

# ASHP Statement on Precepting as a Professional Obligation

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## Position

The American Society of Health-System Pharmacists (ASHP) believes that all pharmacists have a professional obligation to give back to the profession through involvement in the precepting process of students and postgraduate trainees. ASHP encourages pharmacy practice leaders, practitioners, postgraduate trainees, and faculty members to embrace the responsibility to be involved in the precepting process in an effort to advance pharmacy practice and improve patient care. To this end, ASHP urges all pharmacists and healthcare institutions to accept this responsibility

and commit time and resources to the precepting process and the development of precepting skills.

ASHP encourages pharmacy practice leaders to create a culture of teaching and learning, integrate precepting as a practice philosophy, support an organizational commitment to well-being, and facilitate the integration of learners into patient care services and scholarly work. Pharmacy leaders and administrators, colleges of pharmacy, faculty, and current preceptors have a responsibility to foster and support the evidence-based development of the precepting skills of all pharmacy practitioners and postgraduate trainees, facilitate the development of practice models that provide regular opportunities to precept learners, encourage all pharmacists to be involved in the precepting process, and support the assessment of training programs' outcomes.

## Background

Upon graduation, all pharmacists pledge to use their knowledge, skills, experiences, and values to train the next generation by taking the Oath of a Pharmacist.<sup>1</sup> The apprenticeship model of “see one, do one, teach one” is grounded in centuries of tradition across many healthcare disciplines. Current apprenticeship models, such as the Cognitive Apprenticeship Model, encourage the development of observable skills and critical thinking skills that are fundamental to contemporary practice.<sup>2</sup> The evolution of the current pharmacy education system and apprenticeship models requires preceptor supervision during experiential learning and postgraduate training.

Precepting consists of providing a learner with practical experiences in a practice setting in which they can develop and apply principles of pharmacy practice. The precepting process

begins within the college of pharmacy curricula and co-curricula and extends through advanced pharmacy practice experiences (APPEs) and postgraduate trainee experiences. Throughout this prolonged process, preceptors serve vital roles by providing instruction, mentorship, coaching, facilitation, assessment, and feedback to learners. The precepting process teaches more than clinical skills by promoting skill development in professionalism, communication, teamwork, interprofessional collaboration, leadership, time management, and professional values as well as facilitating professional identity formation (PIF).<sup>3</sup> Involvement in the precepting process and experiential learning consists of more than serving as the primary preceptor on rotations and may extend to opportunities such as team precepting, shadowing experiences, speaking engagements, providing feedback to learners, facilitating topic discussions, learner mentoring, learner supervision, and more.

Experiential learning is fundamental to the application of knowledge and skills gained during didactic curricula.<sup>3,4</sup> To determine if students are practice ready, colleges of pharmacy utilize entrustable professional activities (EPAs), which are workplace tasks or responsibilities students are entrusted to perform in the experiential setting with direct or distant supervision.<sup>5</sup> Evaluation of entrustability levels of EPAs requires input from preceptors to assign a degree of trust in student competence. While mastery of EPAs requires the learner to gain foundational knowledge, skills, and attitudes in didactic curricula, these activities cannot be adequately replicated in the classroom; therefore, they should be fully elucidated and evaluated in the experiential setting.<sup>4</sup> Likewise, postgraduate programs require qualified preceptors to provide appropriate

training, supervision, and guidance to all postgraduate trainees as they progress toward competence using the postgraduate trainee program's defined assessment scale.<sup>6</sup>

Preceptors are necessary to ensure learners attain the desired level of competency for practice; however, a dearth of preceptors has been a long-standing problem. Experiential site and preceptor capacity are frequent concerns of experiential education directors.<sup>7</sup> There are several contributing factors to this persistent preceptor shortage. First, colleges of pharmacy must adhere to the Accreditation Council for Pharmacy Education (ACPE) accreditation standards, which require enough preceptors to deliver and evaluate students in the experiential setting.<sup>8</sup> From 2000 to 2020, there was a greater than 70% increase in the number of colleges of pharmacy, and since 2013, there has been a 65% increase in postgraduate training programs.<sup>9</sup> Furthermore, preceptors of postgraduate trainees require advanced training and/or experience to meet postgraduate training standards.<sup>6</sup> These requirements and expansion of programs may limit the number of experiential sites or individuals available to precept at any given time, a situation that may worsen if all pharmacists do not accept precepting as a professional responsibility.

