AACP REPORTS

Experiential Education Delivery—Ensuring Success Through Support and Development of the Faculty and Administrative Team:
Report of the 2004-2005 Professional Affairs Committee

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According to the Bylaws of the AACP, the Professional Affairs Committee is to study:

issues associated with professional practice as they relate to pharmaceutical education, and to establish and improve working relationships with all other organizations in the field of health affairs. The Committee is also encouraged to address related agenda items relevant to its Bylaws charge and to identify issues for consideration by subsequent committees, task forces, commissions, or other groups.

The comprehensive system of academic personnel (college-based and external), education/practice partnerships and inter-professional relationships that support quality professional experiential education has been a continuing focus of the Association agenda. The 2002-03 standing committees addressed the leadership needs of the academy. Specifically, the Professional Affairs Committee focused on the leadership challenges and professional development needs for that complement of academic personnel responsible for experiential education program delivery. 1 The 2003-04 Professional Affairs Committee identified criteria that suggest evidence of a quality experiential education program and its elements (eg, the learning experiences, the practice environment, and the external practitioner-educators). 2

Students’ experiential education should occur in settings that meet or exceed the high standards of pharmaceutical care. 3 College/school-based practice faculty with primary responsibility for clinical practice and teaching also need to contribute to scholarship to fulfill their faculty roles and achieve success in their academic careers. This expectation derives from and is consistent with the policy statement advanced by the 1994-95 Research and Graduate Affairs Committee and endorsed by the House of Delegates:

...AACP affirms the importance of research to the pharmacy profession and the pharmacy educational enterprise. Furthermore, AACP affirms that every full-time faculty member is expected to participate in research (the generation and/or application of new knowledge) and its dissemination to an extent consistent with the mission of the school or college. 4

Numerous challenges exist in recruiting and retaining faculty who can develop quality clinical teaching sites with a strong focus on advancing patient care. Appropriate preparation and continuous professional development is often a concern with respect to clinician faculty who have patient care and teaching responsibilities and other faculty and staff charged with the responsibility of administering professional experience programs. The need to provide evidence of quality experiential education, through scholarship, is particularly important in advancing practice.

Within the context of the current professional environment and specific needs of contemporary academic
pharmacy, President JoLaine R. Draugalis asked the 2004-05 AACP Professional Affairs Committee to explore how AACP and its member institutions might facilitate progressive development of academic administrators responsible for delivery of the professional experience program and college/school-based faculty clinicians. Also, the committee was asked to identify and propose strategies for developing innovative community-based practice models that support scholarship, teaching and learning.

Specifically, the Committee is charged to:

- Describe the needs for appropriate preparation, skill development and continuous professional development of the academic administrative team (faculty and professional staff) responsible for planning and delivery of the experiential education program, and suggest strategies for AACP to address these needs.
- Describe the needs for appropriate preparation, skill development and continuous professional development of the faculty clinicians (ie, college/school-based and shared) responsible for patient care, experiential teaching and related research, and suggest strategies for AACP to address these needs.
- Identify models of community-based partnerships that advance quality education and patient care and provide environments supportive of college-based practice faculty members’ growth and development as scholars in practice, research and teaching; and suggest strategies for member institutions to use in structuring partnerships and developing practice models that support the academic success of practice faculty.

Background information and resource materials were distributed to committee members prior to a conference call on September 29, 2004. During the conference call committee members shared preliminary views and discussed their approach to the charge. Committee members met on October 23-24, 2004 to discuss their preliminary work and to begin formulating recommendations. The committee completed its subsequent work through conference calls and electronic communications.

