

BRIEF

Impact of a Well-being Promotion Training Program on Advanced Pharmacy Practice Experience Conference Leaders

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Objective. The objective of this pilot study was to evaluate the attitudes and self-efficacy of advanced pharmacy practice experience (APPE) conference leaders after completing the Well-being Promotion (WelPro) training program developed at the University of California, San Francisco (UCSF) School of Pharmacy.

Methods. The WelPro training program was developed to equip participants with the knowledge and tools to assist APPE students in distress and promote student wellness. After completing the WelPro training program, a 20-item survey was administered to 10 conference leaders via a web-based survey tool to assess their attitudes about burnout and self-efficacy in assisting students in distress. Descriptive statistics were used to characterize attitudes and self-efficacy.

Results. Ten conference leaders participated in the training program. Of these, nine reported experiencing burnout in their careers, and all believed burnout within the pharmacy profession could be avoided. After the WelPro training program, confidence levels of the conference leaders significantly improved in the following areas: identification of students in distress, identification of resources for students, and recognition of when and how to refer students in distress.

Conclusion. Increased self-efficacy of conference leaders to identify and assist students in distress could be translated into their improved ability to support students' overall well-being. The WelPro training program can serve as a model for similar wellness training programs that directors and preceptors in experiential education can implement at their institutions.

Keywords: well-being, student, experiential education, training, burnout

INTRODUCTION

Because the longevity of the pharmacy workforce depends on the well-being and resilience of student pharmacists,¹⁻³ wellness and mental health concerns have increased within academic pharmacy. Studies have found higher levels of student burnout and maladaptive coping during the first three years of the four-year Doctor of Pharmacy (PharmD) curriculum.^{4,5} Student burnout is driven by multiple intrinsic and extrinsic factors. Five influential factors on student well-being include workload, learning

environment culture and values, meaningful pharmacy school experiences, relationships, and personal factors.⁶⁻⁸ Learning environment factors, such as faculty support, are important influencers of pharmacy and medical students' well-being and motivation to learn.^{9,10} By contrast, burnout is associated with pharmacy students' negative perception of their academic abilities and unmet psychological needs.¹¹⁻¹³ Pharmacy educators have been encouraged to evaluate strategies that promote student well-being and reduce burnout.¹⁴⁻²⁰

Since student well-being has become a focus during the pharmacy didactic curriculum, we developed the Well-being Promotion (WelPro) training program at the University of California, San Francisco (UCSF) School of Pharmacy to reduce burnout and promote well-being among advanced

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pharmacy practice experience (APPE) students. WelPro has three major wellness pillars: self-management strategies, critical reflection, and community building. The WelPro program (Table 1) incorporates individual- and organizational-level interventions (eg, mindfulness-based approaches, narrative and appreciative inquiry exercises, self-care, cultivating community at work, and professional development) because they have been shown to be effective for reducing burnout among physicians and nurses.^{2,21-25} We hypothesized that successful implementation of the WelPro training program would increase the self-efficacy of conference leaders, who were either experiential education program directors or designated preceptors, in assisting students in distress and promoting a student wellness culture.

METHODS

Participants in the study were conference leaders (n=10) within the five regional APPE programs (North Bay, San Francisco, Sacramento, Fresno, Los Angeles/Orange County) for UCSF. A conference leader meets with 20-30 APPE students assigned within their region approximately every six weeks throughout the year to provide professional development and serve as an advisor.

One conference leader was excluded because she was the study's principal investigator.

The WelPro training program was delivered during a required 8.5-hour in-person session in March 2020, where mental health and resiliency medicine experts provided presentations on assisting students in distress, applying self-management strategies and conducting critical reflections (Table 1). There was no cost to use the WelPro program. Training on assisting students in distress was provided to help conference leaders identify students exhibiting signs and symptoms of distress and support students at risk for burnout.²⁶ Conference leaders also received training on self-management strategies so they could then inform and practice these strategies with their APPE students. Conference leaders learned how to conduct critical reflection to help facilitate students' self-regulated learning through the structured process of analyzing, questioning, and reframing an experience as described in the Gibbs Reflective Cycle.²⁷ By learning to perform critical reflection, conference leaders can demonstrate their application of self-management strategies based on discussed stressors.

