AACP REPORT

The Report of the 2018-2019 Professional Affairs Standing Committee: The Role of Educators in Pharmacy Practice Transformation

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EXECUTIVE SUMMARY. The 2018-2019 Professional Affairs Committee examined the potential roles and needs of clinical educators (faculty and preceptors) in leading transformation in pharmacy practice. The committee was charged to (1) discuss the potential roles and responsibilities of faculty and preceptors leading transformation and enhanced patient care services in pharmacy practice; (2) describe factors, including clinician well-being and resilience, which may influence faculty and preceptor involvement in practice transformation and the enhancement of patient care services; and (3) recommend how the efforts and successes of faculty and preceptors involved in pharmacy practice transformation can be replicated and recognized as well as identify the types of continuing professional development (CPD) that should be available to enable the influence and implementation of patient care services. This report provides a framework for addressing the committee charges by examining the roles of advocacy, collaboration, continuing professional development, and clinician resilience and well-being. The committee provides a revision to a current AACP policy regarding continuing professional development as well as several recommendations to AACP and suggestions to colleges and schools of pharmacy pertaining to the committee charges.

Keywords: Continuing Professional Development, Faculty, Pharmacy Practice, Preceptors

INTRODUCTION AND COMMITTEE CHARGES

According to the Bylaws of the American Association of Colleges of Pharmacy (AACP), the Professional Affairs Committee (PAC) is to study issues associated with 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.

AACP President David Allen's focus for the 2018-2019 AACP standing committees was centered on

making leadership skills development available for all members of the academy.¹ Experiential education, which comprises a significant portion of the education for student pharmacists, is overseen by full-time faculty and adjunct/affiliate faculty members who serve as preceptors. All of these educators have the potential to be a "Faculty Champion" in the area of teaching, practice and/or research. The 2018-19 Professional Affairs Committee examined the potential roles and needs of clinical educators (faculty and preceptors) in leading transformation in pharmacy practice and was charged to:

1. Discuss the potential roles and responsibilities of faculty and preceptors leading transformation and enhanced patient care services in pharmacy practice;

2. Describe factors, including clinician well-being and resilience, which may influence faculty and preceptor involvement in practice transformation and the enhancement of patient care services; and
3. Recommend how the efforts and successes of faculty and preceptors involved in pharmacy practice transformation can be replicated and recognized as well as identify the types of continuing professional development (CPD) that should be available to enable the influence and implementation of patient care services.

Members of the 2019 PAC include faculty representing multiple disciplines from various colleges and schools of pharmacy and professional staff representation from the American Pharmacists Association (APhA), the American Society of Health-Systems Pharmacists (ASHP) and the National Community Pharmacists Association (NCPA). Prior to the in-person meeting of the committee, pertinent background information and resource materials were distributed. A conference call was held with the entire committee to develop a strategy for addressing committee charges and to develop initial committee assignments. The committee met for a day and a half, as did the other 2018-19 standing committees, on October 9-10, 2018 in Washington, DC 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 communicated via electronic communications as well as through personal exchanges via telephone and email.

BACKGROUND

The PAC recognized that the first two committee charges were closely related and that the second charge essentially affects all aspects of health practitioners' work. The intersection of the concepts of charges one and two was defined using the frameworks provided by the Triple Aim and the Quadruple Aim. The Triple Aim is a framework that describes an approach to optimize health system performance by three dimensions: (1) Improving the patient experience of care (including quality and satisfaction); (2) Improving the health of populations; and (3) Reducing the cost of health care.² More recently, the Quadruple Aim enhances the Triple Aim with an additional dimension--improving the work life of health care practitioners.³ Clinician burnout is associated with lower patient satisfaction and poorer health outcomes, and may increase costs, thereby endangering the dimensions of the Triple Aim.³ Practice transformation and enhanced patient care services provided by pharmacists can improve access to and quality of health care services for patients,^{4,5,6} reduce costs to patients and the health care

system^{4,6,7,8,9} and may also lead to greater health provider satisfaction. Health provider satisfaction is undoubtedly related to their well-being and resilience and has become a focus area for all health professionals and other stakeholders.¹⁰

The PAC reviewed numerous articles and reports pertaining to the committee charges. Transformation in pharmacy practice and the patient care services provided by pharmacists, including faculty and preceptors can be found in many health care settings. Pharmacy practice has transitioned from a primary focus on medication dispensing to encompassing a greater responsibility for a variety of patient care services, including collaborative practice agreements (CPAs) and interprofessional collaborations^{11,12,13,14,15,16,17,18} and having selected prescribing authority through statewide protocols.¹⁹ Pharmacists have expanded their roles in multiple health-related areas including antimicrobial stewardship,^{20,21} HIV testing,^{22,23} medication therapy management,^{8,24,25} mental health medication administration and depression screening,^{26,27,28} preventative care services (including screening and immunizations),^{8,29,30,31} transitions of care,^{24,25} and tele-monitoring.³² Throughout healthcare, organizations are launching sustained initiatives and programs that utilize pharmacists' knowledge, skills, and abilities in order to manage chronic diseases and complex health issues.^{8,17,33,34}