The Committee agreed to the following structure and goals as it developed responses to various elements of its charge:

- Identify specific professional development needs of the experiential education academic administrative team and faculty clinicians;
- Describe the scope of responsibilities and role differentiation for the experiential education academic administrative team including leadership and scholarship;
- Propose administrative models and suggestions for continuous professional development of the academic administrative team ranging from entry-level to senior members;
- Suggest resources, strategies and services that AACP can offer to members to foster the preparation and continuous professional development of faculty clinicians responsible for patient care, clinical teaching and scholarship in the professional experience program; and
- Identify criteria for evaluating partnerships with community pharmacy sites that provide environments supportive of college-based practice faculty members’ growth and development as scholars in practice, teaching and research.

**BACKGROUND**

The committee drew heavily on previous work in making recommendations aimed at ensuring experiential education program success through support and development of faculty and staff. For example, a 2003 analysis Harralson conducted while a Scholar in Residence at AACP, provides insight into the financial, personnel, and curricular components of advanced pharmacy practice experience (APPE) programs. The analysis strongly indicates a need for accurate assessments of the levels of institutional investment in personnel and financial resources for experiential education and highlights the group of administrators responsible for its delivery as a population with critical needs for support and development. The study revealed that the majority of experiential program directors are within their first five years of professional licensure, have limited administrative training and few resources with which to develop new programming. Although experiential training accounts for more than 25 percent of most pharmacy curricula, financial support (ie, total cost as a percent of expense budget) varied widely among colleges/schools of pharmacy, ranging from 1 to 27 percent. Although individual schools differ relative to governance (ie, public or private), size, and mission, some commonalities and characterizations of APPEs can be made. About 82 percent of colleges/schools use faculty who are jointly funded with practice sites and up to 60 percent of total APPE rotations nationally are provided by adjunct or volunteer faculty. Concerns regarding these findings have been reiterated in recent AACP publications including the reports of the 2002-03 Professional Affairs Committee, which included recommendations regarding effective leadership at the academic/practice interface and focused on the complexity...
of roles in the professional experience program administrative team; the 2003-04 Professional Affairs Committee, which contributed recommendations regarding quality of the environment, learning experiences, and practitioner-educator volunteer faculty; and the Pharmacy Practice Section/Professional Experience Programs Special Interest Group (PEPSIG) Preceptor Development Task Force Report for the Development of Pharmacy Practice Preceptors, which addressed the need for training and development of the practitioners who participate as preceptors in pharmacy education.

The 2003-04 Professional Affairs Committee also noted that while opportunities for building quality assurance continue to evolve with dynamic changes in practice environments and curricula, the need for investment and leadership remains constant. “Articulating the college or school vision for leading practice change is a shared leadership responsibility of the dean and the faculty/administrators who function at the academic/practice interface.” The academic leaders “…who support practice faculty and initiatives at the academic/practice interface facilitate academic/practice partnerships, garner resources, negotiate financial arrangements, cultivate opportunities, appoint personnel, and drive the shared vision.” This 2004-05 Professional Affairs Committee report, the third in a three-year series addressing issues in experiential education, is focused on the academic side of the academic/practice interface. The committee has attempted to identify what is needed to ensure the success—success in meeting the expectations of their college appointment and responsibilities—of the fulltime college/school-based faculty clinicians and administrators involved in delivery of experiential education. Consideration was also given to the practice environment partnership—with particular focus on selecting and structuring academic/practice partnerships to provide environments supportive of exemplary patient care, student learning, and scholarship.

FACULTY PROFESSIONAL DEVELOPMENT

Ongoing Development Across Career Stages

All faculty need skills that enable them to maintain ongoing competence and foster continual acquisition of knowledge in their disciplines. To facilitate this process, faculty should construct goals and professional development plans on an annual basis, at a minimum. Such materials should be reviewed by more experienced colleagues to ensure that the goals are realistic and achievable. After a plan is deemed workable, it should be used in conducting ongoing progress assessments and annual performance evaluations.

Skill sets and professional development needs of faculty vary in relation to individual disciplines and career stage. Due to changes in performance expectations and professional experiences that occur over the course of a career, it follows that programs to support and mentor faculty must be adaptive. For purposes of this report, several categories of faculty are considered (i.e., junior, mid-level, senior, and tenure-track) with respect to professional development needs. Pharmacy residents also warrant some consideration in that they constitute a pool of potential junior faculty.

