

# A Descriptive Profile of the Volunteer Preceptors in a Doctor of Pharmacy Program

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**ABSTRACT.** Volunteer preceptors are essential to the experiential component of pharmacy education. As the need for experiential training increases, the need for clinical faculty and preceptors can also be expected to grow. The USC School of Pharmacy depends on more than 500 volunteer preceptors at over 200 sites for experiential teaching. The magnitude of their contribution to the teaching program has stimulated the School of Pharmacy to become involved in preceptor development. A survey was designed to explore the teaching practices, attitudes, and factors motivating these preceptors to participate in the program. The survey was distributed by mail to all volunteer preceptors. Significant findings include: (i) preceptors are motivated by personal satisfaction and a desire to contribute to the school and the profession; (ii) verbal communication skills, common sense, problem-solving abilities and profession attitude are perceived by preceptors as important predictors of student performance;

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The authors gratefully acknowledge the expert assistance of Dr. Alfred Chin and Dr. David A. Sclar in the statistical analysis of the data. This paper was presented in part at the 91st Annual Meeting of the American Association of Colleges of Pharmacy, July, 1990, Salt Lake City, UT.

and (iii) student motivation (or lack of motivation) is a critical factor influencing student performance and preceptor morale. [Article copies available from The Haworth Document Delivery Service: 1-800-342-9678.]

### BACKGROUND

Experiential training is an essential component of contemporary pharmacy education. This type of training places the student with a preceptor in a practice environment, either alone or with a small number of fellow students. Experiential training at most pharmacy schools takes the form of externships, (practice-related experiences for entry level students), or clerkships ("hands on" clinical training available to students toward completion of their education). The use of practitioners as preceptors in established practice settings gives students the opportunity to apply classroom knowledge to patient-care situations and intensifies the educational process.

Teaching in a patient-care environment necessitates a low student to faculty ratio. To accommodate students in experiential programs a large number of preceptors and several facilities are needed. Many of the preceptors are practitioners who donate their time and expertise to teach pharmacy students. These preceptors have been referred to by a number of titles such as volunteer, non-salaried, courtesy, non-university based, adjunct, or affiliate faculty. For the purpose of this paper they will be referred to as volunteer preceptors.

Volunteer preceptors are utilized by most schools of pharmacy. In the most recent *AACP Curriculum and Facilities Survey*, 68 of 73 schools responding utilized volunteer preceptors (1). Although their contribution to the profession is substantial, little is known about volunteer preceptors. A nationwide survey of 54 pharmacy schools by Boh regarding volunteer preceptors identified competencies and approaches to student performance, evaluation, and gathered data on methods for preceptor development (2). This survey was directed to experiential program directors rather than the preceptors themselves, and encompassed both baccalaureate and doctoral programs. The authors found preceptor selection criteria, preceptor training, and student evaluation practices varied among schools of pharmacy.

Schools of medicine also utilize volunteer preceptors for clerkship training and provide much of the available literature on clinical teaching. A review of the literature identifies many features common to medical and pharmacy education. Stritter (3) noted that professional school faculty must be both good teachers and good role models because their task is

both to train and socialize. Clinical training in both disciplines is often subjectively evaluated. A large survey of medical schools (4) found that subjective preceptor evaluation was the most heavily weighted component of student evaluation in the clinical setting. Model evaluation systems and a theoretical framework for evaluating medical students have been proposed (5,6). Even with formalized assessment systems, difficulties with inter-rater reliability, between-rater reliability, and in establishing evaluation guidelines have been reported (7,8).

While subjective student evaluation plays a major role in clinical education, preceptors are not always prepared to perform the task in a consistent and reliable manner. Boh found preceptor training in pharmacy schools to be largely optional and variable in scope (2). Workshops and informal meetings with the program coordinator were the most commonly utilized approaches to developing teaching skills. A report of medical school preceptors found training was largely done via memos and department meetings without assuring that preceptors have an adequate understanding of the task. Efforts to improve clinical education must therefore incorporate mechanisms to improve the evaluation process. The success of preceptor development programs for medical schools (9,10) may be applicable to schools of pharmacy. One such program demonstrated a 97 percent retention rate for community preceptors in an ambulatory care clerkship setting and improved student ratings of the clerkship and individual preceptors (9).

