pharmacy	2 (6)
Supermarket Pharmacy	2 (6)
Clinic-based Pharmacy	2 (6)
Independent Community Retail Pharmacy	1 (3)
Specialty Pharmacy	1 (3)

^aSeveral respondents identified more than one site/setting

confident") in performing one or more of the EPA tasks. In order to filter these, we recoded the response data as follows: very unconfident = 4; unconfident = 3; somewhat unconfident = 2; somewhat confident = 1; confident or very confident = 0. Response data for each respondent were then summed and sorted from highest (very unconfident) to lowest (somewhat confident), and those with a sum of 0 were deleted. The remaining 34 respondents were sorted and filtered to determine trends (Tables 2 and 3). Thirty-eight percent (n=13) of preceptors in our pilot study who self-identified as being to some degree unconfident in performing one or more EPA activity were from non-government hospital/health system (inpatient) pharmacies (Table 2). Of those 13 preceptors, 7 indicated having been in practice and serving as a preceptor for 5-to-less than 10 years. The EPA tasks for which our 34 least confident respondents were least confident are shown in Table 3, along with demographic trends associated with each.

Due to the small number of respondents in the various groupings, inferences as to educational needs requires further assessment. From Table 3, it appears from the Pilot Test that the PSAE is capable of identifying educational needs of preceptors and faculty related to EPAs for continuing professional development. In this number of respondents, professional development opportunities were identified for preceptors at non-government hospital/health systems (inpatient) settings, in particular around the following areas: ensuring that patients have been immunized against vaccine-preventable diseases; creating a written plan for continuous professional development; implementing a care plan in collaboration with the patient, caregivers, and other health professionals; identifying patients at risk for prevalent diseases in

Table 3. EPA Activities (Tasks) with Which the Pilot Group Preceptors Self-identified as Being to Some Degree Unconfident in Performing

Task	Characteristics of the Pilot Group Preceptors Least Confident in Performing the Task
Ensure that patients have been immunized against vaccine-preventable diseases	Non-Government Hospital/Health System (inpatient) 15+ years in practice 15+ years precepting
Create a written plan for continuous professional development	Non-Government Hospital/Health System (inpatient) 5 to < 10 years in practice 5 to < 10 years precepting
Oversee the pharmacy operations for an assigned work shift	Government Hospital/Health System (outpatient) 15+ years in practice 15+ years precepting
Implement a care plan in collaboration with the patient, caregivers, and other health professionals	Non-Government Hospital/Health System (inpatient)
Identify patients at risk for prevalent diseases in a population	Non-Government Hospital/Health System (inpatient)
Analyze information to determine the effects of medication therapy, identify medication-related programs, and prioritize health-related needs	Non-Government Hospital/Health System (inpatient)
Follow-up and monitor a care plan	Large Chain Community Retail Pharmacy 5 to 15+ years in practice 5 to 15+ years precepting
Fulfill a medication order	Non-Government Hospital/Health System (outpatient) 15+ years in practice 15+ years precepting

a population; and analyzing information to determine the effects of medication therapy, identifying medication-related problems, and prioritizing health-related needs. Additional professional development opportunities might be created for preceptors at large chain community retail pharmacies around the tasks of following-up and monitoring a care plan, and for preceptors at government hospital/health system (outpatient) pharmacies around the tasks of overseeing the pharmacy operations for an assigned work shift, and fulfilling a medication order.

The PAC recognizes that additional testing and enhancement of the PSAE Tool is necessary prior to its utilization as a resource for schools of pharmacy. There are several aspects regarding the PSAE Tool that should be investigated:

- Feedback from the Experiential Education Section regarding the need and potential utilization of the PSAE Tool for the development of their preceptors and faculty and to generate future continuing

professional development resources and programs for preceptors and faculty;

- Another pilot test of the PSAE Tool with preceptors and faculty from a larger number of schools of pharmacy to ensure that the tool is clearly understood by preceptors;
- Determination of how the PSAE Tool could be provided to schools of pharmacy electronically to utilize with their faculty and preceptors;
- Determination of how individual and aggregate respondent data will be provided back to the schools of pharmacy in order to be aware of the type(s) of CPD resources and programs that should be created to develop and enhance the knowledge and skills needed for the EPAs ; and
- Determination of how preceptors and faculty who take the PSAE Tool will be provided their individual baseline data and development area(s), if applicable, for the EPAs.

The PAC encourages AACP to take the work to date regarding the PSAE Tool and develop it so that this resource is available for all schools of pharmacy and their faculty and preceptors.