Most clinical faculty receive their education and training in PharmD programs and residencies and, like faculty in most disciplines, receive very little, if any, instruction in the areas of learning theory and pedagogy. Within their first three to five years, most faculty require assistance in developing teaching and research skills. Specific training may be indicated to ensure development of skills to plan and teach individual lectures or entire courses. Further, clinical faculty often need guidance in how to pursue scholarly activities and the external financial support to conduct such scholarship. As clinical faculty progress in their careers, they may need and benefit from skills related to leadership and management at the college/school level. Recognizing that many experiential education program directors are at the assistant professor level, it is appropriate to provide options for leadership and management training programs to junior faculty who are in or wish to eventually pursue such roles.

Junior faculty (e.g., assistant professors, instructors and lecturers) in pharmacy practice account for the fastest growing segment of pharmacy faculty. According to AACP institutional data from 2004-05, 57% of pharmacy practice faculty would be considered junior. This group of faculty tends to be nontenure track and less than 40 years old, with education and training that emphasized development of clinical, not academic, skills. This general lack of preparation for a career in academia is an even more critical issue with respect to faculty entering tenure track positions where expectations for original research are typically very high. All junior faculty are likely to derive benefits from good mentoring and structured faculty development activities aimed at ensuring successful performance and effective socialization into academia.

The expectations of an academic appointment are often overwhelming; without proper mentoring and faculty development programs to guide and build skills, junior faculty can quickly become discouraged. It is especially important to provide clear definitions and expectations for clinical practice/teaching and scholarly activity and to use them to guide the faculty development process. To increase the likelihood of success, faculty should be
encouraged to learn from their mistakes, find satisfaction in their work, and seek balance between their work and personal lives. Considering that no single approach to mentoring has been shown to work for all situations, colleges/schools may find a combination of broad-based and individualized approaches most effective with this group of faculty.8

Mid-level clinician faculty (eg, associate professors) also need tailored mentoring and professional development programs to acquire skills necessary to successfully assume and expand leadership roles in academic and clinical settings. Programs aimed at developing assessment-related skills needed to conduct scholarship in the area of teaching and learning may be particularly valuable in the applied context of clinical practice and experiential education. Mid-level faculty may also benefit from programs that help them assume mentoring roles with junior faculty. The responsibility for such mentoring becomes evident as one moves up in academic rank and experience.

Senior faculty (eg, full professors) often need to continue developing their mentoring skills, but may also need customized faculty development programs to sustain interest and enthusiasm for their careers. The professional development needs of this group of faculty may be overlooked because such faculty are perceived as being established, self-sufficient and highly productive. Conducting needs assessment exercises with senior faculty may be an especially useful way of capturing and responding to specific professional development desires. Some faculty in this group may be interested in assuming administrative responsibilities and may benefit from leadership training and mentoring. Maintaining a corps of experienced senior level and/or tenured clinician faculty is important in light of their stabilizing effects on the practice department as a whole.9,10

Tenure track faculty at all ranks, especially junior faculty who are not yet tenured, need to clearly understand the specific institutional expectations with regard to the tenure and promotion processes. Because there is a finite amount of time allowed for the tenure process, junior faculty need to quickly focus their efforts on all parts of the tripartite mission. Acquiring an early understanding of what the tenure and promotion processes involve is not only a good beginning, but a necessary beginning.

