

Incentives and Rewards Motivating Community Pharmacists to Become Preceptors

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ABSTRACT. Changes in the curricula of numerous schools of pharmacy have a tremendous impact on the number of preceptors that will be required in the community setting. The results of this study indicate that motivational factors and expectations regarding mechanisms of recognition of current and potential preceptors are similar. Preceptors and community pharmacists agreed that the following factors were motivating them or would motivate them to become preceptors: keeping one's knowledge up-to-date, contributing to the profession, the satisfaction from contributing to the clinical training of students, and enjoyment of teaching. This information could be used by schools of pharmacy to develop specific strategies to enhance recruitment activities to optimize community pharmacists' involvement in preceptorship. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]

INTRODUCTION

Academic requirements of most students in health-care fields include practical clinical experience. All pharmacists trained in the United States and

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in Canada receive clinical experience as part of their education. Clinical experiences with preceptors provide an opportunity to apply the theory acquired in the classroom in "the real world." Many schools of pharmacy have recently revised their curricula, placing a greater emphasis on communication, clinical knowledge, problem-solving, and decision-making skills, all of which may be acquired through experiential training.

The Faculty of Pharmacy of the Université de Montréal adopted a new curriculum in 1992 and implemented it in 1993. In the new curriculum, it is stipulated that students should receive an education allowing them to acquire not only knowledge, but skills, and the proper professional attitude in order to provide pharmaceutical care. Consequently, the number of credit hours for clinical training in the new curriculum doubled. All students are now required to complete a 14-credit-hour rotation compared to a 7-credit-hour rotation in the previous curriculum. All fourth-year students will participate in an eight-week rotation in a hospital setting and an eight-week rotation in a community pharmacy, whereas before students could choose one setting or the other.

This change in the rotation requirement has had a dramatic impact on the number of clinical sites and preceptors required. In 1994, there were 18 community pharmacists who were preceptors for fourth-year students for one or two periods of eight weeks. For the academic year 1996-97, all students (approximately 130) will be assigned to both a community and a hospital site for eight weeks each.

Faced with limited resources, the administration of the Faculty of Pharmacy of the Université de Montréal investigated the motivations of community pharmacists to become preceptors and the best way to reward preceptors for their contributions. The purpose of this study was to describe the incentives and rewards motivating preceptors and community pharmacists to serve as preceptors for fourth-year students.

BACKGROUND

Practical Experience as Part of Pharmacists' Education

In the United States, practical experience has been part of the education of pharmacists and a requirement for admission into the profession since the mid-nineteenth century. Prior to 1900, the didactic information came after the acquisition of practical experience (1); pharmacy apprentices with several years of experience would attend pharmacy schools before they became licensed pharmacists (2). At the turn of the century, it was

determined that the scientific foundation of pharmacy should come before the practical experience and be acquired through apprenticeship (1).

Concerns regarding practical training have always been present in the pharmacy profession. Problems involving apprenticeship were discussed at the first American Pharmaceutical Association meeting in 1852 (2). Over one hundred years later, at the 1953 meeting, it was recommended that the "apprenticeship" be replaced by an "internship." The change was formally adopted in 1957 (2). An important distinction was made at the time between the "apprentice" and the "intern." "The apprentice learns the job on the job. . . . The intern learns in school and then learns on the job to apply what has been learned in school" (3). During the 150 years of evolution of pharmaceutical education in the United States, the practical component of pharmacy changed as much as the didactic requirement. The experience requirement of apprenticeship evolved into an internship which has been under the supervision of the state boards of pharmacy (2). In the 1970s, the birth of the clinical pharmacy era was accompanied by a reintegration of the practical experience requirement with academic education. Clerkships or externships, which were described as a practice-experience using preceptors, were added to the curricula of schools of pharmacy (4,5).

The Role of Community Pharmacy Preceptors in Pharmacy Education Today

The word "preceptor" has been used in the English language since the mid-fifteenth century (6); today, preceptorship is more important in pharmacy education than ever before. The preceptor model was developed to bridge the theory-practice gap. Preceptors contribute to the education of students by serving as role models, mentors, and instructors (7), and their responsibilities include planning, teaching, role modeling, and evaluation (6). Clinical experiences with preceptors provide an opportunity to apply knowledge learned throughout the curriculum with a 1:1 teacher-student ratio most of the time. Positive outcomes of experience in problem solving and in real-life application of theory to practice have been documented, such as an increase in self-confidence and socialization of the professional role by students (8).