After completing the WelPro training program, a 20-item electronic survey was administered via Qualtrics (Qualtrics International Inc) and remained open for three weeks with two follow-up reminder emails. Conference

Table 1. Content of the Well-being Promotion (WelPro) Training Program Developed to Reduce Burnout and Promote Well-Being Among Advanced Pharmacy Practice Experience Students

Individual-level interventions	Organizational-level interventions
Teach APPE students	Train ^c conference leaders
Self-management strategies	Assisting students in distress ^{d,e} (2.5 hours)
Stress management exercises	Self-management strategies ^{a,d,e,f} (5 hours)
Mindfulness and meditation	Stress management exercises ^b
Internal narrative medicine	Mindfulness and meditation
Appreciation and gratitude	Internal narrative medicine ^g
Breath medicine	Appreciation and gratitude
Self-care	Breath medicine ^h
Critical reflection	Self-care ⁱ
	Critical reflection ^{a,d,e,f} (1 hour)
	Community building ^a
	Social/health-promoting activities ^j

Abbreviations: APPE=advanced pharmacy practice experience.

^a UCSF wellness pillars include self-management strategies (stress management exercises and self-care), critical reflection, and community building.

^b Stress management exercises include mindfulness and meditation, internal narrative medicine, appreciation and gratitude, and breath medicine.

^c WelPro training program includes assisting students in distress, self-management strategies, and critical reflection.

^d Lecture based.

^e Discussion based.

^f Skills based (eg, role playing).

^g Internal narrative medicine includes practicing reframing and telling a new story.

^h Breath medicine includes practicing diaphragmatic/belly mindful breathing.

ⁱ Self-care includes exercise, sleep habits, diet/nutrition, emotional and cognitive health, and hobbies.

^j Social/health-promoting activities include structured group dinners, yoga, and hiking.

leaders were deidentified with a self-selected six-digit code. Survey content included questions regarding participant demographics (age, gender, race, children or dependents within the household, years and areas of practice as a pharmacist, and years as an APPE conference leader) and study outcomes related to attitudes (eight items) and self-efficacy (three items) toward burnout. Questions in the attitude domain were adapted from the six areas of work life model and Ledingham's thesis on the beliefs and perceptions of burnout among mental health professionals.^{28,29} Conference leaders were asked questions using four-point and five-point Likert scales about factors that would impact the likelihood of developing burnout (1=extremely unlikely, 5=extremely likely), their perceptions on how avoidable burnout is within the pharmacy profession (1=not avoidable, 4=avoidable), and the presence of burnout that they have observed in their colleagues (1=never, 4=often). Conference leaders were also asked about their personal experience of burnout, their comfort level in disclosing feelings of burnout to either their colleagues or supervisor using a four-point Likert scale (1=not comfortable, 4=comfortable), their perceived responses from others when they sought help using a three-point Likert scale (1=positive, 2=negative, 3=mixed positive and negative), barriers that would prohibit them from seeking help, and the frequent use of various coping mechanisms to manage stressful situations using a five-point Likert scale (1=never, 5=always). To assess self-efficacy toward burnout, using a five-point Likert scale (1=not at all

confident, 5=extremely confident), conference leaders were asked about their confidence levels before and after the training program in their ability to identify students in distress, identify available resources for students, and know when and how to refer students when signs and symptoms of burnout or distress are exhibited.

Data were analyzed using Stata 16 (StataCorp LLC). Descriptive statistics were used to characterize attitudes and self-efficacy of conference leaders. The Wilcoxon signed rank test was used for nonparametric ordinal data (conference leaders' confidence levels on assisting students in distress before and after the training). The Mann-Whitney test was used for nonparametric ordinal data (conference leaders' years of experience working with APPE students in conferences). Any *p* values <.05 were considered statistically significant. The pilot study was approved under exempt status by the UCSF Institutional Review Board (IRB) office.