The University of Southern California (USC) School of Pharmacy offers a four-year curriculum leading to the Doctor of Pharmacy degree. Approximately 650 students are enrolled in the program. More than 500 volunteer preceptors at over 200 sites are utilized for externship and clerkship teaching. These experiences are comprised of four-week externships in both hospital and community pharmacy (first year), a four-week intravenous additive practicum (second year), and 36 weeks of clinical pharmacy clerkship (fourth year). Approximately 60 percent of the experiential training is taught by volunteer preceptors. The retention of these preceptors and enhancement of their teaching skills is vital to the experiential training program. A review of the literature revealed few citations describing preceptors as educators. A survey was therefore distributed to establish a baseline for the faculty development process. This report presents the descriptive portions of the survey including demographic information, perceptions about successful students and factors motivating volunteer faculty to teach.

### GOALS AND OBJECTIVES

The goal of the project was to develop a descriptive profile of the volunteer preceptors at the USC School of Pharmacy to be utilized for preceptor retention and development. This goal was fulfilled by the following objectives: (i) a survey was developed and distributed to volunteer preceptors at the USC School of Pharmacy, (ii) responses were compiled and entered into a database software program to permit statistical analysis and facilitate inclusion of the data in subsequent research project; and (iii) the responses of clerkship preceptors and externship preceptors were compared.

### METHODS

A four-page survey was developed (Appendix 1). The survey was distributed to 501 volunteer preceptors at the USC School of Pharmacy. The survey was divided into four sections. Section One addressed current teaching practices. Items addressing attitudes toward teaching, students, and the School of Pharmacy were included in Section Two. Motives for becoming and remaining preceptors comprised Section Three. Section Four was devoted to collecting demographic information.

Preceptor names were derived from the active University clinical faculty list and from externship and clerkship assignments. For the first survey mailing, 501 preceptors were identified, comprised of 390 clerkship and 111 externship preceptors. Site coordinators were asked to update the preceptor list at each teaching facility. An additional 226 preceptors were identified by this process but not included in this analysis due to timing constraints. A cover letter describing the purpose of the project was mailed with the survey to each preceptor, with a postage-paid return envelope. Surveys were coded to facilitate tracking of responses. Responses were entered into a microcomputer using dBASE-III Plus (Ashton-Tate Corporation, Torrance, CA). Statistical analysis was performed using SAS (SAS Institute, Inc., Cary, NC). Comparisons were made using the *t*-test for parametric data and Wilcoxon rank sum for nonparametric data. Analysis was performed on the entire sample, then selected portions were used to compare responses from externship and clerkship preceptors.

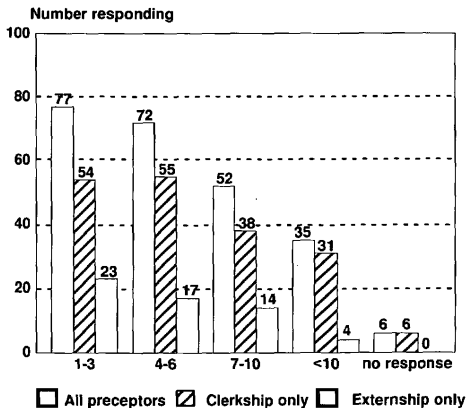
### RESULTS

Surveys were returned by 251 of the 501 preceptors. A total of 184 clerkship and 58 externship preceptor surveys received were suitable for

data analysis, yielding an overall response rate of 48%. This comprised a response rate of 47% for clerkship preceptors and 52% for externship preceptors. Nine surveys (2%) were omitted from initial data analysis due to incomplete data. Unless otherwise specified, results are reported for externship and clerkship preceptors combined.

