Chapter 1
Introduction

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Purpose 2
Making Efficient Use of This Book 4
References 4

Purpose

This is a handbook for conducting staff development in pharmacy. If you are responsible for or are assisting with staff development in your pharmacy department, we believe you will find this guide to helping your staff acquire new practice skills useful. The transition of the profession from distributive functions to the provision of direct patient care is a tremendous task, requiring the development of new knowledge, skills, attitudes, and abilities. With the change in role comes the need to help those who are already members of the profession make the change. For those who cannot return to school, staff development is the key. The existing literature of pharmacy offers no efficient and effective process for determining staff development needs and designing and delivering training to meet those needs. This book describes such a process.

The book will refer throughout to staff development taking place in "health systems." Although we use that terminology, the process and principles we advocate are applicable wherever one or more pharmacists are engaged in improving their direct patient care skills. The goals of the advocated systematic approach to staff development are effectiveness and efficiency. Whether attempting to provide training for a large health-system staff or in a pharmacy of two, the need for effectiveness and efficiency remains the same. Thus, this approach applies in large settings and small. The terminology and examples used throughout this book are from settings regarded as within health systems. With the growing closure between the practice of ambulatory care clinics and progressive community pharmacies, staff development needs are beginning to look remarkably the same. Community pharmacy managers will also find the systematic approach to developing their staff's knowledge, skills, attitudes, and abilities of value.

Pharmacy's current redefinition of its role in health care began at the American Society of Hospital Pharmacists (ASHP) conference, "Directions for Clinical Practice in Pharmacy," held in 1985 at Hilton Head Island, South Carolina.[1] The Hilton Head conference, as it has come to be known, resulted in the definition of pharmacy as a clinical profession and a call for an educational agenda to develop the knowledge, skills, attitudes, and abilities of practicing pharmacists to provide patient care. At the conference, Parker[2] noted a colleague's observation that "everybody in pharmacy is clinical." He said that pharmacists must have both therapeutic knowledge and experience to practice clinically and to develop therapeutic judgment. Parker said, "We can't have two types of pharmacists practicing in the same department .... We must teach our staff pharmacists how to conduct clinical services." He referred to Smith's frustration at the lack of leadership and the slow progress in pharmacy education toward making pharmacy a clinical profession.[3]

In 1990, Hepler and Strand[4] published a manuscript that defined a new philosophy of practice for pharmacy focused on direct patient care that they called *pharmaceutical care.* Pharmaceutical care challenges pharmacists to accept a social mandate to assume responsibility for the outcomes of drug therapy. Acceptance of this role has profound effects on the practice of pharmacy and on pharmacists themselves. It assumes that pharmacists are sufficiently skilled in the therapeutic use of medications to identify and resolve the medication-related problems of individual patients. Finally, pharmaceutical care assumes that pharmacists can develop and maintain functional relationships with other health care professionals, specifically physicians and nurses, who play significant roles in prescribing and administering medications.

These skills have not been the primary focus of pharmacy education systems. In fact, we have trained generations of pharmacists who lack skills in medication therapy decision-making. In the past, colleges of pharmacy have provided didactic instruction with some institutional and community experiences with preceptors. Recently, the development of clinical decision-making skills in experiential training guided by preceptors has become a significant part of some baccalaureate and most doctor of pharmacy programs. We believe that the Doctor of Pharmacy degree and completion of an ASHP-accredited postgraduate residency training program is the proper level of preparation to practice direct patient care. The combination of such programs typically provides a total of 3000 hours of experiential training in clinical decision-making. However, graduates of baccalaureate programs often find it difficult to resist the financial rewards of entering practice immediately upon licensure, and they are typically unconvinced that additional training is necessary to practice. After one or two years of practice, they may recognize the value of additional training, but at that point they may find it difficult or impractical to return to school. In recent years, pharmacists with baccalaureate degrees without postgraduate residency training have also been confronted with a changing mix of new graduates. While the total number remains fairly constant at approximately 8000 new graduates per year, the graduates of Doctor of Pharmacy degree programs now constitute more than 25% of all degrees conferred each year.[5] This percentage is increased for each graduating class by students that subsequently pursue postbaccalaureate Doctor of Pharmacy degrees and nontraditional Doctor of Pharmacy degrees. A substantial number of these Doctor of Pharmacy degree graduates have pursued postgraduate residency

training programs, with some choosing to obtain both pharmacy practice and specialty training. Their eventual entry into the employment market has presented employers with ever more graduates prepared with advanced degree education and postgraduate residency training. Pharmacists without these credentials have expressed growing concern for their future employment prospects. This concern has resulted in a growing demand for nontraditional Doctor of Pharmacy degree programs. Not all pharmacists will be willing or able to make the sacrifices necessary to address development of knowledge, skills, attitudes, and abilities for clinical practice through traditional and nontraditional programs. Employers will be challenged to develop and implement programs to effectively develop clinical practice skills in the workplace itself.