RESULTS

Surveys were administered to 10 UCSF conference leaders with a 100% response rate. All conference leaders were female, 90% identified as White, and 50% were aged 30-39 years. Sixty percent of conference leaders indicated that they had been in pharmacy practice for less than 10 years, and 80% of conference leaders practiced in academia, either in a full-time or volunteer capacity. Among the conference leaders, 50% reported having children or dependents in their household. The conference leaders had

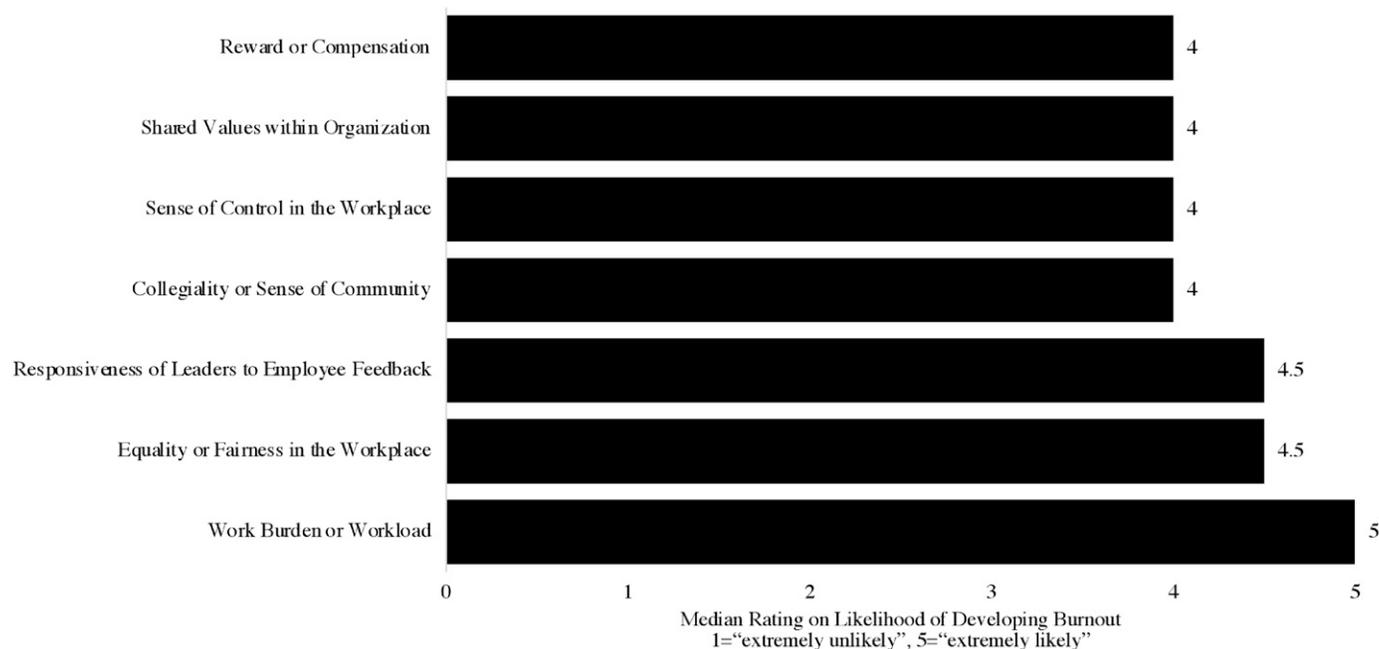


Figure 1. Perceptions of conference leaders (n=10) who responded to a survey regarding factors influencing development of burnout after completing WelPro training.

a wide range of years in working with APPE students (one to 22 years), whereby two indicated that they only had one year of experience.

The top three factors perceived by all conference leaders rated as likely or extremely likely to influence the development of employee burnout were workload, equality in the workplace, and leader responsiveness to employee feedback (Figure 1). All conference leaders also believed that burnout within the pharmacy profession is avoidable to some degree, with 50% percent of conference leaders reporting that they had observed their colleagues experience burnout during their careers. Ninety percent of conference leaders acknowledged that they had experienced burnout in their careers, where six out of nine had sought help. Among conference leaders who reached out for help, half experienced positive responses, while the other half experienced a mixture of positive and negative responses. Three conference leaders who did not seek help attributed it mostly to their busy workload, where one conference leader reported that negative stigma of perceived incompetence, weakness, and lack of professionalism were barriers that prevented them from seeking help. When asked about their comfort levels in expressing feelings of

burnout, conference leaders indicated that they were more comfortable with their colleagues than their supervisors, at 80% vs 70%, respectively.