**Demographics:** Sixty-two percent of preceptors have participated in USC teaching programs for six years or less; however, 14% have been teaching more than ten years (Figure 1). Seventy-two percent (174) respondents have obtained adjunct clinical faculty appointments, and an additional 15 have appointments pending. The practice sites reported by the preceptors range from traditional hospital and community pharmacy settings to research sites, scientific writing specialists and managed health care specialists. Eighty-seven percent of the preceptors hold a Doctor of Pharmacy degree, 16% a Bachelor of Science in Pharmacy degree, and 2% a Master of Science degree. Twelve preceptors (5%) have more than one

FIGURE 1. Number of years as a preceptor.



pharmacy degree. Fewer than 5% of preceptors indicated formal training in education or teaching. The median number of years of professional experience is ten years with a range of 2 to 47 years.

**Teaching Profile:** Volunteer preceptors are major contributors to experiential training programs at the USC School of Pharmacy. The typical preceptor teaches one to two students during a four- to six-week rotation. The total number of weeks per year spent teaching USC students is highly variable, ranging from four to more than 30 (median 12). Fifty percent of clerkship and 90% of externship training hours are taught by volunteer preceptors.

Sixty-seven clerkship preceptors (37%) report participation in teaching for more than one college of pharmacy. These preceptors are affiliated with one of the other two colleges of pharmacy in the state of California. Seven clerkship preceptors (3%) teach students from all three California schools. No externship preceptors reported teaching students for another college of pharmacy.

**Motivating Factors:** Preceptors were asked to indicate their motivating factors in a "check all that apply" format of nine items. The top two responses in rank order were: "For the personal satisfaction" and "to contribute to the School of Pharmacy" (Table 1). In response to an open-ended question requesting "other factors" many preceptors offered additional reasons such as "to contribute to the profession," "to give practical clinical experience," "to share my expertise," and "to act as a role model for future pharmacists."

TABLE 1. Response to question, "Why did you become a preceptor?"<sup>a</sup>

	Number of Respondents (Percentage of Total)		
	Clerkship	Externship	All Preceptors
For the personal satisfaction	157(86%)	48(83%)	205(85%)
To contribute to the School of Pharmacy	99(54%)	38(66%)	137(57%)
To keep my database current	87(48%)	13(22%)	100(42%)
To recruit future pharmacists	53(29%)	20(35%)	73(30%)
Important to my pharmacy career	50(27%)	12(21%)	62(26%)
For the faculty appointment	34(19%)	7(12%)	41(17%)
A requirement of the job	19(10%)	8(14%)	27(11%)
To stay young	16(9%)	9(16%)	25(10%)
For the fringe benefits	14(8%)	4(7%)	18(8%)

<sup>\*</sup> $p < 0.05$

<sup>\*\*</sup> $p < 0.10$

<sup>a</sup>Question phrased in a nine-item "check all that apply" format.

Responses to an open-ended question, "What do you like best about being a preceptor?" revealed many sources of satisfaction. Fifty-seven percent of all preceptors expressed personal satisfaction from interacting with students and participating in the student's professional growth. Highly motivated students were cited as a principal source of professional stimulation. Twenty percent enjoyed the intellectual challenge of teaching.

Preceptors were asked to elaborate on the negative aspects of being a preceptor. Unmotivated students and pressures on their time (34% and 26%, respectively) were the greatest source of disenchantment for the preceptors. Difficulties with the process of grading (9%) were also expressed. Four percent wanted changes in the fringe benefits.

*Factors Influencing Student Performance:* The perceived influence of nine student characteristics on clerkship/externship performance was evaluated using a four-point Likert scale (Table 2). Motivation was viewed as the single most influential predictor of student performance. Common sense, verbal communication skills, problem-solving abilities, and professional attitude were also perceived as important predictors of success. Written communication skills and previous pharmacy experience were viewed as less important.

Using the same nine characteristics, a four-point Likert scale was used to address the preceptors' perceptions about the students' level of preparation when entering clerkships or externships (Table 3). Students were assessed by preceptors as being most prepared in their professional attitude, motivation and common sense.