Recommendations

Recommendation 1: AACP should develop an operational plan for how to provide the piloted Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates (PSAE Tool) to schools of pharmacy faculty and preceptors electronically, to include:

- Aggregate information to be sent directly to the schools of pharmacy for their pharmacy faculty and preceptors in order to create CPD initiatives and programs; and
- Individual feedback to be sent to the faculty member or preceptor on each of the domain area(s) and potential resources that they should consider reviewing for their continuing professional development.

Recommendation 2: AACP should partner with other pharmacy associations and organizations in sharing the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates (PSAE Tool) to determine baseline faculty and preceptor confidence with performing EPAs for New Pharmacy Graduates.

Suggestions

Suggestion 1: Schools of pharmacy that work together in experiential education consortia or in other venues should work together to educate and create greater awareness of Entrustable Professional Activities (EPAs) for New Pharmacy Graduates, the Pharmacists' Patient Care Process (PPCP), and Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes for all of their pharmacy faculty and preceptors.

Suggestion 2: Schools of pharmacy should share the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates (PSAE Tool) with their pharmacy faculty, preceptors, and their experiential education sites to utilize for their current and potential preceptors.

Suggestion 3: Schools of pharmacy should consider the Preceptor Self-Assessment Tool for Entrustable Professional Activities for New Pharmacy Graduates (PSAE Tool) as a potential element for continuing professional development (CPD) for pharmacy faculty and preceptors.

A Plan for AACP for Preceptor Continuing Professional Development (CPD)

Preceptors contribute to approximately 30% of today's instruction in the PharmD curricula in the United States. These preceptors represent a diverse group

of individuals in various practice settings with varied experiences and learning styles. Therefore, when developing a plan for CPD for preceptors, one must consider a collection of activities utilizing a preceptor's own self-assessment, goals for development, and thoughtful evaluation and documentation. Schools of pharmacy are tasked to ensure that preceptors are prepared and oriented to their individual program's mission, learning expectations, and evaluation techniques prior to precepting students. Additionally, schools of pharmacy are expected to foster the professional development of their preceptors.¹² To this end, many schools are creating unique and innovative plans for training and developing preceptors and/or contracting with continuing education providers to provide additional content delivery on teaching and learning topics. In the 2016 AACP Preceptor Survey, over half (58.7%) of respondents reported serving as a preceptor for more than one school of pharmacy.¹⁴ Thus, the variance of preceptor-training requirements from multiple PharmD programs may create additional barriers to serving as a preceptor and therefore limit their ability to teach students in their clinical setting.

In 2007, Boyle and colleagues identified important goals in creating an academy of preceptors including (1) recognition of preceptors' excellence, (2) development of educational skills of preceptors, and (3) facilitation of networking opportunities for preceptors.¹⁵ These 3 goals aligned with the committee's discussion surrounding the continuing professional development of preceptors. To support these efforts, the PAC discussed and reviewed perceived gap areas and needs for pharmacy preceptor development and CPD and developed proposed avenues that AACP could utilize to assist in the CPD of preceptors.

Preceptor Recognition

Formal appreciation or acclaim for clinical teaching as well as acknowledgement of one's existence as a preceptor are important considerations when developing a plan for recognition of preceptors. At the local level, many schools of pharmacy provide annual recognition awards to preceptors.

Based upon recommendations from the 2012 PAC committee, AACP created the Master Preceptor recognition program with the first cohort of preceptors recognized in 2014. The goal of this program was to recognize preceptors who were not full-time employees of schools of pharmacy, yet excelled in the role of a clinical preceptor/educator. To date, 29 preceptors from a variety of settings have been recognized as Master Preceptors, which has typically included one preceptor being selected from each AACP/NABP district annually. Moreover, in 2018, rather than selecting only one recipient from each AACP/NABP

district, recognition as a Master Preceptor will be given to nominated preceptors achieving a high evaluation score based on the applicant's demonstration of and contributions to experiential education, pharmacy practice, service, and awards/recognitions. The 2017 PAC committee discussed methods of connecting this recognition to AACP events, membership, and committees.¹⁰

Educational Development

The committee recognizes that there are many opportunities for preceptors to hone their skills as teachers through commercial vendors, associations, and schools of pharmacy. However, there is not necessarily a clear way to identify and track specific programming focused on developing the teaching skills for pharmacists. Therefore, establishing a uniform programming nomenclature on teaching and learning (eg, a specific ACPE topic designator as part of the Universal Activity Number for continuing education activities for pedagogy) could assist to streamline tracking of ongoing preceptor development continuing education programs.