In 1986, it was recommended by the Committee of the Section of Teachers of Clinical Instruction of the American Association of Colleges of Pharmacy (AACP) that clerkships/externships be restructured to provide for adaptation to community practice (9). More recently, in its position paper on the entry-level education in pharmacy, the AACP indicated that "experiential education is a powerful tool for stimulating change in

education and practice. It must be applied in all environments, especially in community pharmacy" (10). The provision of pharmaceutical care implies more than a theoretical knowledge about medications. It requires caring concern by pharmacists regarding the health outcomes of their patients (9). New curricular models attempt to integrate the pharmaceutical care concept and to prepare students to become competent in that area (11-13). With the adoption of the pharmaceutical care concept as a philosophy of practice, the dividing line between didactic and practical education is less distinct.

Preceptors' Rewards

Ideal preceptors should possess virtues such as patience, enthusiasm, knowledge, organizing ability, a positive attitude, a non-threatening and nonjudgmental personality, flexibility, open-mindedness, objectivity, a sense of humor, maturity, a mastery of clinical skills, assertiveness, advocacy for the learner, ability to use resources, self-confidence, responsibility, respect of peers, and an awareness of his/her own weaknesses (14). Professionals with such qualities and skills deserve rewards for their contribution to students' education.

Rewards to preceptors have been utilized in health-care fields such as nursing, medicine, dietetics, and pharmacy. Rewards may be categorized as intrinsic (intangible) or extrinsic (tangible) (15). According to Sloan, intrinsic motivation coincides with the highest levels in Maslow's pyramid of need (16), such as self-actualization and esteem, while extrinsic motivational factors appeal to people at the lower level of needs, such as physiological and safety needs. Examples of intrinsic rewards are listed in Table 1. In a study by Curtis et al. (18), the most important reason for physicians to remain volunteer clinical faculty was the professional stimulation through teaching. Seventy-eight percent of the physician respondents stated that they would volunteer even without compensation. Consequently, Curtis et al. recommended that medical schools consider forms of compensation other than monetary. Overall, preceptors perceive added job satisfaction and opportunity for professional growth as the most valuable benefits from their experience (6). The numerous extrinsic rewards described in the literature regarding preceptors in health-related fields are listed in Table 1.

Although many authors have recommended rewards for practitioners who serve as preceptors (6-8,15,17,19), little data are available concerning what motivates a professional to become a preceptor. The AACP Professional Experiential Programs Special Interest Group (PEP-SIG) established a Task Force on Preceptors' Needs to address issues such as preceptor recognition and vitality. This Task Force was composed of representatives

TABLE 1. Intrinsic and extrinsic rewards for preceptorship listed in the health-related fields literature.

INTRINSIC REWARDS (8,20)	EXTRINSIC REWARDS (7-8,15,17-19)
Professional stimulation	Tuition waivers
Contribution to the profession	Library privileges
Professional pride	Gifts from students
Intellectual challenge	Clinical faculty appointments, certificate of faculty appointment
Fulfillment as a teacher	Active involvement in curricular development
Academic recognition	Attendance at faculty meetings
Colleague recognition	Luncheons, dinners, or banquets
Student recognition	Workshops, seminars, or conferences
Professional development	Honorary title
	Research consultations
	Continuing education credits
	Use of media resources
	Acknowledgement of teaching contributions, letters of appreciation
	Parking permits
	Photocopying service
	Clinical faculty awards
	Use of recreational facilities
	Faculty discounts
	Reference books, book store certificates
	Money
	Promotion
	Computer hardware/software
	Travel funds
	Office space
	Notation on resume

of several schools of pharmacy and developed a questionnaire to identify the mechanisms of recognition preferred by preceptors and the motivational factors to becoming preceptors (15). Working through the AACP PEP-SIG Task Force on Preceptors' Needs, Beck et al. (15,17) were the first to document what motivates pharmacists to become preceptors. Approximately half of their respondents, however, were working in a hospital setting.

Their results show that intangible rewards, such as contribution to the profession, a feeling of accomplishment, and enjoyment of teaching, were the strongest motivating factors. Rewards identified as most important for preceptors required little or no direct funds allocation. The strategies they recommended to motivate preceptors included formally informing preceptors of their faculty appointment and other available benefits, providing continuing education at no or reduced charge, and acknowledgment of their teaching contributions by administration and other faculty (15).