Responsibility for motivating students was overwhelmingly (96%)

TABLE 2. Response to question, "How do the following student characteristics influence student performance in clerkships and externships?"<sup>a</sup>

Student Characteristic	Clerkship Preceptors <sup>b</sup>	Externship Preceptors <sup>b</sup>	P
Motivation	3.84 (0.40)	3.80 (0.48)	MS
Common sense	3.79 (0.42)	3.63 (0.65)	< 0.05
Verbal communications skills	3.73 (0.55)	3.64 (0.62)	NS
Problem-solving abilities	3.70 (0.50)	3.30 (0.74)	< 0.01
Professional attitude	3.65 (0.53)	3.77 (0.47)	NS
Knowledge of facts	3.45 (0.66)	2.91 (0.92)	< 0.01
Organizational skills	3.33 (0.74)	3.14 (0.75)	NS
Written communications skills	3.13 (0.97)	2.68 (1.22)	< 0.01
Previous pharmacy experience	2.56 (1.00)	2.43 (1.00)	NS

<sup>a</sup>Likert rating scale (4 = very prepared, 1 = not prepared)

<sup>b</sup>Values expressed as mean (standard deviation)

TABLE 3. Response to question, "How prepared are the students when they begin your clerkship/externship?"<sup>a</sup>

Student Characteristic	Clerkship Preceptors <sup>b</sup>	Externship Preceptors <sup>b</sup>	P
Professional attitude	3.02 (0.85)	3.08 (0.65)	NS
Motivation	2.80 (0.84)	3.23 (0.68)	< 0.01
Common sense	2.61 (0.81)	2.80 (0.80)	NS
Verbal communications skills	2.53 (0.75)	2.60 (0.70)	NS
Organizational skills	2.51 (0.80)	2.55 (0.76)	NS
Written communications skills	2.51 (0.90)	2.07 (1.22)	< 0.01
Knowledge of facts	2.48 (0.72)	2.15 (0.73)	< 0.01
Problem-solving abilities	2.41 (0.69)	2.55 (0.71)	NS
Previous pharmacy experience	2.19 (1.10)	1.79 (1.03)	< 0.01

<sup>a</sup>Likert rating scale (4 = very influential, 1 = no influence)<sup>b</sup>Values expressed as mean (standard deviation)TABLE 4. Response to Question, "Who a responsible for motivating the student?"<sup>a</sup>

Number of Respondents (Percentage of Total)	Clerkship	Externship	All Preceptors
The student himself/herself	179 (97%)	53 (91%)	232 (96%)
Faculty in years 1-3	122 (66%)	40 (69%)	162 (67%)
Faculty in year 4	122 (66%)	9 (16%)	131 (54%)
Employers	80 (43%)	29 (50%)	109 (45%)
Peers	55 (30%)	28 (48%)	83 (34%)
School administration	53 (29%)	18 (31%)	71 (29%)
Parents	38 (21%)	19 (33%)	57 (24%)

<sup>a</sup>Question phrased in a seven-item "check all that apply" format.

placed by the preceptors on the students themselves (Table 4). Clerkship faculty placed equal responsibility for motivating students to faculty of years 1-3 and year 4 (66%). Externship identified the role of the faculty in years 1-3 (69%); however, only 16% cited the year 4 faculty. Externship students have limited contact with year 4 faculty during the year 1 curriculum, which may explain this difference.

Comparison of clerkship and externship preceptor responses revealed statistically significant differences in several areas (Tables 2 and 3). Differences were generally consistent with the objectives of the two forms of experiential training. Clerkship preceptors regarded common sense, prob-

lem-solving abilities, knowledge of facts, and written communications skills as more influential on student performance than did externship preceptors ( $P < 0.01$  for all parameters except common sense where  $P < 0.05$ ). Students entering clerkships are in the final year of the Doctor of Pharmacy program and are likely to have more experience than an externship student. Students in externship programs are not expected to perform as a practitioner while clerkship students are. An unexpected difference between clerkship and externship preceptors was found in the assessment of student motivation. Externship preceptors perceived a significantly higher level of motivation than did clerkship preceptors ( $P < 0.001$ ).