Considerations in Constructing Professional Development Programs

It is common in discussions about education, particularly when planning learning units, to address the cognitive (knowledge and thinking abilities), psychomotor (movement-related skills) and affective (behaviors, beliefs and attitudes) domains of learning. Such classifications are also applicable in the context of professional development of pharmacy faculty. In recruiting faculty, for example, search committees and administrators typically review the qualifications of candidates (eg, degrees, post-doctoral training, experience, etc.) and make assessments about the knowledge base of candidates and their preparation to assume teaching and clinical practice roles. Contemporary knowledge of one’s subject is paramount in any area of education, and the manner by which faculty carry out their teaching, practice, scholarship and service influences success. Underlying this success is the ability for faculty to keep healthy perspectives on their work, with emphasis on achieving balance between professional responsibilities and personal needs. It has been noted that clinician faculty sometimes feel disconnected and lonely due to their physical separation from the campus and colleagues.8 Efforts to engage faculty in service activities (eg, special projects, committee work, etc.) and encouraging attendance and active participation in faculty meetings are important with respect to professional socialization in academia. Such activities also serve to heighten awareness of the culture and governance aspects of higher education. Administrators and mentors should carefully advise faculty about which types of activities will be most beneficial in terms of professional development and progression.

Specific types of skill- and knowledge-based professional development must be incorporated into the operations of the college/school of pharmacy to increase the likelihood of ongoing faculty success. Early programming is critical in areas such as constructing learning units, preparing course syllabi, exploring various pedagogies, writing measurable learning objectives, preparing examination questions, conducting formative and summative assessments, and developing a clinical practice. Such programming may range from short workshops on introductory techniques to advanced level work as faculty become more skilled in teaching and practice. Programs that focus on writing, presenting, business/management skills, leadership, and political advocacy should be built into an ongoing and systematic approach to professional development for faculty at all levels. Emphasis on programs for skill development in the area of scholarship (eg, initiating and conducting research, presenting proposals to institutional review boards, grantsmanship, etc.) is especially important for tenure-track faculty at research-intensive universities.11

Consistent with customary approaches to academic programming, an ongoing mechanism of assessment should be established to determine the value of professional development initiatives. Although the “basics” of being pharmacy faculty should be provided to junior
faculty, ongoing professional development programs should be guided by needs assessments and regular feedback. Areas of emphasis in the programming should be informed, in part, by institutional and college/school missions and visions.

**Strategies to Increase Administrative Support for Faculty Development Programs**

An economic argument that could be made to support ongoing faculty development programs is that they probably cost less than recruiting new faculty members. Development programs that attend to a faculty member’s professional and personal needs have the potential to increase productivity, satisfaction and retention. Likewise, setting clear site-based expectations when appointing clinician faculty, and providing support for faculty to meet them, are good strategies to increase retention. Having a strong professional development program to ensure a faculty member’s success in practice, teaching, and scholarship, all of which support promotion and tenure, if applicable, could be a powerful inducement when recruiting.

Promotion of activities that increase the understanding of the dual role of clinician faculty among colleagues and superiors may be particularly useful. Such activities could include faculty presentations (about their practice sites and activities) during faculty meetings and/or visitation programs providing college/school administrators opportunities to observe faculty at their clinical practice sites. One could also develop informational materials that educate practice site personnel about the academic side of a dual/split appointment. Likewise, informational materials for academic sites about the requirements of a clinical position could be developed and distributed. Such activities are likely to increase appreciation for clinician faculty responsibilities and challenges in the practice environment which, in turn, may serve to persuade administrators to commit more resources to faculty development initiatives.

Effective faculty mentoring programs are thought to improve the understanding of and support for clinical faculty development, but such programs are not consistently applied. Perhaps the most telling result from a study by MacKinnon was the reported lack of formal mentoring experienced by the majority of the deans. It can be difficult to perceive the benefits of a formal mentoring program when one has not experienced it personally. Faculty were also neutral in their opinion about the benefit of receiving formal mentoring, a result that most likely reflects their lack of prior experience with such programs.