The perspectives of the committee members representing other national pharmacy associations provided multiple examples of how important practice transformation and enhanced patient care services are for the profession (Table 1). APhA,^{35,36,37} ASHP,^{38,39,40} and NCPA^{41,42,43} have programs, continuing professional development opportunities, and awards to assist and/or encourage pharmacists with implementing programs and services for patients.

Another significant component influencing the transformation of pharmacy practice and the enhancement of patient care services is Continuing Professional Development (CPD), which is defined as a self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied and linked to practice.⁴⁴ CPD involves the process of active participation in formal and informal learning activities that assist in developing and maintaining continuing competence, enhancing professional practice, and supporting achievement of career goals. CPD should include a wide variety of methods for acquiring new knowledge, skills, attitudes, and values and should be based on an assessment of needs and goals (REFLECT), generated from a personal development plan with outcomes-based objectives (PLAN), and evaluated for achievement of objectives and personal and professional impact (EVALUATE).⁴⁴ The key to the CPD approach is

Table 1. Pharmacy Organizations' Contributions to Pharmacy Practice Transformation

Pharmacy Organization	Pharmacy Practice Transformation Program
American Pharmacists Association (APhA)	<ul style="list-style-type: none"> ● Community-Based Practice Transformation Initiative^{35,36}: provides financial support for research pertaining to transformation in community-based practice. ● Medication Administration Services by Pharmacists³⁷: multiple resources outlining the opportunity to improve patient access to injectable medications by administration via pharmacists.
American Society of Health-System Pharmacists (ASHP)	<ul style="list-style-type: none"> ● ASHP Practice Advancement Initiative³⁸: formerly the Pharmacy Practice Model Initiative (PPMI), aims to transform how pharmacists care for patients by empowering the pharmacy team to take responsibility for medication-use outcomes. The PAI provides multiple educational resources (self-assessment tools, webinars, case studies, practice spotlights) and tools to assist pharmacists and their teams to transform patient care services. ● Pharmacy Practice Advancement Demonstration grants³⁹: provided by the ASHP Foundation to support demonstration projects related to practice advancement, consistent with the ASHP/ASHP Foundation PAI and Ambulatory PAI.
National Community Pharmacists Association (NCPA)	<ul style="list-style-type: none"> ● NCPA Innovation Center⁴¹: a supporting organization whose mission is to further assist and accelerate the evaluation of independent community pharmacies in the changing health care environment provides multiple continuing professional development and award opportunities to encourage the expansion of services and programs to patients. ● Collaborator with the Community Pharmacy Enhanced Services Network (CPESN[®]) USA⁴³: a clinically integrated network of community pharmacies across the United States who work together to facilitate the coordination of patient care to improve patient care and decrease healthcare costs.

linking learning to practice (APPLY).⁴⁴ Previous AACP Professional Affairs Committee reports have discussed CPD for preceptors and faculty members^{45,46,47} as well as collaborations between academic pharmacy and the broader pharmacy practice community.^{48,49}

The PAC believes that faculty and preceptors' well-being and resilience is a significant factor influencing the transformation of pharmacy practice and the enhancement of patient care services. In 2017, the National Academy of Medicine (NAM) initiated the Action Collaborative on Clinician Well-Being and Resilience to raise the visibility of clinical anxiety, burnout, depression, stress, and suicide; to improve baseline understanding of challenges to clinician well-being; and to advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver.¹⁰ The Action Collaborative is committed to reversing trends in clinician burnout by identifying evidence-based strategies to improve clinician well-being at both the individual and systems levels. The PAC agrees with the Action Collaborative that clinician well-being is essential for safe, high-quality patient care and that it also contributes

to a clinician's ability and willingness to transform their clinical practice.