OBJECTIVES OF THE STUDY

The new curriculum of the Faculty of Pharmacy of the Université de Montréal requires that all fourth-year students participate in an eight-week rotation in both a community and a hospital setting. Until now, 35 community pharmacists were preceptors and received 36 students per year. In 1996, 130 students will be required to participate in a rotation in a community setting. This modification will have a tremendous impact on the number of community pharmacy sites required.

The objectives of this study were to:

1. Identify the incentives of community pharmacists to be or become preceptors, and
2. Determine the rewards of preceptorship perceived as most important by community pharmacists.

METHODS

The study population consisted of current preceptors and community pharmacists. The coordinator of fourth-year rotations^a supplied the list of preceptors. The mailing list of pharmacists in the Montreal area was provided by the provincial licensing board for pharmacists in Quebec. Data

^a Second author.

were obtained by means of a mailed questionnaire. A French version of the questionnaire developed by the PEP-SIG Task Force on Preceptors' Needs was adapted for the Université de Montréal. Questionnaires were mailed to 69 preceptors in geriatric ($n = 34$) and community ($n = 35$) settings and 1,348 community pharmacists in the Montreal area. Preceptors working in short-term hospitals were excluded from the study because the agreement between them and the Faculty of Pharmacy is very different than the agreement with community pharmacies and geriatric hospitals. Community pharmacists and pharmacists working in geriatric settings are preceptors three days a week, while short-term hospital pharmacists are preceptors five days a week. Hospital pharmacists fulfill the roles of preceptors and are responsible for clinical training (RCT)^b. Short-term hospitals hire pharmacists who receive their full salary between January and May from the University.

In the questionnaire for the current preceptors and community pharmacists, statements were identical, with two exceptions. First, preceptors were asked how many years they have been preceptors. Community pharmacists were asked if they would like to become preceptors for fourth-year pharmacy students. Secondly, in the community pharmacist questionnaire, the motivational factors scale started with "I would like to be a preceptor because . . .," while the preceptor questionnaire included the statement "I am a preceptor because . . ."

The questionnaire was pretested on five pharmacists who were responsible for clinical training and minor modifications were made. The questionnaire was divided into five sections: demographic information, perceived benefits for being preceptors, incentives to be or become preceptors, the number of students that the pharmacist would be willing to supervise per period of two months (September-October or November-December, for example), the number of days per week (three, four, or five) and day periods (morning, afternoon, or evening) that the pharmacist would accept to precept a student, and the type of training that preceptors or community pharmacists would like to receive from the Faculty of Pharmacy.

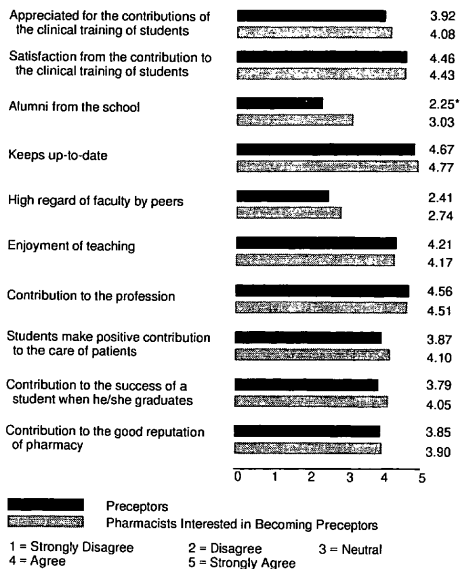
Nineteen statements on incentives to become preceptors were presented in which respondents indicated their agreement or disagreement using a five-item Likert-type scale. A numerical value was assigned (1 = Strongly

^b Those responsible for clinical training (RCT) are pharmacists hired part-time by the Faculty of Pharmacy. They have the responsibility of supervising and evaluating the students during their rotation in collaboration with their preceptors. The RCTs visit students three to four times during their rotation. Each RTC supervises five to six students at a time.

Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree) to the respondent's level of agreement and mean values were determined. Incentives were both intrinsic and extrinsic. Scores for intrinsic factors are presented in Figure 1 and scores for extrinsic factors are presented in Figure 2.