Campus administrators’ support may also be increased by clearly defining the expectations for teaching, scholarship and service for clinician faculty through the use of different types of tenure track appointments. Carter described two types of tenure tracks: researcher/educator and practitioner/educator. The expectations for the practitioner/educator track rely on some of the broader definitions of scholarship as described by Boyer. By understanding what clinician faculty contribute and how such contributions differ from those of traditional researcher/educators, campus administrators may be more comfortable in effectively evaluating and supporting their clinician faculty as they progress toward promotion and tenure.

The following sections of the report consider the specific responsibilities and professional development needs of the academic administrative team (faculty and professional staff) responsible for planning and delivery of the experiential education program and the college/school-based faculty clinicians responsible for patient care, experiential teaching, and related research.

**EXPERIENTIAL PROGRAM ADMINISTRATION**

The experiential components of pharmacy curricula are designed to introduce students to various practice environments and facilitate development of necessary knowledge and skills related to prescribed educational outcomes. Practice experiences form one of the curricular cores dictated by the Accreditation Council for Pharmacy Education (ACPE) in the current Standards and colleges/schools will be accountable to a separate standard in the next revision, expected in 2006. Each college or school of pharmacy designs an organizational structure for administration of the experiential initiatives in the curriculum. Different models exist. Experiential education leadership may be the responsibility of one individual or a number of individuals functioning as a team. Roles and responsibilities for the delivery of experiential education and the development needs of the faculty, professional staff, administrators and administrative staff involved are considered here.

**Academic Leadership Responsibilities**

The 2002-03 Professional Affairs Committee report identified responsibilities related to teaching/learning, student affairs, faculty, practice/patient care and business/management that require leadership skills in the administration of experiential programs. “The experiential program directors are responsible for sites (developing and quality assurance), students (setting expectations for conduct), volunteer faculty (recruitment, development, training), and teaching/learning (design learning experiences, define outcomes, conduct assessment).”
The committee also noted the need for the academy to exert leadership at a national level to facilitate standardization of experiential program delivery (eg, national standards for preceptors, standardized assessment for preceptor evaluation and quality assurance).

The individual in charge of the experiential education program is called upon to be an administrator and manager of programs, resources, and personnel; to assume leadership for the academic program; and, depending on the nature of the academic appointment, to function as a faculty member with contributions and effort devoted to instruction, scholarship and the service mission of the institution. To be successful, program administrators should have sufficient positional authority (eg, reporting line to the dean and/or department head/chair) to influence program directives and should be appointed to the curriculum and assessment teams to ensure that the experiential education component is integrated into academic program priorities and appropriately funded.

“Because of the central role that experiential programs play in the training of pharmacists and interfacing with practitioners, the program director should have sufficient practice, academic, and/or management experience to have credibility with other faculty and practitioners as well as direct the program in a manner that facilitates the college or school’s ability to influence advancement of the practice of pharmacy.” Several sources, however, report that it is common for professional experience programs to be led by nontenured junior faculty relatively new in their appointment. Harralson’s analysis reported 51% of clinical experience programs were directed by faculty at the assistant professor level and that there was a trend toward nontenure track appointments. Further, the number of program directors who held tenured or tenure track positions decreased from 70% to 36% over the past two decades. Sauer and Riel found in 1998 that 56% of program directors had been in their positions for less than 5 years. These findings may reflect a mismatch between administrative role expectations and the capabilities of junior faculty who may lack sufficient experience or training in leadership and management to be successful in these complex positions. In the case of tenure track positions, a perception that efforts in experiential education administration will not be valued in promotion and tenure reviews may contribute to turnover.

The expanding scope and complexities of responsibility for leadership of professional experience programs suggests the need for an administrative team. Typically, multiple roles in an administrative team include an administrative leader (titles for this position vary), at least one supporting assistant, manager, or coordinator; administrative support staff; and possibly other professional staff who are generally responsible for specific program elements (eg, coordination of ambulatory care sites, coordination of introductory practice experiences, etc.). Harralson’s report documented that the administrative title “director” was reported by 69% of participating institutions, while 10% reported using “coordinator.” A recent query conducted by an AACP PEP SIG subcommittee identified experiential contacts at all of the colleges/schools of pharmacy. Responses revealed a wide variety of titles in use for individuals responsible for experiential programs across the academy. A complete list of the various titles reported is provided in Table 1. As practice sites interface with program directors and personnel from various academic institutions, it would be valuable to develop and use standardized leadership titles such as program director or assistant dean that clearly convey responsibilities and administrative authority.