Finally, a review of current AACP policy revealed several policy statements which pertain to the 2018-2019 PAC charges:

- AACP advocates that curricular modifications should occur such that competencies for leading change in pharmacy and health care are developed in all student pharmacists, using a consistent thread of didactic, experiential and co-curricular learning opportunities and takes into account the overall impact on faculty workload and balance. (Source: Academic Affairs Committee, 2018; Original Source: Argus Commission, 2009)
- AACP believes that all administrators, faculty, staff, preceptors, student pharmacists, and alumni should contribute to a culture of wellness and resilience in pharmacy education. (Source: Student Affairs Committee, 2018)
- AACP supports the measurement and evaluation of practice-related activities of faculty with a practice

component of their position during annual evaluations and tenure and promotion decisions. (Source: Council of Faculties, 2018)

- Administrators, faculty members, preceptors and student pharmacists at all colleges and schools of pharmacy share responsibility for stimulating change in pharmacy practice consistent with the JCPP Vision for Pharmacy Practice and the Pharmacists' Patient Care Process. (Source: Professional Affairs Committee, 2015)
- 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: Standing Committee on Professional Affairs, 2012)
- AACP supports member schools and colleges in their efforts to invest in the expansion of postgraduate education and training programs that prepare pharmacists to be effective members of patient-centered health care teams. (Source: Professional Affairs Committee, 2011)
- AACP encourages faculty members to provide leadership in pharmacy and health care and recognizes that they must be supported with appropriate faculty development, mentoring and reward systems. (Source: Argus Commission, 2009)
- AACP should support the concept of Continuous Professional Development. (Source: Section of Continuing Professional Education, 2003)

The topics, concepts, and recommendations for each of the charges were generated by consensus by utilizing the aforementioned documents, committee discussions and committee brainstorming activities. This report has the following purposes: (1) to describe aspects for consideration and development to enable faculty and preceptors to transform and enhance patient care services in pharmacy practice; (2) to describe factors, including clinician well-being and resilience, which may influence faculty and preceptor involvement in practice transformation and the enhancement of patient care services; and (3) to propose recommendations for AACP, colleges and schools of pharmacy, and other stakeholders pertaining to how the efforts and successes of faculty and preceptors involved in pharmacy practice transformation can be replicated and recognized as well as identify the types of

CPD that should be available to enable the influence and implementation of patient care services.

Aspects for Consideration and Development to Enable Faculty and Preceptors to Transform and Enhance Patient Care Services in Pharmacy Practice

Practice Transformation

The pharmacy profession continues to undergo transformation with a continually increasing focus on the provision of patient-centered care and achievement of improved patient health. Multiple factors fuel this transformation starting with Hepler and Strand's elements of pharmaceutical care,⁵⁰ the adoption of the Doctor of Pharmacy degree as the entry-level practice degree, growth of residencies and finally continuing with the profession's development of multiple specialty certifications from the Board of Pharmacy Specialties (BPS),⁵¹ CPAs and increased types of practice settings.

A key product of this transformation is the adoption of the Pharmacists' Patient Care Process (PPCP) developed by the Joint Commission of Pharmacy Practitioners (JCPP) in collaboration with other national pharmacy professional organizations.⁵² The PPCP provides pharmacy practitioners across all practice settings a common language and consistent process to describe and document the profession's role in the provision of patient-centered care and improved patient and health system outcomes. Not only is this common language critical to those within the profession; it also serves to facilitate other health professions' abilities to recognize pharmacists' roles on interprofessional teams. The PPCP provides the educational underpinnings for student pharmacists to develop and practice skills and competencies deemed essential within the Center for the Advancement of Pharmacy Education (CAPE) 2013 Educational Outcomes⁵³ and the emerging adoption of Entrustable Professional Activities for New Pharmacy Graduates (EPAs) by the Academy.⁵⁴

Key long-running and familiar examples of pharmacists improving patient outcomes particularly in chronic condition management span across institutional, ambulatory care and community settings.

Examples include pharmacist-led VA clinics, Indian Health Service (IHS) pharmacy's contributions to primary care provision and medication therapy management (MTM) with the advent of Medicare Part D. Moreover, the US Public Health Service produced a report for the US Surgeon General in 2011 documenting the contributions that advanced pharmacy practice plays in improving outcomes (patient and health system outcomes).⁶ Within this report to the US Surgeon General, the following key evidence-based points are made regarding pharmacists

improving patient and health system outcomes through disease management: (1) Pharmacists are health care professionals providing patient-centered care and health services and yet have not yet been recognized at a national health level as health care providers; (2) Sustaining the contributions of pharmacists in improving outcomes across the health care continuum requires this level of recognition along with continued adoption of advanced pharmacy practice models and changes to pharmacy education and training; (3) Compensation mechanisms for advanced pharmacy practice are needed to maintain this health care delivery model; and (4) Evidence-based case for the role of advanced pharmacy practice in achieving the mandated health reform.

