

A qualitative, longitudinal study of pharmacy educators' experiences implementing a hospital pharmacy residency program

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Introduction

SHPA Pharmacy foundation residency program

- Structured, and nationally accredited two-year workplace training program implemented in Australia.
- Supports the professional development of early-career hospital pharmacists, in both clinical and non-clinical roles.
- Pharmacy educators play an important role in the implementation and maintenance of local pharmacy residency programs.

Aim

- Explore educators' expectations, perceptions and experiences with implementation and development of their residency program over time.

Methods

- Focus groups (2) and semi-structured interviews (2) conducted initially 2018-2019, then again in 2021 focus groups (2) and semi-structured interview (1).
- 15 educators (pharmacy educators and senior pharmacists with an education responsibility) participated from different states in Australia and hospital settings, 7 in both data collections.
- Themes were developed by inductive thematic analysis of transcripts of audio recordings and shown in Figure 1.

Findings - themes

1. Great expectations – the initial phase and future of residency

- Educators have high expectations of the residency program for workplaces and residents.
- Concerns about creating a two-tiered system:
 - ❖ Selection of residents (opt-out vs opt-in)
 - ❖ Resources allocation

"We are attracting the highest quality sort of early-career pharmacist to be involved in the program. I would like to see this available to those who struggle a bit more and maybe don't fit in that top cohort." E13, I1

"... It's still an issue, and as much as I've tried to combat that with every resource I can think of, but it's a little bit of the elitism, a bit of the golden child. ...They (the residents) get the best rotations." E15, FG3

Great expectations – the initial phase and future of residency

It takes a village to raise a village - effort, support, and resources needed

Educators' experience with residency program overtime

You can't fake it, but you can still make it – need for motivation and engagement

Not one size fits all – standardisation versus flexibility of the residency

Figure 1: Summary of identified themes

2. It takes a village to raise a village - effort, support, resources

- Success and sustainability of residency requires commitment from all pharmacy staff, not just educators who may lead the implementation.
- Initial concerns about lack of suitable skill sets (such as educational or mentoring skills) to supervise and assess residents.
- Research skills may be lacking at sites.
- Improved overtime by: rotation between sites, collaboration with universities, growth of skill sets within staff, and support from residency graduates.

"It's not just the educator; it's not just a single person raising the village. It's up to everybody to be engaged in this." E5, FG1

3. You can't fake it, but still make it – motivation and engagement

- Outcomes - depend on each individual resident's engagement.
- Educators need to elicit and align everyone's expectations of residency.
- Effect from residency training:
 - ❖ **Structurally:** early exposure to different pharmacy career pathways, early opportunity to identify preferred pathways
 - ❖ **Activities and tasks:** if engaged and motivated, opportunities to do tasks/roles not normally done in early career (valuable learning opportunities and benefit to career development and acceleration)

"... we have a sit-down at the start and sort of outline what the expectations are. And what we've learned over the time is they do have to be engaged with it, and commit to the requirements, otherwise it's just a hard slog for everybody, and you really don't achieve what you're setting out to achieve. So we outline it that way..." E2, FG3

4. Not one size fits all - standardisation versus flexibility

- Local adjustments to the residency necessary in order to implement and sustain the program.
- Doubts about some of the program design, learning objectives and purpose of some activities.
- Concerns about flexibility leading to inconsistencies and variation between sites.

"I was thinking about consistency between sites: Is this resident from the "Hospital A" the same as "Hospital B", the same as "Hospital C"? I don't think we have really established that yet... How can you for employment say that this resident matches this resident? ..." E9, FG2

Discussion & Conclusion

- Educators perceived the pharmacy foundation residency program as valuable, but resource intensive.
- Extension of educators' role with the residency program
- Limited consensus on prerequisite qualifications/skillsets for pharmacy educators.
 - ❖ Educator is more than a clinical supervisor.
 - ❖ Need knowledge in curriculum development and program
 - ❖ Need knowledge of educational theories, pedagogy, and contemporary teaching strategies
- Pharmacy educators are central to the success of residency program and may need further training.
- Clinical pharmacy education could be established as a speciality as is medical education, and prerequisite training as is required for roles in other pharmacy speciality areas.