The AGILE Survey: Health Authority Pharmacists' Perspectives on Precepting

THE UNIVERSITY OF BRITISH COLUMBIA — PHARMACEUTICAL SCIENCES

AGILE — Advancing experiential learninG In institutionaL pharmacy practicE

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Background

- The goal of the Faculty of Pharmaceutical Science's AGILE project is to identify new approaches to institutional experiential pharmacy education in BC that will address rotation capacity concerns & associated challenges
- The AGILE survey was an important part of the stakeholder engagement strategy
- The survey was designed to characterize the perspectives of health authority pharmacists across BC
- These perspectives will help the AGILE project team address perceived barriers and incorporate viable solutions into the final project recommendations

Objectives

- To characterize the perceived barriers and benefits related to precepting pharmacy learners on health authority placements
- To identify the solutions and supports which are most favored by pharmacists
- To characterize pharmacists' views pertaining to non-traditional learning models and precepting strategies

Methods

Design:
- A cross-sectional study via an online 20 minute survey deployed to all health authority pharmacists within BC
- Questions probed the benefits, barriers, and enablers to precepting, as well as views regarding alternative learning models
- Input was collected using a combination of Likert, ranking, multiple-answer, and open field responses

Inclusion Criteria:
- Pharmacists employed in a BC health authority institution

Exclusion Criteria:
- Pharmacists who declined to participate

Definitions

- **One-to-one**: the current dominant learning model in BC consisting of a single learner partnered with one preceptor
- **Multi-learner precepting:** precepting two or more learners of one type (i.e. learners in the same year of their program) on rotation at the same time
- **Pairs of learners as the default precepting model:** the standard method of hosting rotations would be for each preceptor to always take at least two learners at one time, rather than one
- **Tiered precepting:** precepting two or more learners of different levels, where senior learners precept junior learners
- **Learners as extenders of pharmacy services:** learners provide a service in their designated clinical area while they are present. The learners work independently of the preceptor for much of the day. Contact with the preceptor is via regularly scheduled discussions or on an as needed basis.

Acknowledgements and Affiliations

Table 1. Characteristics of Survey Respondents

Characteristic	N (%)
Survey response	233 (23)
Gender	
Female	189 (72)
Male	68 (26)
Age	
20 to 44 years	158 (61)
Greater than 44 years	99 (39)
Pharmacy education	
BSc Pharm	247 (94)
Pharmacy Practice Residency	138 (52)
Post-graduate PharmD	40 (15)
Health authority	
Lower Mainland Pharmacy Services	124 (47)
Interior Health Authority	48 (18)
Vancouver Island Health Authority	40 (15)
BC Cancer Agency	31 (12)
Northern Health Authority	20 (7.7)
Previously precepted	222 (84)

Table 2. Precepting Barriers and Enablers

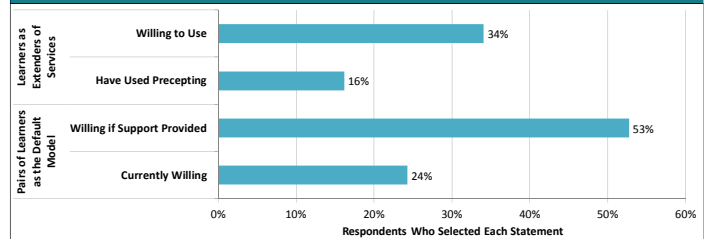| Pharmacist Responses		Agree (%)
Barriers Pertaining to Workload	Insufficient time to devote to precepting	81
	Lack of staff to back-fill me when I precept	78
	Competing priorities in my job	76
	Workload associated with precepting	75
	Administrative burden due to precepting	63
Personal Barriers	Lack of confidence as a preceptor	27
	Lack of recognition	25
	Lack of knowledge as a preceptor	24
	The fact that I do not enjoy precepting	10
	It is not my professional responsibility	2.8
Enablers Pertaining to Workload	Staffing support for unexpected absences	84
	Increased physical workspace	80
	Staff to support struggling learners	75
	More laptops to access hospital networks	74
	Relieving some administrative tasks	72
	Clearer expectations surrounding the responsibilities of learners and preceptors	72
Enablers Pertaining to Preceptor Development	Access to CE courses through UBC	78
	Access to UBC's online library resources	78
	A repository of precepting materials	76
	Increased on-site preceptor workshops	74
	The opportunity to engage in learning (unrelated to precepting) through UBC	71
	Having a preceptor "coach" or mentor	69

Table 3. Precepting Benefits

Pharmacist Responses		Ranked Within Top Six Benefits (%)
Personal Benefits	Increases my knowledge	90
	Makes me a better practitioner	89
	Precepting is my professional responsibility	88
Department Benefits	Increased education opportunities for staff	64
	Helps with recruitment	58
	Improves patient care	50
Extrinsic Benefits	Receiving awards and/or recognition	4.5
	Receiving remuneration and/or incentives	3.7

Figure 1. Views on Alternative Learning Models

Tiered Model — Willing to Use: 46%; Have Used Precepting: 15%
Multi-Learner Model — Willing to Use: 50%; Have Used Precepting: 34%
(X axis: Respondents Who Selected Each Statement, 0%–60%)
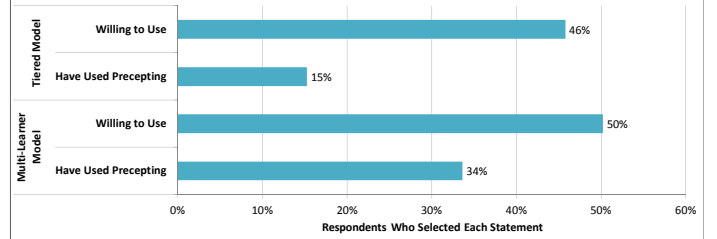
Figure 2. Views on Other Non-Traditional Approaches to Precepting

Learners as Extenders of Services — Willing to Use: 34%; Have Used Precepting: 16%
Pairs of Learners as the Default Model — Willing if Support Provided: 53%; Currently Willing: 24%
(X axis: Respondents Who Selected Each Statement, 0%–60%)

Limitations

- Responder bias, retrospective memory recall, survey was not designed to assess differences in perspectives of respondents across health authorities

Conclusions

- The majority of pharmacists agreed that excessive workload and a lack of time are barriers to precepting, but a personal aversion or perceived inadequacy are not
- Pharmacists agreed that there are many potential solutions that could better enable them to precept; the most highly favoured ones generally related to alleviating workload or increasing preceptor development and education opportunities
- Pharmacists rank intrinsic benefits among their top motivators for precepting pharmacy learners more often than extrinsic ones
- Although few preceptors have utilized alternative learning models, many are willing to begin using them, especially if their implementation were accompanied by support