### DISCUSSION

Major differences between experiential training and didactic teaching are the provision of teaching in the patient care environment and the very low ratio of students to faculty. In the last ten years, the number of pharmacy schools implementing Doctor of Pharmacy programs has increased with an attendant increase in the demand for experiential training. Colleges of pharmacy have taken many different approaches to increasing the number of faculty available for experiential training. While some colleges have increased their faculty size by contractual arrangements with teaching facilities, others have utilized volunteer practitioners in external practice locations. At the USC School of Pharmacy the utilization of a large volunteer faculty has facilitated the growth of the Doctor of Pharmacy program. A descriptive profile of the volunteer preceptors and the factors motivating these individual is vital to the continued success of the experiential component of the curriculum.

Survey responses indicate that 85% of volunteer preceptors are motivated by personal satisfaction. Many expressed satisfaction in contributing to the future of the profession and the University. References to the pleasures of interacting with students and observing their personal and professional growth were abundant. The intangible nature of the stated sources of motivation has important implications for schools of pharmacy. In this study only 4% of respondents cited a lack of support or recognition as the least liked aspect of being a preceptor. Mechanisms to recruit and retain volunteer preceptors should be developed which address the importance of personal satisfaction and provide evidence of preceptor recognition. A nationwide survey of preceptors from nine schools of pharmacy conducted subsequent to this survey concluded that internal satisfaction was the primary motivating factor for volunteer preceptors (11).

Only 7% of all preceptors cited the fringe benefits as a factor motivating them to participate in teaching. This low priority may reflect either a

genuine lack of interest or a perceived inadequacy of the current benefit package. Boh cites a variety of fringe benefits offered across the nation (2). At our institution the volunteer preceptors are entitled to a modest fringe benefit package which includes school continuing education programs at reduced or no tuition, library privileges including UNIX access, bookstore discounts, athletic event ticket purchases, and some social events. Enhancement of this package is frequently discussed as a mechanism to recruit and retain volunteer preceptors. While an enhanced benefit package may be appreciated by some preceptors, this should be done with the proviso that fringe benefits were not a primary motivator for 93% of the volunteer faculty respondents.

The identification of 226 additional participants in the teaching program underscores the difficulties in maintaining an up-to-date database in large programs. Several factors probably contributed to this finding. At some facilities, only the site coordinator has a faculty appointment. A faculty appointment is encouraged but not required to precept students. Some preceptors may not be interested in a faculty appointment or the fringe benefits and therefore do not complete the required documents. Additionally, the cover letter sent to site coordinators requested names of all participants. A few of the individuals identified were hospital administrators or clinic physicians who may have ancillary roles in the teaching program. Finally, the logistics of securing and maintaining faculty appointments for a large program are formidable. At the USC School of Pharmacy all faculty appointments are renewed annually. Approximately 40% of a full-time secretarial equivalent is required to maintain the volunteer faculty files, with an average time from receipt of application to faculty appointment of 6-12 months.

Externship and clerkship preceptors reported "motivation" as the most influential factor in student performance. Motivated students were also cited as a major contributor to preceptor satisfaction. Motivation is a general term which may reflect the student's interest in the preceptor, the facility, the type of experiential training involved, or may be a measure of the student's enthusiasm for learning. The perceived level of motivation may also relate to the relevance of the experience to the student's career goals. A more precise description of those qualities is needed.

Externship and clerkship preceptors clearly felt that the primary responsibility for motivation rests with the student him/herself (Table 4). It is important to note that 67% of preceptors believed that the year 1-3 faculty should also motivate students, with 54% citing the year 4 faculty. Moreover, 29% of preceptors cited the school administration as an important source of motivation. Faculty and administrators should not discount their role as motivators.

The preceptors' perceived importance of common sense, verbal communications skills, problem-solving abilities, and professional attitude highlights the significance of social and behavioral skills to contemporary pharmacy practice (Table 2). Clerkship preceptor placement of these characteristics as more influential than factual knowledge is of particular note. Curricular development committees should not overlook or minimize student training in these essential skills.