Documentation within the report to the Surgeon General report demonstrating the evidence-based case for the role of advanced pharmacy practice in achieving mandated health reform include the following focused areas: (1) Improvements in quality of care and patient outcomes; (2) Disease prevention and management; (3) Cost-effectiveness and cost-containment; (4) Primary care workforce; and (5) Access to care. Across all of these areas, evidence-based documentation is cited detailing the contribution of advanced pharmacy practice to these areas of health care critical in achieving better patient and health system outcomes. Illustrative examples within the report in the area of disease management and prevention include the much heralded Ashville Project⁵⁵ and the Diabetes Ten City Challenge.⁵⁶ Both of these initiatives (started roughly between 1995 and 2005) resulted in positive patient clinical outcomes, enhanced participation in preventative care/diabetes management and patient education and engagement provided by pharmacists and improved economic benefits.

Additionally, within each of these cited projects there is similarity with the goals of the patient-centered medical home (PCMH) model of care.⁵⁷ This model of care, though initiated in the late 1960's, has gained in popularity through the formation of accountable care organizations (ACOs) under the Patient Protection and Affordable Care Act (PPACA) and has opportunities for pharmacist cognitive services in the primary care arena to improve patient health outcomes, quality of care and cost-effectiveness. Over the last decade, the National Committee for Quality Assurance (NCQA) has developed standards/measures for PCMH recognition along with incentives.⁵⁸ All of these standard areas have core roles and responsibilities for pharmacists including but not limited to: (1) Optimization of complicated medication regimens and reduction of unwarranted polypharmacy, potentially caring for the most complicated patients using collaborative care agreements; (2) Assessment and

design of patient adherence programs promoting adherence to pharmacotherapy and identifying potential barriers to adherence; (3) Resolving medication interaction problems including those arising from interactions of prescribed and OTC pharmacotherapies; and (4) Development of electronic medication records and databases.⁵

Moreover, a 2018 Cochrane Systematic Review, evaluated pharmacist's cognitive and health services contributions on patient outcomes among non-hospitalized patients.⁵⁹ While the overall findings were mixed, perhaps due to the heterogeneity of studies (patient populations; outcomes and pharmacist interventions) included, the included studies focused on the impact of pharmacy care in both community and other outpatient care settings and outcomes associated with chronic conditions. One of the key conclusions from the Cochrane Review was that better overlap between health care priorities and pharmacist interventions that are developed and studied are needed. It specifically encouraged the inclusion of pharmacist-led services aligned along emerging and growing national priorities such as Alzheimer's disease, cancer, mental and behavioral health conditions. As well, recommendations also included the need to focus on more fully described studies and detailed economic evaluation of pharmacist interventions. The PAC concurs with these recommendations and further note that pharmacists have a key role to play in community-led initiatives for opioid use disorders. To this end, it is encouraging to see the emergence of trials of pharmacist-led interventions within the home and culturally relevant community settings such as the studies by Margolis, et al.,⁶⁰ and Victor, et al.⁶¹ Specifically, both studies focused on improving hypertension management in different settings. Margolis et al.⁶⁰ explored the effect that pharmacist management of home telemonitoring of blood pressure had on improvement in hypertension management while Victor, et al.⁶¹ explored the impact that pharmacist management had on systolic blood pressure reduction in patrons of black barbershops with uncontrolled hypertension. Both of these studies demonstrated significant improvements in outcomes within the pharmacist intervention arm compared with usual care. Both studies capitalized on care settings that were convenient for patients and improved accessibility of a health care provider, namely the pharmacist.

The PAC fully supports the recommendation that an increased number of collaborative and well-designed trials (and funding mechanisms) are needed to demonstrate key areas where pharmacist-led interventions translate to improved health outcomes within community pharmacies and outpatient settings. Mechanisms for training and dissemination on a national level are also

needed. Specifically, pharmacists are well poised to continue to improve health outcomes across the classic ambulatory care sensitive conditions and prevent medication misadventures - even more so when practice settings are expanded to “reach beyond the counter” and improve access into underserved communities. The pharmacy profession needs to challenge itself to extend patient care services in the community to assist with emerging and growing health problems such as the opioid crisis, increased cancer incidence and extended life with cancer, and Alzheimer’s disease management as the US population ages.