The conference leaders' confidence levels in assisting students in distress before and after the program are presented in Figure 2. Confidence levels significantly improved in the following areas: identification of resources for students, identification of students in distress, and recognition of when and how to refer students in distress. Interestingly, years of experience working with students in APPE conferences were not associated with confidence levels in assisting students in distress ($p > .05$). During stress, conference leaders indicated that they would often use healthy coping mechanisms to manage their stress, such as exercise or play sports, vent or consult with others, spend time with family or friends, or change perspective.

DISCUSSION

This is the first pilot study, to our knowledge, that aims to determine the impact of a training program to promote well-being on the self-efficacy of experiential education program directors and preceptors who work with

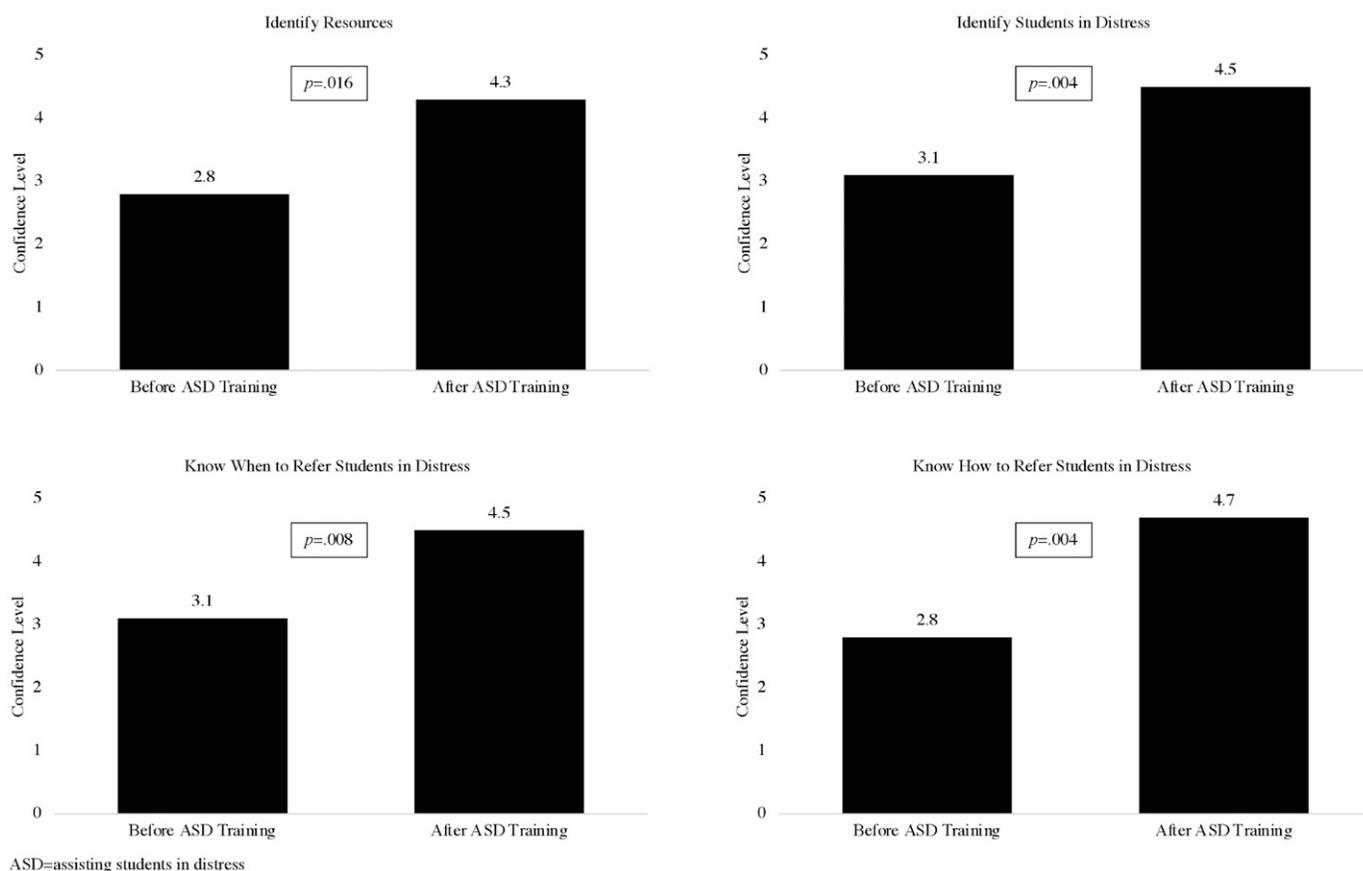


Figure 2. Conference leaders' confidence levels in their ability to assist pharmacy students in distress before and after completing WelPro training.

APPE students. This study showed that WelPro training improved confidence levels of conference leaders in recognizing and providing appropriate referrals for students in distress.

Understanding the attitudes of conference leaders regarding burnout provides insight into how conference leaders may work with students experiencing burnout. Conference leaders who have experienced burnout themselves and have had positive experiences in seeking help from others may have increased awareness and empathy toward their students' needs and encourage them to seek help. As in social work, empathy could help conference leaders connect with students and allow students in need to feel more comfortable in seeking help from their conference leaders.³⁰ When students perceive faculty to be helpful and have positive relationships with faculty members, a strong association has been observed with students' academic help-seeking behaviors.³¹

It was reassuring to find that conference leaders reported using healthy coping mechanisms for dealing with stress, since this might help them promote healthy strategies for preventing burnout when advising their APPE students. The study also showed increased confidence levels of conference leaders to identify and assist students in distress after the WelPro training. This may be translated into conference leaders' improved ability to mentor APPE students, and it further underscores the critical role that faculty support plays in students' overall learning environment and their well-being.^{9,10}