The comparison of externship preceptor responses to those of clerkship preceptors reinforced existing perceptions. The importance to clerkship preceptors of factual knowledge and written communication skills correlated well with student activities on clerkships and their placement in the curriculum (fourth year). Externship preceptors with student contact early in the education program understandably place less emphasis on factual knowledge. The perceived difference between clerkship and externship preceptors in the assessment of student motivation requires further study. This may reflect the rigors of the Doctor of Pharmacy curriculum, differences in preceptor expectations, or a true decline in student motivation.

### CONCLUSION

The emergence of the entry level Doctor of Pharmacy degree and the expanding concepts of pharmaceutical care will require further growth of experiential training programs. The experiential nature of clerkship and externship courses requires that training be done by those actively involved in patient care (12). Full-time pharmacy school faculty cannot meet this need alone, and volunteer preceptors will therefore continue as major contributors to experiential training programs. Colleges of pharmacy must actively address the needs and concerns of these faculty in order to maintain a collegial and supportive relationship.

The professional development of volunteer preceptors is of paramount importance to schools of pharmacy. Boh states that the value of experiential education in teaching the skills and knowledge required for practicing pharmaceutical care is often viewed as a direct reflection of its preceptors (2). Future development of experiential programs should consider the following findings of this study: (i) volunteer preceptors have little formal training in education and evaluation; therefore, faculty development programs to enhance skills in teaching and student evaluation are highly desirable; (ii) volunteer preceptors are motivated by humanitarian causes rather than by the fringe benefits; therefore, financial investments may be best directed toward developing programs designed to enhance their education and professional skills; and (iii) sensitivity towards the needs

and priorities of volunteer preceptors is critical to maintaining their interest and the vitality of experiential programs.

The importance of social and behavioral skills to faculty perceptions of student performance suggests that colleges of pharmacy should attempt to incorporate an assessment of these skills into the admissions and education process. Modifications to the curriculum to develop and refine these skills in pharmacy students may be needed.

The critical role of student motivation to performance suggests that further research is essential. A more precise description of motivation, including the students' perspective, is needed. Factors which contribute to student interest or motivation should be identified and incorporated into the curriculum. A survey for students in the Doctor of Pharmacy program has been distributed to assist in further research.

## REFERENCES

1. Meyer SM, Sherman MS. AACP curriculum and facilities survey for academic year 1989-90. Alexandria VA: American Association of Colleges of Pharmacy; 1990:1-3.
2. Boh LE, Pitterle ME, Schneider F et al. Survey of experiential programs: course competencies, student performance and preceptor/site characteristics. *Am J Pharm Educ.* 1991; 55(2):105-13.
3. Stritter FT. Faculty evaluation and development. In: McGuire CH, Folley RP, Gorr A et al., eds. *Handbook of health professions education*. San Francisco CA: Jossey-Bass; 1983:294-318.
4. Magarian GJ, Mazur DJ. Evaluation of students in medicine clerkships. *Acad Med.* 1990; 65(5):341-45.
5. Smith HA, Kifer E. Concepts, models and methodologies for the evaluation of experiential education in pharmacy. *Am J Pharm Educ.* 1978; 42:159-66.
6. Elenbaas RM. Evaluation of students in the clinical setting. *Am J Pharm Educ.* 1976; 40:410-17.
7. Maxim BR, Dielman TE. Dimensionality, internal consistency and interrater reliability of clinical performance ratings. *Med Educ.* 1987; 21(2):130-37.
8. Stemmler EJ. Promoting improved evaluation of students during clinical education: a complex management task. *J Med Educ.* 1986; 61(9 Pt 2):75-81.
9. Keenan JM, Seim HC, Bland CJ et al. A workshop program to train volunteer community preceptors. *Acad Med.* 1990; 65(1):46-7.
10. Skeff KM, Stratos G, Campbell M et al. Evaluation of the seminar method to improve clinical teaching. *J Gen Intern Med.* 1986; 1(5):315-22.
11. Beck DE, Aceves-Blumenthal C, Carson R et al. Factors contributing to volunteer practitioner-faculty vitality. *Am J Pharm Educ.* 1993; 57:305-12.
12. Nahata MC. Clinical practice education: experiential clerkship and approaches. *J Pharm Prac.* 1990; 3:98-102.