Evidence that pharmacists are underskilled and in need of retraining is apparent. Participants at the 1993 ASHP conference, "Implementing Pharmaceutical Care," identified "inadequate education and training of pharmacists in the necessary skills (clinical problem solving and communication) to provide pharmaceutical care" as the most significant barrier to the implementation of pharmaceutical care.[6] May[7] identified the lack of practice skills and mentors for experiential training as significant educational barriers to providing pharmaceutical care in the acute care setting. Swift[8] made similar observations regarding the home care setting, and Louie and Robertson[9] found the same situation in the managed care setting.

The acceptance of direct patient care as a practice philosophy challenges colleges of pharmacy, the employers of pharmacists, and pharmacists themselves to develop the requisite patient care skills. Even if all pharmacists were able to pursue graduate education and postgraduate training, pharmacy graduate schools and current residency programs could not accommodate so many additional students and trainees. The financial and opportunity costs incurred by pursuing nontraditional Doctor of Pharmacy education and training is substantial and prohibitive for many pharmacists. Opportunities for postgraduate residency training are limited by the capacity to train less than 1000 individuals per year. In fact, as evidenced at the 1999 ASHP National Preceptors Conference, in San Diego, California, the current number of positions for residents in existing postgraduate residency training in pharmacy practice is insufficient to meet the needs of current applicants. The resulting consequence is that employers will find it necessary to conduct such training themselves to successfully meet their institutional objectives.

In this book we focus on developing on-the-job training systems to enable practicing pharmacists to enhance their skills and develop new ones. No one expects the pharmacy schools to reeducate all practicing pharmacists; rather, the profession is looking to staff development of practicing professionals by their colleagues in the work environment as the conduit to change. Strand et al.,[10] in their model for implementing pharmaceutical care in an institutional practice environment, identified staff development, mission statement, organizational structure, practice standards, and documentation as five departmental requirements for providing that level of care. Appropriate and effective training must be offered in the workplace to develop the knowledge, skills, attitudes, and abilities of employed pharmacists. Pharmacy managers who are committed to providing direct patient care for their patients will find it both necessary and challenging to obtain the resources and maintain the programs to develop these skills in their employees.

Staff development is not new to pharmacy, but the approach we advocate in this book is. The profession's traditional approach to development has been through continuing education (CE) programs. For the most part, these programs have relied on unsystematic identification of practice needs and didactic instruction. Typical CE providers are health systems, colleges of pharmacy, pharmaceutical companies, and professional associations. Information is most commonly presented in seminars; less frequently, experiential or simulated experiential workshops are offered. No objective data demonstrate that these programs are effective in developing clinical practice skills. Although some anecdotal reports suggest that pharmacists are satisfied with CE programs, a survey of Canadian pharmacists indicated that most found the programs inadequate.[11] As Sawyer et al.[12] have observed, staff training and development have been a focus of interest in health systems, but they have not been accepted as a necessary component of departmental activities. In a 1989 study of hospital-based pharmacy services, Raehl et al.[13] found that only 30% of the hospitals surveyed had a formal staff development program. Other surveys of hospital-based pharmaceutical services have reported similar numbers.[14–16] In a 1996 study of pharmacy practice in acute care settings, Reeder et al.[17] indicated that 37.8% of hospitals surveyed reported that they conducted structured, formal, in-house staff development programs. However, some institutional pharmacists have described successful staff development programs that consist of both didactic and experiential approaches.[18–20]

It is apparent that health systems must make a committed effort to develop the practice skills necessary to provide direct patient care within their staff of pharmacists. Practicing pharmacists must insist that their employers develop and implement programs that help them become more skilled practitioners, and managers must secure the human and financial resources needed to develop and sustain

these programs. This will not be easy. Effective staff development in this time of sweeping change requires a much greater effort and commitment of human resources than the profession has traditionally dedicated to this task. Simply providing instruction will not meet the needs of pharmacists who want to provide direct patient care. We need new and creative approaches to staff development, using methods successfully employed to train clinical practitioners, such as those used by residency and fellowship programs. Educational objectives must be defined and used to guide practice-based teaching. This book offers the manager and practitioner a practical guide for systematically developing such a program.

Making Efficient Use of This Book

When you pick up this book, you will be somewhere in the continuum of the staff development process. In this section we will help you select the chapters applicable to your stage in that process. Using that information, you can go directly to the information that will help you with the next step. However, we ask you to be cautious.