Another contributing factor to these shortages may be pharmacist burnout. Burnout is increasingly associated with work-related stressors, resulting in decreased clinician job satisfaction, productivity, interprofessional teamwork, and mental health. Increasing concerns about the personal ability to effectively balance patient care, administrative, teaching, and other roles may negatively influence pharmacists' interest in precepting. The consequences of burnout to patient care reinforce the need of colleges of pharmacy and healthcare institutions to systematically commit to the well-being of all pharmacy practitioners, pharmacy technicians, and learners.

Within the challenges of our ever-evolving healthcare and educational

systems, high-quality preceptors are needed now more than ever. Their contributions continue the rich tradition of pharmacists as one of the most trusted healthcare professionals and bring value to healthcare institutions, learners, and patients.

### Value of precepting

The amount of literature demonstrating mutual benefit for learners, preceptors, healthcare institutions, and patients is vast.<sup>3,10</sup> Ultimately, a synergistic relationship among stakeholders can improve patient care by aligning the goals of colleges of pharmacy, learners, preceptors, and healthcare institutions and embracing precepting as a practice philosophy.<sup>11</sup> Additionally, when learners are used as pharmacist extenders, clinical productivity increases, personal and professional growth ensues, and institutional metrics improve.<sup>3,10</sup>

**Value to learners.** Preceptors are often one of the most influential teachers learners encounter as part of their training. They significantly influence learners' PIF through instructing, modeling, coaching, and facilitating as learners internalize and demonstrate the values and behaviors of pharmacists in practice. Preceptors' provision of feedback on learners' performance and their intraprofessional and interprofessional interactions are instrumental in learners' professional socialization and identity development. Preceptors also significantly impact learners' career choices and trajectories, personal and professional development, involvement in professional advocacy, and participation in scholarly activities.<sup>3</sup> Learners also benefit from collaborating with various professionals in their interprofessional practice experiences.

**Value to preceptors.** There is tangible value for preceptors who incorporate students and postgraduate trainees into experiential learning opportunities. Incorporation of learners as pharmacist extenders helps preceptors expand their clinical services to patients and allows them to accommodate more

learners, particularly when the Layered Learning Practice Model (LLPM) is used. The LLPM is the teaching approach in which seasoned clinical preceptors supervise learners' clinical and precepting experience and train postgraduate trainees to precept students.<sup>12</sup> Learners may also serve as productive members of the LLPM. In addition to gaining supervised autonomy, learners develop foundational precepting skills by participating in near-peer teaching as appropriate for their development. This model utilizes a team approach so that pharmacists, postgraduate trainees, students, and technicians within larger healthcare teams maximize and extend the reach of pharmacy services.

Incorporating learners also allows preceptors to increase scholarly activities. Preceptors have ample opportunities to collaborate with learners for presenting and publishing abstracts, posters, and manuscripts.<sup>3</sup> These partnerships can help advance preceptors' research goals while developing learners' scholarly skills. Preceptors can leverage journal clubs or presentations on upcoming literature or clinical topics to maintain an updated knowledge base. Precepting is a professionally rewarding opportunity to influence future pharmacy clinicians and leave an enduring legacy on the future of the profession.<sup>3</sup>

**Value to healthcare institutions and patients.** Abundant literature documents the benefits of learners to healthcare institutions. Utilization of learners at healthcare institutions improves institutional metrics by expanding pharmacy services and advancing research agendas and dissemination rates.<sup>10,13</sup> For example, literature has shown tangible benefits of learners when they participate in taking medication histories, optimizing transitions of care, performing discharge counseling, practicing medication therapy management, and administering vaccinations.<sup>10</sup> Involvement of learners in these activities has been associated with the prevention of errors, decreases in medication costs,

increased patient interventions and encounters, and decreased pharmacist-to-patient ratios.<sup>10,14</sup> Finally, trainees often apply for positions within their training institution, creating a pipeline of future employees.