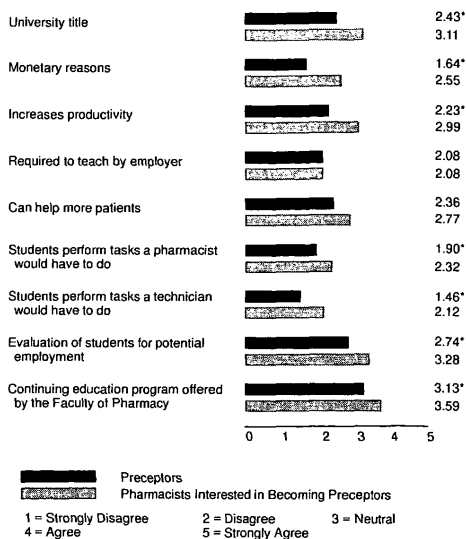
Preceptors and pharmacists were asked to rate on a three-point, Likert-

FIGURE 1. Intrinsic motivational factors of preceptors and community pharmacists to be or become preceptors.



* $p < 0.05$

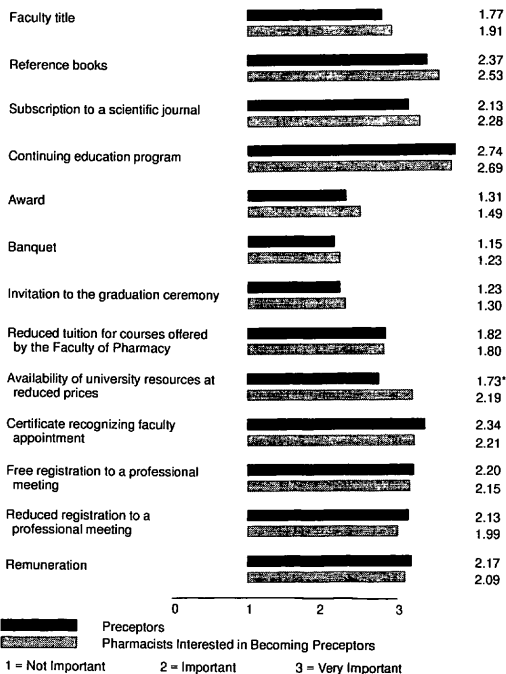
FIGURE 2. Extrinsic motivational factors of preceptors and community pharmacists interested in becoming preceptors.



* $p < 0.05$

type scale of importance (1 = Not Important, 2 = Important, 3 = Very Important) a list of 13 potential benefits that could be offered to preceptors. Of this list, depicted in Figure 3, two were currently offered by the Université de Montréal: a continuing education program (one day) and remuneration (\$500 per student for the community pharmacy owner or \$100 per student for geriatric sites). Means were calculated for each bene-

FIGURE 3. Mechanisms of recognition perceived as most important by preceptors and community pharmacists interested in becoming preceptors.



* $p < 0.05$

fit. Open-ended questions gave the respondents the opportunity to write any additional rewards and to rate the three most important and valuable rewards perceived.

The mailing included a cover letter from the Dean of the Faculty of Pharmacy and a self-addressed envelope with the questionnaire. The first mailing of the questionnaire was on September 19, 1994 and a follow-up questionnaire was sent on October 17, 1994. Responses were collected until November 23, 1994.

Data were entered with DataEntry and all analyses were performed using SPSSPC 4.0. Frequencies and descriptive statistics were calculated for each variable. Scores of preceptors and community pharmacists interested in becoming preceptors were compared using two-tailed *t*-tests. Statistical significance was set at a 0.05 level.

RESULTS

Completed questionnaires were received from 39 (56.5%) of the 69 preceptors and 398 of the 1,348 community pharmacists in the Montreal area. Of the 398 community pharmacists respondents, six were not eligible for the following reasons: two pharmacist were retired, one pharmacist answered the questionnaire twice, and three pharmacists did not practice in a community setting. The net response rate for community pharmacists was 29.2 percent (392/1,342). Of the 392 eligible community pharmacist respondents, 118 (30.1%) mentioned that they were interested in becoming preceptors and 274 (69.9%) responded that they were not. Only the data on preceptors and pharmacists who mentioned that they were interested in becoming preceptors are presented.

Demographic data of the preceptors and the pharmacists interested in becoming preceptors are presented in Table 2. Preceptors had, on average, 3.5 years of experience ($SD = 1.98$). Men represented approximately 40 percent of the respondents. Preceptors and community pharmacists interested in becoming preceptors were practicing pharmacy, on average, for ten years. There were no significant differences in gender ($p = 0.92$), or years of practice ($p = 0.96$) among preceptors and pharmacists in both groups. The pharmacists' employment status (owner, employee, or geriatric hospital) between pharmacists and preceptors differed in that half of the preceptors surveyed and half of the preceptor respondents were practicing in geriatric hospitals.