The 2003-2004 AACP Successful Practices in Pharmaceutical Education included a category asking institutions to describe models for the administration of their experiential education programs that they have found to be successful. The submissions received demonstrate the extent of variance in approaches to experiential education administration. In institutions with larger programs and more personnel, programmatic responsibility is often organized around program characteristics (eg, ambulatory vs. institutional, on-campus vs. external, early practice experience vs. advanced, etc.). One institution described an academic unit staffed by a team of eight individuals. The division of experiential and professional affairs is under the leadership of an assistant dean, supported by three director level positions each with specific program responsibility (ie, community experiences, institutional experiences and academic program development), a coordinator, an administrative assistant and two assistant coordinators of advanced practice management. Another institution’s model places the responsibility for administration of the experiential program in an office of experiential and external education within the department of clinical pharmacy. In this model, the office is staffed by a director, coordinator, and program assistant. Another structure consists of a director, two assistant directors with program responsibility for the early and advanced practice experiences, and two coordinators. Yet another invests program leadership at the associate dean level with program support provided by two coordinator level positions, each with dedicated responsibility for institutional and ambulatory practice experiences. An administrative support position completes the team.

The goal is an organizational structure that promotes program consistency, enhanced communication, preceptor
development and interaction, quality management and site assessment. Quality program delivery is dependent on effective planning and implementation and facilitated by responsive and efficient communication and interaction between the experiential program administration and the many participants within and external to the academic institution. The experiential program administrative team interacts at organizational and individual levels with the college/school; campus and site administration; and with students, preceptors and faculty to facilitate quality program delivery and achieve learning outcomes. See Figure 1 for a schematic representation of the administrative team interactions.

Given the various roles, the experiential education administrative team should consist minimally of a program director, a program administrator for implementation and operations (e.g., program coordinator or manager) and another individual providing general administrative task support. Some institutions appoint the leadership position at the level of assistant or associate dean. The assistant/associate dean is a member of the college/school administration leadership team with responsibility for strategic program development and planning, quality assurance, faculty recruitment and development, teaching and scholarship. In this team model the director provides oversight for implementation and delegates operations support to a coordinator/manager position. All are assisted with administrative tasks by program support staff.

Table 1. Experiential Education Administrative Team Position Titles*

<table>
<thead>
<tr>
<th>Program Administrators</th>
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<tbody>
<tr>
<td>Assistant Dean for Clinical Programs</td>
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<tr>
<td>Assistant Dean for External Programs/Experiential</td>
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<tr>
<td>Assistant Dean, Experiential Education</td>
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<tr>
<td>Coordinator, Introductory/Advanced Practice</td>
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<tr>
<td>Coordinator of Clinical Education</td>
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<tr>
<td>Education Coordinator</td>
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<tr>
<td>Experiential Coordinator</td>
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<tr>
<td>Experiential Education Director</td>
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<tr>
<td>Experiential Program Coordinator</td>
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<tr>
<td>Experiential Program Director</td>
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<tr>
<td>Director of Pharmacy Experiential Learning</td>
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<tr>
<td>Director of Experiential and External Education</td>
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<tr>
<td>Director, Early Practice Experience</td>
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<td>Director, Advanced Practice Experience</td>
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<tr>
<td>Director, Professional Experience Programs</td>
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<tr>
<td>Director, PEP</td>
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<tr>
<td>Vice Chair Professional Experiential Program</td>
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<tr>
<th>Program Support Personnel</th>
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<tbody>
<tr>
<td>Administrative Assistant (most prevalent)</td>
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<tr>
<td>Administrative Coordinator</td>
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<tr>
<td>Academic Assistant</td>
</tr>
<tr>
<td>Academic Program Assistant</td>
</tr>
<tr>
<td>Experiential Learning Specialist</td>
</tr>
<tr>
<td>Educational Programs Specialist</td>
</tr>
<tr>
<td>Experiential Specialist</td>
</tr>
<tr>
<td>Office Coordinator</td>
</tr>
<tr>
<td>Office Secretary</td>
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<tr>
<td>Office Assistant Senior</td>
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<tr>
<td>Program Manager</td>
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<tr>
<td>Program Assistant</td>
</tr>
<tr>
<td>Secretary</td>
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<tr>
<td>Senior Administrative Secretary</td>
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*Responses to a telephone query conducted by PEP SIG in 2004
Table 2. Experiential Program Director Academic Leadership Roles and Responsibilities