The committee discussed the gaps and needs for preceptor development. It was noted that some of the preceptor training currently offered may not include contemporary and timely issues in pharmacy education, such as changes in accreditation standards, educational outcomes, and the recent evolution to the EPAs for New Pharmacy Graduates. Given the mission of AACP, the committee believed that AACP is well suited to provide educational programming to preceptors related to these contemporary pharmacy educational topics.

Another gap that was identified included discussion around the PPCP. While the committee felt that preceptors are utilizing this process to a varying extent with patient encounters and patient care services, the language and actual processes surrounding PPCP may be different from preceptor to preceptor and among work settings. Therefore, a clear education plan for practitioners focused on the PPCP supported by JCPP could accelerate its recognition and adoption by the profession, notwithstanding endorsement by the pharmacy employer and insurer communities.

Networking

Creating links among preceptors allows for exchange of ideas and a support system when challenges or questions arise. Multiple pharmacy organizations have created listservs and/or online discussion boards for preceptors to present challenges and questions to other preceptors and receive instant feedback from other preceptors. This is a useful component to creating a network and networking

opportunities; however it may not lend itself to cultivating deep, meaningful relationships between preceptors. Face-to-face interactions can provide a meaningful way to create these valuable preceptor networks. The committee discussed the lack of opportunities for many preceptors to come together in a face-to-face setting to learn to become better teachers. Consequently, a few ideas were developed, including creating live preceptor development events using the AACP Institute model, and developing content specifically for preceptors to be included at AACP Annual and Interim meetings as well as the AACP/NABP regional district meetings.

Policy Statement adopted July 2018 by the AACP House of Delegates

Policy Statement 1: AACP is committed to supporting the Continuing Professional Development (CPD) of all preceptors to become competent educators for experiential education.

Recommendations

Recommendation 3: AACP should create online, on-demand educational tools regarding contemporary pharmacy education for all preceptors (eg, accreditation, Center for the Advancement of Pharmacy Education [CAPE] Educational Outcomes, Pharmacists' Patient Care Process [PCPP], Entrustable Professional Activities [EPAs] for New Pharmacy Graduates).

Recommendation 4: AACP should partner with the American Pharmacists Association (APhA) to revise/update the initial orientation preceptor program (formally known as The Pharmacist Preceptor Education Program).

Recommendation 5: AACP should develop specific programming related to teaching and learning in a practice setting for all preceptors to encourage preceptor engagement in one or more AACP meetings/events (eg, Interim Meeting, Annual Meeting).

Recommendation 6: AACP should develop a preceptor institute to have teams of preceptors come together and learn in the AACP Institute model.

Recommendation 7: AACP should create opportunities to recognize the "Preceptor of the Year" recipient (s) from each school of pharmacy that has such a recognition.

Recommendation 8: AACP should continue to engage AACP Master Preceptors in various AACP activities.

Recommendation 9: AACP should work with the Joint Commission of Pharmacy Practitioners (JCPP) to secure funding for training for preceptors around the JCPP Pharmacists' Patient Care Process (PPCP).

Recommendation 10: AACP should work with ACPE to create a continuing education (CE) designation number for preceptor educational programs focused on the pedagogy of teaching and learning.

Recommendation 11: AACP should (re)introduce the topic of preceptor development to the Interprofessional Education Collaborative (IPEC) as all health professions have preceptors that are an integral part of health profession education.

Recommendation 12: AACP should develop a tool to assess faculty and preceptors' ability to teach and to assess Entrustable Professional Activities (EPAs) for New Pharmacy Graduates.

Suggestions

Suggestion 4: Schools of pharmacy should support preceptors selected as their "Preceptor of the Year" in participating in AACP meetings/events.

Suggestion 5: Schools of pharmacy should support free/discounted AACP membership for preceptor(s) for 1 year for those recognized as "Preceptor of the Year."

CALL TO ACTION

Much has been accomplished in the area of preceptor development; however, additional advances can be made to ensure quality experiential education. In response to the charge from President Steven Scott, the committee desires favorable consideration of the utilization of the Preceptor Self-Assessment Tool for EPAs across schools of pharmacy so that preceptors and faculty can learn about EPAs and programs can identify areas for increased learning related to EPAs. In addition, the committee recommends future AACP standing committees or task forces consider the development of a tool to assess self-efficacy of the teaching and assessment of student pharmacist performance of the EPAs.