We believe that the only effective and efficient way to use staff development to prepare pharmacists to deliver direct patient care is to approach the task as an interrelated system of step-by-step decisions. You must perform certain entry steps thoroughly to build a firm foundation for your training program. We assume that most of you have already thought through what you would like your department to be, and you may already have rewritten your job descriptions and be struggling with where you go from here. Indeed, you may already be in the midst of providing training and want to evaluate what you are doing. Chapters 2, 3, and 4 cover preliminary planning—defining what needs to be changed and getting the resources to accomplish those changes. If you have already done these tasks, you may want to set these chapters aside to read later. Chapters 6 through 14 include the real nuts and bolts of designing and delivering training, but you should not overlook Chapter 5; motivating your pharmacists to change and supporting them through the change process are the critical pieces that, if missing, will doom the best staff development efforts to failure.

Figure 1-1 is a detailed map of the steps in designing and delivering staff development. Each step is coded for the chapter in this book that will teach the skills you need to carry it out.

References

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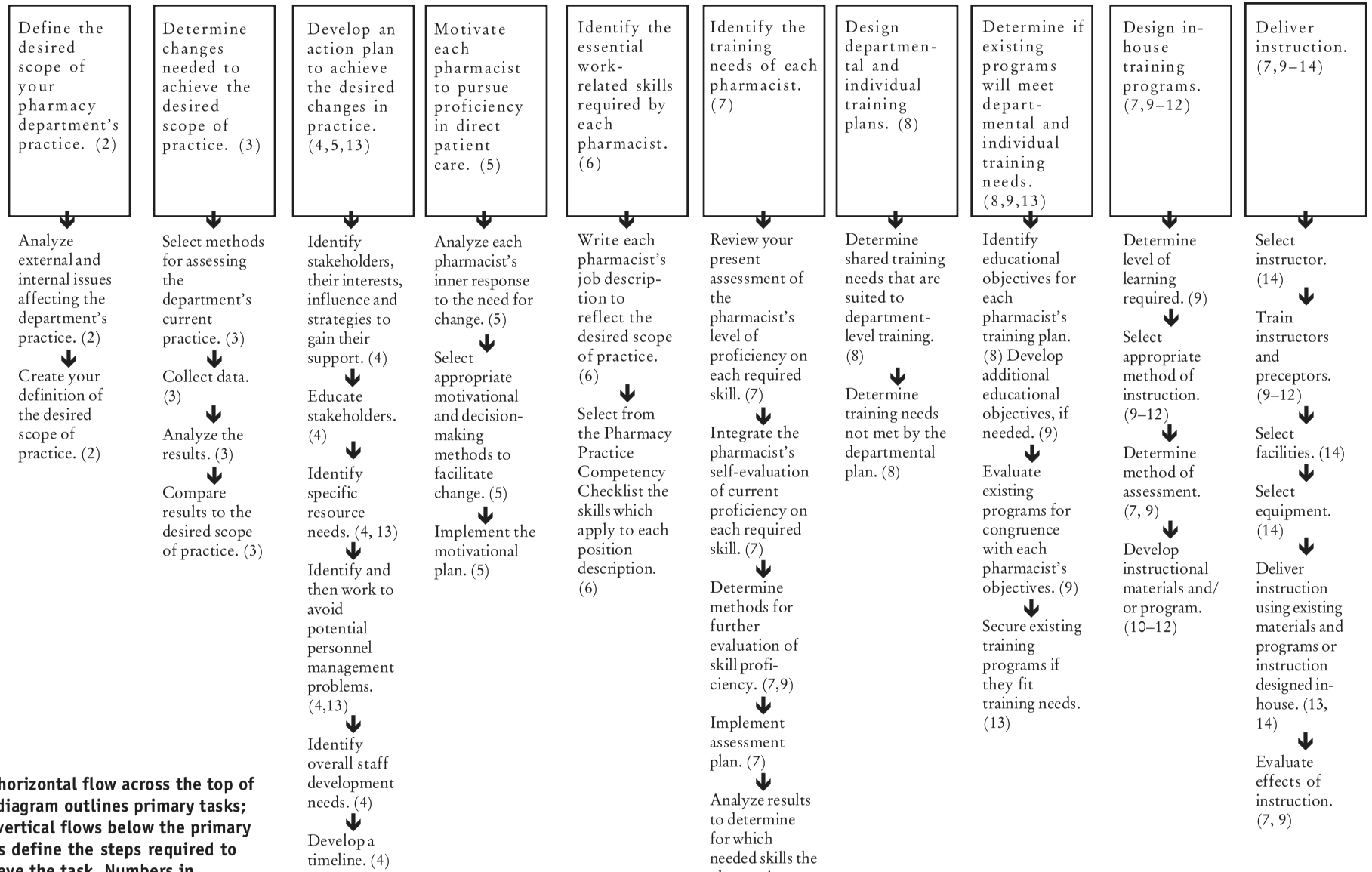
Figure 1-1. Flow of tasks for the systematic design of staff development for direct patient care (with chapter reference)



The horizontal flow across the top of the diagram outlines primary tasks; the vertical flows below the primary tasks define the steps required to achieve the task. Numbers in parentheses after each task and step refer to the chapters in this book where you will find background information you will need to accomplish them.