## APPENDIX 1

## University of Southern California School of Pharmacy Preceptor Survey

WHAT TYPES OF STUDENTS DO YOU TEACH?

1. Level I Externship \_\_\_\_\_ Level IV Clerkship \_\_\_\_\_ Both \_\_\_\_\_

If you teach both externship and clerkship students, please complete the survey for the type of program you teach the most.

2. Survey completed for Externship students \_\_\_\_\_ Clerkship students \_\_\_\_\_

TEACHING PRACTICES

3. How do the following student characteristics influence performance on clerkships and externships?

1 = no influence

4 = very influential

0 = not applicable or no opinion

Knowledge of facts	1	2	3	4	0
Problem-solving abilities	1	2	3	4	0
Common sense	1	2	3	4	0
Organizational skills	1	2	3	4	0
Professional attitude	1	2	3	4	0
Written communications skills	1	2	3	4	0
Verbal communications skills	1	2	3	4	0
Motivation	1	2	3	4	0
Previous pharmacy experience	1	2	3	4	0

Other attributes important to successful performance: \_\_\_\_\_

4. How prepared are the students when they begin your clerkship or externship?

1 = not prepared

4 = very prepared

0 = not applicable or no opinion

Knowledge of facts	1	2	3	4	0
Problem-solving abilities	1	2	3	4	0
Common sense	1	2	3	4	0
Organizational skills	1	2	3	4	0
Professional attitude	1	2	3	4	0
Written communications skills	1	2	3	4	0
Verbal communications skills	1	2	3	4	0
Motivation	1	2	3	4	0
Previous pharmacy experience	1	2	3	4	0

Other significant attributes present in students: \_\_\_\_\_

Other significant attributes lacking in students: \_\_\_\_\_

5. Who evaluates the students at your site:

The primary preceptor \_\_\_\_\_ Don't know \_\_\_\_\_

Several preceptors (please list titles of group members) \_\_\_\_\_

All preceptors having contact with the student \_\_\_\_\_

6. Are formal guidelines used in evaluating students? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

7. Which of the following areas of evaluation are used to assess student performance?

1 = minor component of grade    3 = major component of grade    0 = not used

A. Written examinations	1	2	3	0
B. Oral examinations	1	2	3	0
C. Formal written assignments	1	2	3	0
D. Formal verbal presentations	1	2	3	0
E. Informal observation of student "in action"	1	2	3	0
F. Notebooks or patient monitoring sheets	1	2	3	0
G. Formal demonstration of proficiency in a particular skill (e.g.) interviewing a patient, taking a patient's blood pressure)	1	2	3	0
H. Feedback from health care personnel (medical, pharmacy, nursing, other)	1	2	3	0
I. Attendance	1	2	3	0
J. Student's professional demeanor	1	2	3	0
K. Preceptor's overall impression of the student	1	2	3	0
L. Other _____				

8. From the list above, which evaluation areas do you feel most confident in assessing: (indicate using letters from list above) \_\_\_\_\_

9. Which do you feel are most difficult to assess: \_\_\_\_\_

10. In your opinion, how do the following contribute to student performance on clerkships and externships:

1 = not significant    4 = very significant

Pre-pharmacy education	1	2	3	4
USC's pharmacy curriculum	1	2	3	4
USC's teaching methods	1	2	3	4
Student grades in Levels 1-3	1	2	3	4
The student's level of maturity	1	2	3	4
The student's work ethic	1	2	3	4
The student's perceived relevance of clerkship or externship to his/her future goals	1	2	3	4
The presence of role models	1	2	3	4

11. Have you ever considered failing a student? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Have you ever failed a student? Yes \_\_\_\_\_ No \_\_\_\_\_

13. In your opinion, who is responsible for motivating the student (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Faculty in Levels 1-3       | <input type="checkbox"/> Faculty in Level 4    |
| <input type="checkbox"/> The student himself/herself | <input type="checkbox"/> The student's parents |
| <input type="checkbox"/> Employers                   | <input type="checkbox"/> Peers                 |
| <input type="checkbox"/> School administration       |  |