Advocacy

Bzowickyj and Janke have defined advocacy as “An ongoing commitment to advancing awareness of the value that a pharmacist provides to the health and well-being of society by actively supporting and communicating that vision concisely to opinion leaders, elected officials, decision makers, potential partners, and any other audience in order to influence their perspective and ultimately have them to speak and/or act on your behalf.”⁶² The PAC maintains that professional advocacy to a broad audience, including patients, is fundamental to practice transformation. Similar to patient-centered education and care, advocacy is most effective when the language used is appropriate for the intended audience and when the messaging is consistent. In addition, the message will be most effective when it is externally focused, emphasizing the positive effects pharmacists have on patients’ health. The PAC encourages advocacy for the pharmacy profession across academic institutions and practice settings as well as to regulatory bodies such as boards of pharmacy, and policy-makers at the State and Federal levels. All stakeholders within pharmacy academia should capitalize on existing relationships with patients and other healthcare professionals to promote the value of pharmacists in enhancing and transforming patient care. As noted above, pharmacists have demonstrated impact on economic, clinical, and humanistic outcomes. Frequently, these data tend to be published in journals and other sources that have pharmacists as a target audience. The impact of the pharmacy profession on patients’ health should be chronicled as merited in terms of patient and health system outcomes; examples of which were highlighted earlier.^{60,61} Faculty, students, administrators, preceptors, and alumni (1) are likely to interact with patients and other health care providers and can promote the merit of pharmacists’ care; (2) can role-model advocacy and encourage other pharmacists to engage in professional advocacy to circulate the message even further; and (3) can further pharmacists’ impact by

stepping into roles as policy-makers, and by encouraging other pharmacists to take these roles as well. Advocacy can also promote consistency in pharmacists’ scope of practice across state lines.

Collaboration and Continuing Professional Development

Collaboration across academic institutions and practice settings, in both practice advancement as well as CPD, will promote widespread practice transformation. Academic institutions frequently serve as venues for research and innovation and this milieu of exploration often provides a natural environment for progressive pharmacy practices, including interprofessional collaborations. Academic institutions can and should role-model and promote these pharmacy practices to community partners. Expectations for ongoing professional education must adapt to keep pace with pharmacy practice transformation. The concept of continuing education (CE), which implies sustaining professional knowledge need to transition to CPD.⁶³ CPD incorporates pharmacists’ personal responsibility in maintaining their knowledge and skills and also includes advancement towards personal and professional goals. CPD includes CE, but also includes non-CPE activities and experiences that add to overall growth and professional development. CPD has been shown to improve pharmacists’ interactions with other health professionals and to increase pharmacists’ initiation of practice changes.⁶⁴ There is an opportunity for AACP to develop relationships with large pharmacy employers to promote the importance of ongoing CPD. Academic institutions can lead the evolution from CE to CPD by communicating this evolution to preceptors, large employers, and other stakeholders. AACP should partner with professional associations, academic institutions, and other interested stakeholders to develop systems, technology, processes and tools to promote CPD in the profession. These tools might include a template for an individualized CPD plan and encouraging a personalized analysis of strengths, weaknesses, opportunities, and threats (SWOT analysis) at incremental points during a pharmacist’s career.⁶⁵ Additionally, AACP should support research that demonstrates the benefits of CPD.

Policy Statement

The PAC recommends revising the current AACP Policy Statement (Section of Continuing Professional Education, 2003): AACP should support the concept of Continuous Professional Development (CPD) to AACP believes that Continuing Professional Development (CPD) significantly contributes to the concept of life-long learning for all administrators, faculty, staff, preceptors,

student pharmacists, and alumni. The 2019 AACP House of Delegates revised and archived the current AACP Policy Statement from the Section of Continuing Professional Education from 2003. The revised policy statement adopted is AACP believes that Continuing Professional Development (CPD) significantly contributes to the concept of life-long learning for all administrators, faculty, staff, preceptors, students, pharmacy technicians and alumni.

Suggestions

Suggestion 1: Colleges and schools of pharmacy should collaborate with partner institutions to promote continuing professional development.

Suggestion 2: Colleges and schools of pharmacy should facilitate faculty and preceptors' interaction with patients, other healthcare professionals, legislators, and policy makers to promote practice transformation.

Factors which may influence faculty and preceptor involvement in practice transformation and the enhancement of patient care services

As described previously, innovation and practice transformation are essential for improving patient outcomes and demonstrating pharmacists' value. This can be difficult to accomplish due to several factors. In response to the second charge, the PAC discussed the various barriers and/or challenges that pharmacy faculty and practitioners may experience in their efforts to be involved with practice transformation. This also included a discussion on the importance of creating a culture of well-being to promote clinician resilience in transformative practice.

Barriers and/or Challenges to Practice Transformation

The PAC discussed the lack of practitioners' time and resources as barriers to involvement in transformative practice. As pharmacists continue to elevate their role on interprofessional teams, pharmacists in various settings are being tasked with an increasing number of clinical duties. Although these activities are likely rewarding to the pharmacy practitioner, increasing responsibilities can make it difficult for practitioners to dedicate time to the process of innovation, including brainstorming, identifying gaps in patient care, writing business proposals, etc.⁶⁶ Pharmacy leaders, including pharmacy managers, directors of pharmacy, and college and school of pharmacy administration, should harness their employees innovative potential by providing opportunities for protected time when these activities can occur. Employers and leaders should engage with their employees to identify how much time is reasonable to accomplish these

activities. During these times, pharmacy residents and Advanced Pharmacy Practice Experience (APPE) student pharmacists can serve as pharmacist extenders to assist with clinical activities.