### Responsibilities of stakeholders

Positively impacting patient care is the shared vision of learners, preceptors, healthcare institutions, colleges of pharmacy, and professional organizations, and preceptors are necessary to achieve that vision.<sup>11</sup> Preceptors provide an invaluable aspect of pharmacy education, as they empower learners to independently apply their knowledge and skills in real-world situations. Colleges of pharmacy uphold the responsibility to prepare APPE-ready students by adhering to ACPE standards regarding experiential learning, and postgraduate training programs uphold the responsibility to ensure postgraduate trainees are practice or advanced practice ready. Practitioners involved in the precepting process play an integral role in determining these outcomes for learners. When experiential learning is thoughtfully designed, students, postgraduate trainees, preceptors, healthcare institutions, and ultimately patients benefit.<sup>3,15</sup>

Preceptors have diverse learning needs and preferences, and healthcare institutions vary in development resources available to preceptors. Preceptor development is instrumental in supporting the design of experiential learning and preparing preceptors for teaching and mentoring within the precepting process. To improve preceptor efficiency and maximize learning, development regarding in-the-moment experiential teaching is crucial, and additional training and sharing best practices in leveraging learners to help meet institutional goals should be a priority. It is imperative that professional organizations, colleges of pharmacy, and healthcare institutions collaborate to provide evidence-based preceptor development resources in a variety of media

and formats and promote an inclusive and equitable culture of teaching and learning. As such, the continual professional development of preceptors is a shared responsibility among these entities.

### Responsibilities of professional organizations

Professional organizations play a pivotal role in the development of precepting standards and preceptor development resources. ASHP and ACPE provide guidance on the standards and requirements for preceptor training and development.<sup>6,8</sup> Professional organizations should collaborate with preceptors, healthcare institutions, and colleges of pharmacy to provide practical and contemporary preceptor development resources and programming to meet the standards. These organizations are equipped to spotlight best teaching practices and practice models of their diverse members.<sup>16</sup> Professional organizations are also positioned to advocate for the importance of precepting and preceptor development to pharmacists and healthcare institutions.

### Responsibilities of colleges of pharmacy and postgraduate training programs

In addition to providing preceptor development resources to meet individual and group preceptor development needs, colleges of pharmacy and postgraduate training programs can assist in the creation, research, and dissemination of best practices in precepting and innovative practice models to spur the development of others.<sup>11</sup> Colleges of pharmacy and postgraduate training programs also aid in the development of preceptors and healthcare institutions through sharing deidentified aggregate feedback from learners, quality assurance programs, and in the acknowledgment of quality precepting through recognition programs.<sup>16</sup>

### Responsibilities of healthcare institutions

It is critical to the training of the next generation of pharmacists that healthcare institutions embrace the responsibility to support preceptor development and to develop precepting as a practice philosophy within their institutions. Practice and research models that integrate learners and leverage them to extend pharmacy services should be encouraged and highlighted. Particular importance should be placed on the well-being of busy preceptors who are balancing clinical, professional, and precepting responsibilities. While preceptors continue to adapt to newer educational models that discourage long didactic sessions, preceptors need time for the precepting process. Protected time may be necessary for planning practice experiences, orienting learners, reviewing expectations, discussing learner background and goals, completing and delivering feedback and evaluations, reviewing learner's work, and providing teaching pearls from learning activities. Although this time may vary based on the specific site and infrastructure in place, leadership discussions with precepting teams can help determine what type of support is needed and foster collaborative solutions.

Additionally, this responsibility includes providing financial support to attend preceptor development offerings, protected time to be involved in the precepting process and attend training and development programs, access to development resources, and an organizational commitment to employee well-being. The expectation of precepting as a practice philosophy should be included in role descriptions, performance appraisals, and career ladders to encourage and recognize effective precepting. Examples of competency areas on performance appraisals include commitment to precepting, advocacy for the profession, communication and collaboration, qualities of the learning environment, use of teaching and learning strategies that develop clinical reasoning and other

skills, feedback and assessment practices of learners, content expertise, contribution in the area precepted, and ongoing professional engagement.<sup>6,17,18</sup> These competencies may also serve as a framework for self- and peer assessment that are essential to professional development as well as guide preceptor development plans.<sup>17-20</sup>