AACP can be the leader in promoting preceptor development related to contemporary, forward-thinking educational practices (eg, EPAs, CAPE outcomes) as well as current issues facing students (eg, student stress). Tracking and documenting preceptor development related to the topics of teaching and learning can and should be further developed. Furthermore, it is critical for AACP to seek out opportunities for networking and recognition of preceptors with the ultimate goal of enhancing the education of student pharmacists while optimizing patient care.

REFERENCES

1. Medina MS, Plaza CM, Stowe CD, et al. Center for Advancement of Pharmacy Education 2013 Educational Outcomes. *Am J Pharm Educ.* 2013; 77: Article 8.
2. Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process May 29, 2014. <https://www.pharmacist.com/sites/default/files/files/PatientCareProcess.pdf>. Accessed April 9, 2018.
3. Haines ST, Pittenger AL, Stolte SK, et al. Core entrustable professional activities for new pharmacy graduates. *Am J Pharm Educ.* 2017; 81: article S2.
4. Haines ST, Gleason BL, Kantorovich A, et al. Report of the 2015-2016 Academic Affairs Standing Committee. *Am J Pharm Educ.* 2016; 80: article S20.
5. Pittenger AL, Copeland DA, Lacroix MM, et al. Report of the 2016-17 academic affairs standing committee: entrustable professional activities implementation roadmap. *Am J Pharm Educ.* 2017; 5: Article S4.
6. Bandura A., *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs NJ: Prentice-Hall, Inc.; 1996: 390-409.
7. Plaza CM, Draugalis JR, Retterer J, et al. Curricular evaluation using self-efficacy measurements. *Am J Pharm Educ* 2002; 66: 51-54.
8. Harris BJ, Butler M, Cardello E, et al. Report of the 2011-2012 AACP professional affairs committee: addressing the teaching excellence of volunteer pharmacy preceptors. *Am J Pharm Educ.* 2012;76; Article S4.
9. Worrall CL, Aistrope DS, Cardello EA, et al. Report of the 2015-2016 professional affairs committee: priming the preceptor pipeline: collaboration, resources and recognition. *Am J Pharm Educ.* 2016;80; Article S19.
10. Whalen K, Aistrope DS, Ausili J, et al. Report of the 2016-2017 professional affairs committee: formally embracing and engaging preceptors in the academy: the time has come. *Am J Pharm Educ.* 2017;81; Article S16.
11. Taylor CT, Adams AJ, Albert EL, et al. Report of the 2014-2015 professional affairs standing committee: producing practice-ready pharmacy graduates in an era of value-based health Care. *Am J Pharm Educ.* 2015;79; Article S12.
12. Accreditation Council for Pharmacy Education. Accreditation standards and guidelines for the professional program in pharmacy leading to the doctor of pharmacy degree ("Standards 2016"). <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>. Accessed April 9, 2018.
13. AACP Cumulative Policies 1980-2019. <https://www.aacp.org/sites/default/files/2018-02/Cumulative%20Policy%201980-2017%20FINAL%2020180124%20%28002%29.pdf>. Accessed April 9, 2018.
14. American Association of Colleges of Pharmacy Office of Institutional Research & Effectiveness website https://www.aacp.org/sites/default/files/2017-10/2016_Preceptor%20Survey_National%20Summary%20Report_for%20web.pdf. Updated September 2016. Accessed April 9, 2018.
15. Boyle CJ, Morgan JA, Layson-Wolf C, et al. Developing and Implementing an Academy of Preceptors. *Am J Pharm Educ.* 2009;73; Article 34.

Appendix 1. Preceptor Self-Assessment Tool for Entrustable Professional Activities (EPAs) for New Pharmacy Graduates (PSAE Tool)

Purpose of the Preceptor Self-Assessment Tool:

Core Entrustable Professional Activities (EPAs) for New Pharmacy Graduates are discrete activities and tasks that all new pharmacy graduates must be able to perform without direct supervision upon entering practice or postgraduate training. The purpose of this tool is to allow preceptors to self-assess their confidence level in their ability to performing the EPA tasks. This tool is not intended to assess the preceptor's ability to teach or assess the EPA tasks. Information from this tool will be used to develop resources to assist in the education needs of preceptors for continuous professional development (CPD).

Goals of the Preceptor Self-Assessment Tool:

1. Allow preceptors to self-assess their confidence in performing the EPA tasks;
2. Educate preceptors about EPAs; and
3. Provide information to schools of pharmacy and the American Association of Colleges of Pharmacy (AACCP) about the educational needs of preceptors related to EPAs for continuous professional development (CPD).