In addition to the time needed to develop and plan innovative services, the appropriate resources must be available for practitioners to engage in these activities. Resources needed for transformative practice are multifaceted and may include personnel, physical office space, and financial support as well as general knowledge and skills. As pharmacists expand their clinical services in an evolving health care landscape, it will be essential for them to have skills that promote interprofessional teamwork. Pharmacists who have not previously been exposed to interprofessional teams may need additional training on how to efficiently practice in these models. This should include a working understanding of opportunities for collaborative practice, including CPAs and Collaborative Drug Therapy Management (CDTM), as they implement new clinical services.⁶⁷ These skills can be developed through practitioner self-assessment and meaningful CPD activities. BPS certification exams also highlight concepts related to practice management which could help practitioners develop these skills. As such, employers should support practitioners in obtaining these credentials (financial support and time reserved for exam preparation).

In order to overcome challenges with obtaining necessary personnel, space, and financial support, practitioners should align the goals of their clinical services with organizational leadership goals.⁶⁶ The practitioner should consult with their leadership to identify gaps in patient care and collaboratively build a service that would address these gaps while minimizing impacts to established workflow. For example, the PPACA emphasizes value-based care and pharmacists now have opportunities to consult with health care institutions to develop clinical services that may directly impact quality benchmark measures. Practice transformation may need to begin with a small pilot or "proof-of-concept" project to demonstrate value.⁶⁶ To demonstrate value, practitioners should measure the impact of their new services, including patient clinical outcomes, attainment of quality metrics, and financial metrics including cost savings data. A pilot project that demonstrates success in these areas (and a plan for continuous quality improvement) will be more likely to gain organizational support to sustain the program.

The PAC discussed the value of collaboration between colleges and schools of pharmacy and pharmacy practitioners to overcome some of the barriers described. Pharmacy faculty could be paired with full-time practitioners at clinical sites to assist with the development and implementation of transformative practice models.

Pharmacy faculty are typically less involved in the day-to-day clinical tasks of medication dispensing and verification at their clinical sites, and therefore, may have more time to conduct literature reviews, gap analyses, and brainstorming that are required in the early stages of practice transformation while the full-time practitioner can help oversee the day-to-day logistics and workflow associated with a new clinical service. Pharmacy faculty may also be well-versed in writing grant proposals to help fund pilot projects. Scholarly activities occurring as a result of practice transformation would also benefit both the colleges and schools of pharmacy and the health care organizations/institutions. These collaborations would also help expose trainees (student pharmacists and pharmacy residents) to advanced practice models.

Clinician Well-Being and Resilience in Transformative Practice

The increasing evidence that clinician burnout impacts patient outcomes led to the previously mentioned Action Collaborative on Clinician Well-Being and Resilience launched by NAM.¹⁰ This Action Collaborative includes pharmacists as clinicians and define burnout as “a syndrome characterized by emotional exhaustion, depersonalization (ie, cynicism), and loss of work fulfillment.” It is further described as the “chronic condition of perceived demands outweighing perceived resources.”⁶⁸ A study measuring the level of burnout and factors associated with burnout in pharmacy practice faculty members found that emotional exhaustion, described as individual feeling “depleted of one’s emotional and physical resources without any source of replenishment” was identified in 41.3% (n=758) of respondents.⁶⁹

The PAC determined that the concern about clinician well-being is wide-spread and there is a need for tools and resources to address faculty well-being and resilience. Factors that may contribute to this were discussed as well as potential ways to address these factors. Additionally, a link between addressing clinician well-being and resilience and improving the involvement of pharmacy faculty and preceptor in practice transformation was established. Positive well-being and resilience allow for a more healthy and engaged clinician, allowing for more optimal patient outcomes.