### Responsibilities of preceptors

Preceptors should approach precepting with a commitment to lifelong learning and continual personal and professional growth. Strategies to implement this philosophy include continuing professional development (CPD) and the self-directed assessment seeking (SDAS) approaches. In CPD, learning needs are identified through self-assessment and reflection; specific, measurable, achievable, relevant, time-bound (SMART) goals are developed to meet learning needs; the effectiveness of the plan is assessed; and learning is applied to teaching practices.<sup>19,20</sup> Recognizing the limitations of self-assessment alone, the SDAS performance improvement process involves seeking feedback and assessment from external sources such as peers and learners, self-reflecting to identify areas of strength and growth, and developing a plan for improvement.<sup>21</sup> Development plans may include preceptor development offered through written, online, on-demand, live, and other resources. The Habits of Preceptors Rubric is an example of a criterion-referenced tool to support preceptors engaged in self-directed assessment to guide CPD.<sup>22</sup> Preceptors may also create a teaching or precepting philosophy to guide their work. Postgraduate trainees and students also have important roles in preceptor development through provision of constructive and professional feedback on learning experiences and precepting practices. Preceptors should create an environment and foster dialogue that encourages and welcomes feedback from learners throughout a rotation. In addition, colleges of pharmacy and

postgraduate trainee programs should train learners to provide constructive, meaningful feedback for learning experiences and preceptors.

### Incorporating precepting into practice

Serving as a liaison between classroom education and practical application, preceptors are role models for the practice of pharmacy and share the art of the profession with learners. Preceptors are vital to modeling professionalism, communication, and application of skills and knowledge when they advise, mentor, and provide feedback during thoughtfully designed experiential learning. Additionally, throughout postgraduate training, it is imperative that trainees learn to not only precept effectively but also to employ those skills by becoming preceptors themselves following completion of postgraduate training. All pharmacists with practice experience, including those with and without postgraduate training, have a responsibility to be involved in the precepting process.

Preceptors have a responsibility to be involved not only in training learners but also in the continuous quality improvement process of the training. Both colleges of pharmacy and postgraduate trainee programs have set standards for continuous quality improvement. ACPE 2016 Standard 20 requires that colleges of pharmacy solicit preceptors for continuous quality improvement of educational programs, especially in experiential learning, and ASHP standards require that preceptors provide input related to continuous improvement and formal postgraduate trainee program evaluation.<sup>6,8</sup> These efforts ensure that experiential learning for both students and postgraduate trainees remain parallel with contemporary practice. Preceptors and learners are vital to these quality improvement processes to ensure patient care and outcomes and institutional metrics are optimized.

Finally, preceptors are encouraged to publish examples of the value of precepting as a practice philosophy,

the value of learners as pharmacist extenders, and the impact of learners on patient outcomes through scholarly work. As precepting is incorporated into daily practice, this scholarly work reflects contemporary practice, documents value to other healthcare institutions, provides a framework for the development of effective precepting, and encourages other healthcare institutions to embrace precepting as a professional responsibility. Disseminating both positive and negative outcomes as scholarly work is vital to optimizing outcomes for all stakeholders, most importantly patients.

### Conclusion

ASHP believes involvement in the precepting process of learners is the professional responsibility of all pharmacy practice leaders, pharmacists, postgraduate trainees, and faculty to advance pharmacy practice and improve patient outcomes. All pharmacy stakeholders play a vital role in embracing precepting as a practice philosophy and supporting a culture of teaching and learning in the experiential setting. Professional organizations, pharmacy leaders and administrators, colleges of pharmacy, and healthcare institutions should support pharmacists, postgraduate trainees, and pharmacy technicians in developing and utilizing precepting skills, provide resources for formal precepting training and development, and promote learner and preceptor well-being.