The reliability of the scale on motivational factors to be/become preceptors was 0.80, as determined by Cronbach's alpha coefficient. As illus-

TABLE 2. Sex, years of experience as preceptors, years of practice, and employment status of preceptors and community pharmacists interested in becoming preceptors.

Demographic Variables	Preceptors	Community Pharmacists Interested in Becoming Preceptors
Sex ^a	<i>n</i> (%)	<i>n</i> (%)
Male	15 (40.5%)	44 (39.6%)
Female	22 (59.5%)	67 (60.4%)
Years of Practice ^b	Mean (SD) 10.64 (7.31)	Mean (SD) 10.74 (9.50)
Years of Experience as Preceptors	Mean (SD) 3.59 (1.98)	NA
Employment Status ^c	<i>n</i> (%)	<i>n</i> (%)
Owner	10 (27.0%)	41 (37.3%)
Employed	8 (21.6%)	69 (62.7%)
Geniatric	19 (51.4%)	0 (0.0%)

^a $\chi^2 = 0.01$, DF = 1, $p = 0.92$

^b $t = -0.06$, $p = 0.96$

^c $\chi^2 = 69.76$, DF = 2, $p < 0.01$

trated in Figure 1, the four most important motivating factors to be/become preceptors with means greater than 4 (on a 5-point scale) were:

1. Teaching students allows pharmacists to keep their knowledge up-to-date (Mean = 4.75, $SD = 0.55$).
2. Being a preceptor is a contribution to the profession (Mean = 4.53, $SD = 0.63$).
3. The contribution to the training of students provides satisfaction (Mean = 4.44, $SD = 0.61$).
4. The enjoyment of teaching is itself a reward (Mean = 4.18, $SD = 0.75$).

All these factors are intangible. The average score for intangible motivating factors, 3.81 ($SD = 0.50$), was higher than the average score for tangible motivating factors, which was 3.00 ($SD = 0.57$), (t -test = 16.51, $p \leq 0.01$). If one examines those motivational factors which are important for the respondents (scores ≥ 3) and which are significantly different between current preceptors and pharmacists interested in becoming preceptors, they are all extrinsic factors (Figure 2). In all cases, pharmacists interested in becoming preceptors gave more importance to these extrinsic factors than did the current preceptors.

The rewards perceived as the most important (3-point scale) by pharmacists and preceptors were:

1. A continuing education program (Mean = 2.71, $SD = 0.54$);
2. Reference books (Mean = 2.49, $SD = 0.60$);
3. A subscription to a scientific journal (Mean = 2.25, $SD = 0.70$);
4. A certificate recognizing faculty appointment (Means = 2.24, $SD = 0.66$);
5. Free registration to a professional meeting (Mean = 2.16, $SD = 0.71$); and
6. Remuneration (Mean = 2.11, $SD = 0.76$).

Willingness to Supervise Students

Preceptors and pharmacists interested in becoming preceptors were asked how many students they would be willing to supervise per eight-week period. January-February and March-April, which represent the months where rotations currently occur, were the months with the greatest number of students who could be supervised (a possibility of 128 students per eight-week period). However, pharmacists demonstrated some interest in being preceptors in the fall semester during September and October ($n = 110$ students) and during November and December ($n = 97$ students). The summer proved to be an alternative, with a possibility of supervision of 99 students during the months of May and June and 82 students during July and August. As presented in Table 3, the total number of students who could be supervised by preceptors during an academic year is 335. This number is increased to 531 when summer months are considered as a possibility for rotation.

The results of the survey, however, reveal that current preceptors and most community pharmacists interested in becoming preceptors are not willing to supervise students five days a week (Figure 4). Only 17 percent of the respondents would be willing to be preceptors five days a week. Most of the respondents (55 percent) wanted to be preceptors for only three days per week. The average number of days of supervision per week offered by the preceptors was 3.47 ($SD = 0.95$). Interestingly, there was no significant difference between current and potential preceptors regarding their availability to supervise students.