The factors that impact clinician well-being include limited available resources. Clinicians often have to maneuver many responsibilities simultaneously, while facing the challenge of limited reimbursement and time, insufficient personnel, and limited knowledge/experience. As a result, clinician wellness is often neglected. While the evidence of clinician burnout is substantial, addressing this significant issue is a more recent endeavor set forth by various pharmacy organizations. AACP is committed to reversing trends in clinician burnout by providing various

resources, programming and webinars to its members and by participating as a network organization of the NAM Action Collaborative on Clinical Well-Being and Resilience.⁷⁰ ASHP is committed to “foster and sustain the well-being, resilience, and professional engagement” of clinicians and has created a clinician well-being and resilience resource page within their website.⁷¹ In addition, APhA released a statement regarding their commitment to “promoting and maintaining the well-being and resilience...to preserve pharmacy’s efforts in optimizing health outcomes.”⁷²

The PAC discussed ways to emphasize wellness within the workplace. A wellness champion can be chosen to lead the efforts within the college, school, or organization/institution. Ideas to promote wellness within the workplace include promoting practices including healthy lifestyles (ie, eating, physical activity, sleep, stress reduction), incorporating effective breaks within the work day, and providing wellness services on site. Additionally, colleges and schools of pharmacy should be challenged to create collaborative processes that assess and improve clinician well-being, including attention shared on goal setting, stress reduction, work/life balance, job satisfaction, and/or building resilience. One way to engage clinicians in this arena is to provide meaningful CPD activities that extend their learning out from the one or two-hour session in a practical and fulfilling way.

Recommendation

Recommendation 1: AACP should develop a Continuing Professional Development (CPD) toolkit related to transforming pharmacy practice that can be utilized by faculty, preceptors, and student pharmacists, which should include components of well-being/resilience and interdisciplinary care/collaborative practice.

Suggestions

Suggestion 3: ACPE should include a component of well-being and resilience in the Continuing Professional Development (CPD) model.

Suggestion 4: ACPE should include a component of interdisciplinary care and collaborative practice in the Continuing Professional Development (CPD) model.

Suggestion 5: Colleges and schools of pharmacy should consider pairing pharmacy practice faculty with full-time pharmacy practitioners at clinical practice sites to promote the development of transformative practice models.

Pharmacy Practice Transformation: Considerations for Replication and Recognition

Replication

In response to the third charge, the PAC engaged in a brainstorming exercise to gain a broad set of ideas. Each committee member independently ranked their own

ideas. The ideas chosen as being most important were then shared with the entire group. Several themes emerged from this exercise. The first was the need for individualized, effective, and meaningful CPD. Sources of CPD will likely need to be expanded to fully support this charge beyond traditional continuing education. These multimodal platforms may include live meetings, social media, podcasts, online networking platforms (eg, AACP Connect), or webinars. A wide range of educational opportunities should be made available to practitioners in a customizable toolkit that allows individuals to develop and advance practice. This comprehensive practice transformation toolkit could include certification programs, on-demand educational offerings, site-visit opportunities and opportunities to connect mentor-mentee pairs or a mentor to a cohort of practitioners. Resources that may assist pharmacy faculty and preceptors with the development of their CPD pertaining to the PAC charges are provided in Appendix 1.

To transform practice, practitioners will need to identify gaps and opportunities to advance patient care in their local environments. The PAC discussed the need for self-assessment tools to measure the readiness for both the practice site and the individual practitioner. These scorecards would be self-assessment instruments which could be used to identify components to build practice site readiness and individualized CPD plans. These scorecards may identify areas of growth that require new approaches to continuing professional development. Transforming practice relies on faculty and preceptors serving as patient care improvement champions who are striving to enhance their expertise, expand their roles and experiences, and solve problems. This requires CPD plans that are actionable, accountable, collaborative, and engaging.

The other major theme was related to scholarly endeavors. The PAC discussed the need for additional high-quality research that demonstrates improved patient care, which can be widely replicated and is sustainable. Although there are examples of practice innovation in the literature, the PAC felt there is need to create a steady stream of practice-based research that can be replicated in other settings and used as the basis for the expansion of pharmacy services around the country. To that end, effective collaborations through practice-based research networks, mentorships, and collaborative practice agreements would be important practice transformation components. The committee also discussed the need to demonstrate persistence beyond an initial innovation. An innovative idea may be novel and expand practice, but unless it is sustainable, it is unlikely to truly transform practice. Projects should show they can be sustainable over time and also be

transferable and expandable to other practice settings and sites with similar patient populations, which are essential elements of transformative practice.

Human resources are an essential element when delivering patient-centered care. Although faculty members are likely to engage in practice-based research, the number of full-time faculty is relatively small in comparison to the overall number of licensed pharmacists. Preceptors are essential to the success of educational efforts for every college and school of pharmacy. However, research and dissemination of transformative ideas may not be a skill or desire for some preceptors. The PAC discussed the need for collaborations between these two groups to take advantage of the research and scholarly skills of faculty members, and the expanded practice opportunities afforded to preceptors. These collaborations may increase the overall dissemination of important ideas and aid in replication efforts.