14. For each statement below, indicate your level of agreement or disagreement.  
1 = strongly disagree    4 = strongly agree

- |  |   |   |   |   |
|--|---|---|---|---|
| The School of Pharmacy provides written objectives of the clerkship or externship program.                           | 1 | 2 | 3 | 4 |
| I have a clear understanding of my responsibilities to the clerkship or externship program                           | 1 | 2 | 3 | 4 |
| I have a clear understanding of my responsibilities to the students.   | 1 | 2 | 3 | 4 |
| I have a clear understanding of the student's responsibilities to the clerkship or externship.                       | 1 | 2 | 3 | 4 |
| The length of the clerkship/externship is sufficient for the majority of students to complete the course objectives. | 1 | 2 | 3 | 4 |
| I am allowed to teach in my own style, without much intervention from my supervisor or the School of Pharmacy.       | 1 | 2 | 3 | 4 |
| I am satisfied with my current method of student evaluation.   | 1 | 2 | 3 | 4 |
| The School of Pharmacy is responsive to negative evaluations of students.  | 1 | 2 | 3 | 4 |

#### TEACHING ATTITUDES

15. Which of the following do you feel are your most important responsibilities as a preceptor? (please check all that apply)

- ☐ To help the student move from the classroom to actual pharmacy practice.
- ☐ To show the techniques and skills needed to practice pharmacy.
- ☐ To judge the student's ability to be a competent pharmacist.
- ☐ To act as a role model for the students.
- ☐ To fine-tune the student's skills in performing the job of a pharmacist.
- ☐ Other \_\_\_\_\_

16. Why did you become a preceptor? Please check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> A requirement of the job        | <input type="checkbox"/> To keep my database current   |
| <input type="checkbox"/> Important to my pharmacy career | <input type="checkbox"/> To stay young                 |
| <input type="checkbox"/> For the faculty appointment     | <input type="checkbox"/> To contribute to the School   |
| <input type="checkbox"/> For the personal satisfaction   | <input type="checkbox"/> To recruit future pharmacists |

\_\_\_\_\_ For the fringe benefits (e.g., reduced rate continuing education, bookstore discount, football tickets)

\_\_\_\_\_ Other: \_\_\_\_\_

17. Are you a preceptor for pharmacy students attending other pharmacy schools? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of other pharmacy school(s). 1. \_\_\_\_\_ 2. \_\_\_\_\_

If you are a preceptor for more than one School of Pharmacy:

How do the students compare?

Compare the University support offered to you as a faculty member:

18. What do you like best about being a preceptor? \_\_\_\_\_

19. What do you like least about being a preceptor? \_\_\_\_\_

#### DEMOGRAPHICS

20. How many years have you been a practicing pharmacist? \_\_\_\_\_ years

21. What is your primary practice setting? \_\_\_\_\_

22. Do you supervise pharmacy interns (paid student employees)? Yes \_\_\_\_\_ No \_\_\_\_\_

23. What is your educational background?

B.S.Pharm. \_\_\_\_\_ M.S. \_\_\_\_\_ Pharm.D. \_\_\_\_\_ University: \_\_\_\_\_

Other degree/certificate training \_\_\_\_\_ University: \_\_\_\_\_

24. Do you have a faculty appointment at USC?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_ If no, have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_

25. How many years have you been a preceptor for USC pharmacy students?

1-3 \_\_\_\_\_ 4-6 \_\_\_\_\_ 7-10 \_\_\_\_\_ >10 \_\_\_\_\_

26. How many weeks per year do you teach USC pharmacy students (average)?

1-6 \_\_\_\_\_ 7-12 \_\_\_\_\_ 13-18 \_\_\_\_\_ 19-24 \_\_\_\_\_ 25-30 \_\_\_\_\_ >30 \_\_\_\_\_

27. How many pharmacy students do you teach per rotation (average)?

1-2 \_\_\_\_\_ 3-4 \_\_\_\_\_ 5-6 \_\_\_\_\_ >6 \_\_\_\_\_

28. Are you the primary preceptor for the students you teach?

Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

WE WELCOME YOUR COMMENTS. Please attach additional sheets as necessary.