The WelPro training program has some limitations. This pilot study was conducted at a single public school of pharmacy, and the number of study participants was small and lacked diversity in gender and race, thereby limiting generalizability. Improved awareness and sensitivity to equity, diversity, and inclusion, especially for gender and racial and ethnic minoritized groups, can impact students' perception of the faculty's ability to provide a strong student support system and reduce students' feelings of social isolation.³²⁻³⁴ Since the purpose of the pilot study was to assess training of participants within an institution, intentional inclusion of diverse study participants will be an important consideration for future research. Another limitation was the asynchronous training of one conference leader, which was due to California's COVID-19 travel restrictions. The principal investigator met with the conference leader virtually to review all training materials, and the conference leader watched a recording of the WelPro training session.

Overall, results from this pilot study could help inform other institutions on how to implement a train-the-trainer wellness program for experiential education program directors and preceptors. Train-the-trainer programs, such as the

pharmacogenomics curriculum (PharmGenEd) and the tobacco cessation program Rx for Change, showed improved self-efficacy (ie, increased confidence in teaching and counseling) among participants after training completion.^{35,36} Lee and colleagues also found a high likelihood of program adoption by pharmacy faculty after completion of PharmGenEd.³⁵ Of note, successful implementation of the WelPro training program, as observed in the Rx for Change and PharmGenEd programs, depended on the engagement and buy-in from key stakeholders within the School of Pharmacy, department leadership, and faculty.

Future studies could assess the use of WelPro training program materials by conference leaders and the number of students identified for referrals. Evaluation of student perception regarding support from conference leaders and the institution's wellness culture would also be important. Lastly, based on feedback from conference leaders, the WelPro training program may be divided into two training sessions to allow more time for teaching and application of learned strategies.

CONCLUSION

The WelPro training program appears to be promising, but our results are only hypothesis generating. We demonstrated that after completing the program, conference leaders had increased confidence in identifying and assisting students in distress. Findings from this pilot study can serve as an initial model to help facilitate efficient dissemination of much-needed training for our directors and preceptors in experiential education, with the goal of fostering wellness and promoting resilience in APPE students.

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