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## Additional information

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## References

- American Association of Colleges of Pharmacy. Oath of a Pharmacist. Accessed December 15, 2022. <https://www.aacp.org/sites/default/files/2021-12/oath-of-a-pharmacist-pdf-2021.pdf>
- Lyons K, McLaughlin JE, Khanova J et al. Cognitive apprenticeship in health sciences education: a qualitative review. *Adv Health Sci Educ*. 2017;22:723-739.
- DeRemer CB, Gant KO, Ordones ND, et al. Precepting fundamentals. In: *Preceptor's Handbook for Pharmacists*. 4th ed. American Society of Health-System Pharmacists; 2020:1-26.
- Persky AM, Fuller KA, Cate OT. True entrustment decisions regarding entrustable professional activities happens in the workplace, not in the classroom setting. *Am J Pharm Educ*. 2021;85:8356.
- American Association of Colleges of Pharmacy. Curriculum outcomes and entrustable professional activities (COEPA) 2022. Patient care provider domains and example supporting tasks. Accessed December 15, 2022. <https://www.aacp.org/sites/default/files/2022-11/coepa-document-final.pdf>
- American Society of Health-System Pharmacists. ASHP accreditation standard for postgraduate residency programs. Accessed December 15, 2022. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>
- Danielson J, Craddick K, Eccles D, et al. A qualitative analysis of common concerns about challenges facing pharmacy experiential programs. *Am J Pharm Educ*. 2015;79(1):06.
- Accreditation Council for Pharmacy Education. Accreditation standards and key elements for the professional program in pharmacy leading the doctor of pharmacy degree. Standards 2016. Accessed December 15, 2022. <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>
- National Matching Services Inc. ASHP match statistics. Accessed December 15, 2022. <https://natmatch.com/ashprmp/stats.html>
- Mersfelder TL, Bouthilier MJ. Value of the student pharmacist to experiential practice sites: a review of the literature. *Ann Pharmacother*. 2012;46:541-548.
- Taylor CT, Adams AJ, Albert EL, et al. AACP reports. 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:s12.
- Pinelli NR, Eckel SF, Vu MB, et al. The layered learning practice model: lessons learned from implementation. *Am J Health-Syst Pharm*. 2016;73:2077-2082.
- Slack MK, Martin JM, Islam S. A systematic review of extramural presentations and publications from pharmacy student research programs. *Am J Pharm Educ*. 2016;80:100.
- Delgado O, Kernan WP, Knoer SJ. Advancing the pharmacy practice model in a community teaching hospital by expanding student rotations. *Am J Health-Syst Pharm*. 2014;71:1871-1876.
- Soric MM, GLowczewski JE, Lerman RM. Economic and patient satisfaction outcomes of a layered learning model in a small community hospital. *Am J Health-Syst Pharm*. 2016;73(7):456-462.
- Worrall CL, Chaira DS, Aistropheb EA, et al. AACP reports. Priming the preceptor pipeline: collaboration, resources, and recognition: the Report of the 2015-2016 Professional Affairs Standing Committee. *Am J Pharm Educ*. 2016;80:S19.
- Walter S, Mulherin K, Cox CD. A preceptor competency framework for pharmacists. Part 2 of a 3-part series. *Curr Pharm Teach Learn*. 2018;10:402-410.
- Larson S, Davis LE, Stevens AM, et al. Development of a tool to assess and advance the effectiveness of preceptors: the Habits of Preceptors Rubric. *Am J Health-Syst Pharm*. 2019;76:1762-1769.
- Accreditation Council for Pharmacy Education. Accreditation Council for Pharmacy Education guidance on continuing professional development (CPD) for the profession of pharmacy. Accessed December 15, 2022. <https://www.acpe-accredit.org/pdf/CPDGuidance%20ProfessionPharmacyJan2015.pdf>
- Tofade T, Kim J, Lebovitz L, et al. Introduction of a continuing professional development tool for preceptors: lessons learned. *J Pharm Pract*. 2015;28:212-219.
- Eva KW, Regehr G. "I'll never play professional football" and other fallacies of self-assessment. *J Contin Educ Health Prof*. 2008;28:14-19.
- Davis LE, Pogge EK, Larson S, Storzjohann T, Early N. Evaluating the change in preceptor habits while enrolled in a teaching and learning curriculum using the habits of preceptors rubric. *J Am Coll Clin Pharm*. 2021;4:137-146.