Assumptions of the Preceptor Self-Assessment Tool:

- This tool can be used by pharmacy faculty and/or preceptors.
- Preceptors should be aware and understand that EPAs are discrete activities and tasks.
- EPAs are mapped to the Center for Advancement of Pharmacy Education (CAPE) 2013 Educational Outcomes and to the Pharmacists' Patient Care Process (PPCP).
  - The CAPE 2013 Educational Outcomes are the educational outcomes or competencies that form the roadmap for curricula at schools of pharmacy.
  - The EPA tasks operationalize these educational outcomes into discrete tasks.
  - The PPCP has been adopted as the consistent process that all pharmacy graduates and pharmacists utilize in the delivery of patient care and patient care services. The PPCP has been incorporated into both the CAPE 2013 Educational Outcomes and the EPAs for New Pharmacy Graduates.
- The longitudinal scenario presented in this self-assessment tool follows a patient through various healthcare settings where pharmacists practice.
- **You should respond based upon your confidence in performing the EPA task, not necessarily the healthcare setting or your expertise in the healthcare setting.**

Preceptor Demographics:

- Practice Setting that best describes where the majority of your preceptor-to-student interactions occur:
  - ☐ Independent Community Retail Pharmacy (fewer than 4 stores under the same ownership)
  - ☐ Small Chain Community Retail Pharmacy (4 to 10 stores under the same ownership)
  - ☐ Large Chain Community Retail Pharmacy (more than 10 stores under the same ownership)
  - ☐ Mass Merchandiser (eg, Big Box store)
  - ☐ Supermarket Pharmacy
  - ☐ Clinic-Based Pharmacy (a licensed pharmacy located in or near a medical clinic)
  - ☐ Mail Service Pharmacy
  - ☐ Specialty Pharmacy
  - ☐ Government Hospital/Health System (____ inpatient ____ outpatient)
  - ☐ Non-government Hospital/Health System (____ inpatient ____ outpatient)
  - ☐ Home Health/ Infusion
  - ☐ Nursing Home/Long Term Care
  - ☐ Ambulatory Care (eg, medical clinic, office-based practice, not a licensed pharmacy)
  - ☐ Pharmacy Benefit Administration (eg, PBM, managed care)
  - ☐ Academic Institution
  - ☐ Other Practice Setting (____ For-Profit ____ Non-Profit) describe: _____
- Years in Practice:
  - ☐ Less than 5 years
  - ☐ 5 years to less than 10 years
  - ☐ 10 years to less than 15 years
  - ☐ 15 or more years

- Years as a Preceptor:
  - ☐ Less than 5 years
  - ☐ 5 years to less than 10 years
  - ☐ 10 years to less than 15 years
  - ☐ 15 or more years
- Do you precept for:
  - ☐ Introductory Pharmacy Practice Experiences (IPPEs) only
  - ☐ Advanced Pharmacy Practice Experiences (APPEs) only
  - ☐ Both IPPEs and APPEs

Please respond based upon your level of confidence in performing the EPA task, not necessarily the healthcare setting or your expertise in the healthcare setting.

Act 1: Your next patient, SB, who has been seen in a primary care setting, has uncontrolled diabetes taking multiple prescription and over-the-counter medications. JB is SB's main caregiver and lives with SB.

EPA Domain Statement (Task)	Please indicate below the level of confidence you have in performing each task:					
	Very Unconfident	Unconfident	Somewhat Unconfident	Somewhat Confident	Confident	Very Confident
Collect information to identify a patient's medication-related problems and health-related needs.	1	2	3	4	5	6
Identify patients at risk for prevalent diseases in a population.	1	2	3	4	5	6
Educate patients and professional colleagues regarding the appropriate use of medications.	1	2	3	4	5	6
Oversee the pharmacy operations for an assigned work shift.	1	2	3	4	5	6

Please respond based upon your level of confidence in performing the EPA task, not necessarily the healthcare setting or your expertise in the healthcare setting.

Act 2: SB arrives via ambulance to the Emergency Department (ED) after falling in the front yard at home. As a reminder, SB has uncontrolled diabetes and is taking multiple prescription and over-the-counter medications. JB is SB's main caregiver and lives with SB.