In addition to the faculty member or preceptor, student pharmacists should be involved in practice transformation efforts including elements of research which demonstrate value. Student pharmacists need exposure to practices where pharmacists are expanding their reach and shaping future practice which will assist with expansion and replication efforts. Student pharmacists can be valuable pharmacist extenders by bringing new ideas to practice sites, engaging in innovative practice initiatives, and by expanding the practice capacity and scope of patient-care services. Particularly innovative sites could serve as preferred sites for APPE placements which would reinforce the value of transformative practice.

The form of scholarly dissemination should occur via traditional methods such as peer-reviewed manuscripts and presentations at professional meetings. However, additional methods to increase the reach and influence in transformation efforts should also include contemporary methods using technology. For example, short engaging videos or podcasts could be made available using widely available social media platforms. Exemplars could serve as mentors to individuals or small cohorts to guide, inspire, and ultimately transform patient care services. For some, this could occur during in-person shadowing opportunities. For others, it may be virtual visits or networking through conference calls.

Replication of transformative practice requires individuals to try innovative ideas, collaborate with one another, and professionally grow using individualized CPD plans. It also requires a broad dissemination approach, including traditional methods of scholarship as well as contemporary forms of guidance using technology and mentoring relationships to increase reach and influence.

Recognition

Because practice transformation is critical to the profession, there must be funding to explore potential innovations. Seed grants would allow for the generation of new ideas, development of CPD highlighting practice innovations, building and strengthening mentoring, scaling-up at other practice sites, and establishment of research networks. The PAC discussed creating a similar process to the AACP New Investigator Award and potentially adapting an existing new investigator award for transformative practice research.

The PAC also discussed the role of individual colleges and schools of pharmacy to recognize local practice transformation. A mechanism to recognize preceptors who shape the future may help sustain and promote transformative pharmacy practice. Recognized preceptors could get priority student pharmacist placements for APPEs, receive a plaque, or a monetary award. Individual colleges and schools are encouraged to develop ways to promote the transformation of pharmacy practice.

Similar to the replication brainstorming exercise, PAC members shared their ideas on how best to recognize practice transformation efforts and reached consensus that a national platform is needed to highlight these practices. A transformative practice award sponsored by AACP alone or in collaboration with other JCPP pharmacy organizations would be an essential component of recognition efforts. The winner of the award could present their work at a national AACP meeting through a platform presentation and may have the opportunity to have their work showcased in the *American Journal of Pharmaceutical Education*. Other award finalists could present their work during a highlighted poster session as part of a national meeting and could create podcasts or short videos to showcase their work. These pieces would be housed as part of the previously suggested CPD toolkit related to transforming pharmacy practice. Locally, recognition efforts would be supported through a press release that allows further exposure of ideas and transformative practice demonstrated by the awardee. Institutions and professional organizations could use these documents to further promote practice and expose key thought leaders in their locales regarding the quality care provided by pharmacists. Criteria for the award could include replication potential, demonstration of positive patient outcomes, and value through a positive return on investment. The award would include funding to support travel to the national meeting.

Recommendations

Recommendation 2: AACP should strongly encourage the Joint Commission of Pharmacy Practitioners

(JCPP) to create an award(s) to recognize practice transformation across all sectors of pharmacy practice.

Recommendation 3: AACP should allocate one New Investigator Award (NIA) to be focused on transformation in pharmacy practice.

Recommendation 4: The AACP scholarly journal, the *American Journal of Pharmaceutical Education (AJPE)*, should have featured articles and/or a themed issue regarding transformations in pharmacy practice.

Suggestion

Suggestion 6: Colleges and schools of pharmacy should recognize faculty and preceptors who are contributing to pharmacy practice innovation.

CALL TO ACTION

The transformation of pharmacy practice to improve patient outcomes remains the paramount responsibility of the Academy and all pharmacists and pharmacy organizations. This transformation requires collaboration amongst members of the Academy, our preceptors, pharmacy organizations, and employers. This transformation needs an increasing number of collaborative and well-designed studies documenting where pharmacist-led interventions translate into improved health outcomes, particularly in the community and related outpatient settings. These studies must have wide-ranging dissemination to a broad audience, including patients, legislators, policy-makers at the state and federal levels, and regulatory bodies (eg, boards of pharmacy). To achieve this transformation, we must not overlook that the pharmacist is a person and address pharmacist well-being and resilience in the workplace, and we should develop continuing professional development (CPD) opportunities to enhance practicing pharmacists' ability to transform practice. Additionally, the Academy should recognize faculty and preceptors' transformative practice models through awards and presentation opportunities. The PAC highly recommends that AACP and members of the academy adopt and implement our recommendations to enhance the transformation of pharmacy practice.

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Appendix 1. Continuing Professional Development Resources for Pharmacy Faculty and Preceptors for Pharmacy Transformation

Online Resources

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