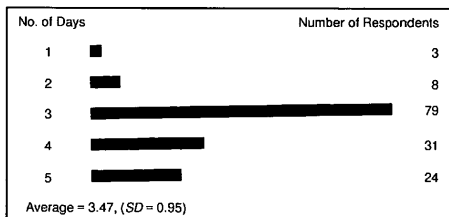
DISCUSSION

The clinical training of future pharmacists relies on practical experience acquired through rotations in community and hospital settings. Changes in the curricula of numerous schools of pharmacy in the United States and

TABLE 3. Number of students that preceptors (1 below) or community pharmacists interested in becoming preceptors (2 below) will be willing to precept.

Period of Eight Weeks	Number of Pharmacists Willing to Precept Students		Number of Students
	1	2	
			Total
September-October	94	8	110
November-December	83	7	97
January-February	114	7	128
March-April	114	7	128
May-June	75	12	99
July-August	50	16	82
Total academic year			335
Total calendar year			531

FIGURE 4. Frequencies of the number of preceptors or pharmacists interested in becoming preceptors by number of days they are willing to supervise students.



Canada have had tremendous impact on the number of preceptors that will be required in the community setting in the near future. The objectives of this study were to identify the motivational factors of current and potential preceptors in the community setting and to determine the importance of the mechanisms of recognition perceived as important by preceptors and community pharmacists.

The results of this study indicate that motivational factors and expectations regarding mechanisms of recognition of current and potential preceptors are similar. Despite the fact that continuing education credits are not mandatory in the province of Quebec, registration for a continuing education program and the awarding of a certificate indicating faculty appointment were the most important mechanisms of recognition for current and potential preceptors. Receiving reference books and subscriptions to scientific journals were also judged as being important. One advantage of a college of pharmacy offering continuing education programs to its preceptors is that it can be organized using college resources without incurring significant expenses. The awarding of a certificate indicating faculty appointment can also be provided with minimum expense. It appears that schools of pharmacy should explore the possibility of finding external funding to purchase books and subscriptions to scientific journals for their preceptors.

Most preceptors and community pharmacists agreed that the following factors were motivating them as preceptors or would motivate them to become preceptors: (1) keeping knowledge up-to-date, (2) contribution to the profession, (3) satisfaction from the contribution to the clinical training of students, and (4) enjoyment of teaching. In other words, intrinsic motivation comes from professional (1 and 2) and personal (3 and 4) satisfaction. Among motivational factors to be or become preceptors that were statistically different between potential and current preceptors, pharmacists interested in becoming preceptors gave more importance to extrinsic factors such as university title, remuneration, and increased productivity than did the current preceptors. This presents a dilemma. Should pharmacy schools try to provide more extrinsic rewards to convince pharmacists to become preceptors or should they try to reach pharmacists by means of primarily intrinsic motivations? As previously mentioned, intrinsic motivations are associated with self-actualization and self-esteem. They may identify pharmacists with greater professional achievement. This research did not provide an answer to this question, but further research should address this issue.

Assessing the needs of preceptors has allowed the Faculty of Pharmacy of the Université de Montréal to develop specific strategies to enhance recruitment activities to optimize community pharmacists' involvement in preceptorship. For example, at first it was planned that all rotations would occur during the last semester of the fourth year in the curriculum, as they traditionally did. Half of the students (approximately 65) would have been assigned to a community site for eight weeks, while the other half would have been in a hospital or geriatric setting. Considering the willingness of preceptors to supervise students all year long, the Faculty of Pharmacy of the Université de Montréal changed its plan and decided to spread its

rotations throughout the entire final academic year. In other words, during the fall semester, 25 percent of the fourth-year students will be assigned to a community rotation, 25 percent will be assigned to a hospital or geriatric rotation, while 50 percent of the students will have didactic classes. In the winter semester of the fourth year, the order will be reversed, allowing each student to experiment each type of rotation. In addition, as a consequence of comments made by respondents, the Faculty of Pharmacy came to the conclusion that it should re-examine the possibility of compensating preceptors rather than the pharmacy owner, which is the current situation.

The Faculty of Pharmacy of the Université de Montréal is now aware that it will need to recruit more pharmacists who will become role models and promote excellence in pharmacy practice. Although providing pharmacists with the rewards identified in this study and focusing on the motivational factors will not guarantee the excellence of the pharmacists recruited, it would provide a pool of candidates from which the most qualified preceptors could be selected. Finally, the interest of the current and potential preceptors for continuing education is encouraging. It demonstrates their concern in improving their knowledge and clinical skills, allowing them to become role models for pharmacy students.

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