EPA Domain Statement (Task)	Please indicate below the level of confidence you have in performing each task:					
	Very Unconfident	Unconfident	Somewhat Unconfident	Somewhat Confident	Confident	Very Confident
Collect information to identify a patient's medication-related problems and health-related needs.	1	2	3	4	5	6
Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.*	1	2	3	4	5	6
Collaborate as a member of an interprofessional team.	1	2	3	4	5	6
Minimize adverse drug events and medication errors.	1	2	3	4	5	6
Maximize the appropriate use of medications in a population.	1	2	3	4	5	6
Ensure that patients have been immunized against vaccine-preventable diseases.	1	2	3	4	5	6

*Please mark your level of confidence in performing all three tasks in this EPA domain statement (task)

Please respond based upon your level of confidence in performing the EPA task, not necessarily the healthcare setting or your expertise in the healthcare setting.

Act 3: SB is admitted to the health-system to receive care for a fractured fibula and lacerations, which includes surgery and physical therapy as well as medication therapy for infection prevention, diabetes, and pain management. The caregiver, JB, visits SB every day.

EPA Domain Statement (Task)	Please indicate below the level of confidence you have in performing each task:					
	Very Unconfident	Unconfident	Somewhat Unconfident	Somewhat Confident	Confident	Very Confident
Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.*	1	2	3	4	5	6
Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.	1	2	3	4	5	6
Follow-up and monitor a care plan.	1	2	3	4	5	6
Collaborate as a member of an interprofessional team.	1	2	3	4	5	6
Identify patients at risk for prevalent diseases in a population.	1	2	3	4	5	6
Minimize adverse drug events and medication errors.	1	2	3	4	5	6
Maximize the appropriate use of medications in a population.	1	2	3	4	5	6
Ensure that patients have been immunized against vaccine-preventable disease.	1	2	3	4	5	6
Use evidence-based information to advance patient care.	1	2	3	4	5	6
Fulfill a medication order.	1	2	3	4	5	6
Create a written plan for continuous professional development.	1	2	3	4	5	6

*Please mark your level of confidence in performing all three tasks in this EPA domain statement (task)

Please respond based upon your level of confidence in performing the EPA task, not necessarily the healthcare setting or your expertise in the healthcare setting.

Act 4: SB is being transferred to a rehabilitation facility chosen by JB, the caregiver.

EPA Domain Statement (Task)	Please indicate below the level of confidence you have in performing each task:					
	Very Unconfident	Unconfident	Somewhat Unconfident	Somewhat Confident	Confident	Very Confident
Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidenced-based and cost-effective.	1	2	3	4	5	6
Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	1	2	3	4	5	6
Collaborate as a member of an interprofessional team.	1	2	3	4	5	6
Educate patients and professional colleagues regarding the appropriate use of medications.	1	2	3	4	5	6

Please respond based upon your level of confidence in performing the EPA task, not necessarily the healthcare setting or your expertise in the healthcare setting.

Act 5: The patient, SB, is admitted to the rehabilitation facility. SB's caregiver, JB, visits the patient every day.

EPA Domain Statement (Task)	Please indicate below the level of confidence you have in performing each task:					
	Very Unconfident	Unconfident	Somewhat Unconfident	Somewhat Confident	Confident	Very Confident
Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	1	2	3	4	5	6
Follow-up and monitor a care plan.	1	2	3	4	5	6
Collaborate as a member of an interprofessional team.	1	2	3	4	5	6
Maximize the appropriate use of medications in a population.	1	2	3	4	5	6
Educate patients and professional colleagues regarding appropriate use of medications.	1	2	3	4	5	6
Oversee the pharmacy operations for an assigned work shift.	1	2	3	4	5	6

Please respond based upon your level of confidence in performing the EPA task, not necessarily the healthcare setting or your expertise in the healthcare setting.

Act 6: One month later, SB is discharged from the rehabilitation facility to their home. SB will continue the previous home medication regimen with the addition of one new prescription. JB, SB's caregiver, visits the community pharmacy to pick-up the new medication.

EPA Domain Statement (Task)	Please indicate below the level of confidence you have in performing each task:					
	Very Unconfident	Unconfident	Somewhat Unconfident	Somewhat Confident	Confident	Very Confident
Collect information to identify a patient's medication-related problems and health-related needs	1	2	3	4	5	6
Analyze information to determine the effects of medication therapy, identify medication-related problems and prioritize health-related needs.*	1	2	3	4	5	6
Collaborate as a member of an interprofessional team.	1	2	3	4	5	6
Ensure that patients have been immunized against vaccine preventable diseases.	1	2	3	4	5	6
Use evidence-based information to advance patient care.	1	2	3	4	5	6
Fulfill a medication order.	1	2	3	4	5	6

*Please mark your level of confidence in performing all three tasks in this EPA domain statement (task)