<table>
<thead>
<tr>
<th>Administration/Management</th>
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<tbody>
<tr>
<td>Practice Sites</td>
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<tr>
<td>Development, management/placements for IPPE and APPE</td>
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<tr>
<td>Negotiate/manage contracts and site reimbursement</td>
</tr>
<tr>
<td>Administer affiliation agreements/appointments</td>
</tr>
<tr>
<td>Site visitation for recruitment, development, quality assurance</td>
</tr>
<tr>
<td>Ensure compatibility with college/school mission, teaching styles, goals, practice experiences consistent with designated outcomes</td>
</tr>
<tr>
<td>Compliance with site requirements for student placement</td>
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<tr>
<td>Students</td>
</tr>
<tr>
<td>Rotation issues: scheduling/rescheduling assignments, determine and accommodate special needs; set expectations for conduct</td>
</tr>
<tr>
<td>Develop and promote professionalism</td>
</tr>
<tr>
<td>College/Campus</td>
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<tr>
<td>Manage health records and other university and site requirements such as drug testing, student immunizations, HIPAA regulation orientation/training, health screening, background checks, etc.</td>
</tr>
<tr>
<td>Oversight for student grade reports; communicate with Registrar Office; administer process for student, preceptor and site evaluations</td>
</tr>
<tr>
<td>Academic Program Leadership</td>
</tr>
<tr>
<td>Design learning experiences, define outcomes, conduct assessment</td>
</tr>
<tr>
<td>Maintain and enhance program quality</td>
</tr>
<tr>
<td>Foster professional socialization in experiential rotations</td>
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<tr>
<td>Recruit and retain quality sites and preceptors; create practice models</td>
</tr>
<tr>
<td>Develop strategies and obtain resources for faculty and preceptor development and recognition</td>
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<tr>
<td>Monitor faculty workload; provide development and training</td>
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<tr>
<td>Collaborate with practice sites; communicate vision for practice</td>
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<tr>
<td>Ensure consistency in external/distant rotations</td>
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<tr>
<td>Portfolio development</td>
</tr>
<tr>
<td>Strategic planning-long range/Operational planning-short range</td>
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<tr>
<td>Create program budget requests; allocate resources consistent with planning; follow sound financial management practices</td>
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<tr>
<td>Develop service learning opportunities and opportunities for interprofessional education</td>
</tr>
<tr>
<td>Bring visibility and innovation to the program through participation and service in national organizations</td>
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<tr>
<td>Develop strategies (e.g., orientation meetings, newsletters, evaluation feedback, etc.) for successful, effective communication with stakeholders (i.e., students, faculty, site administration, college/campus, preceptors, advisory board and others)</td>
</tr>
<tr>
<td>Employ appropriate technology to facilitate communication with stakeholders, record-keeping/management and academic program/faculty development delivery</td>
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<tr>
<td>Scholarship</td>
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<tr>
<td>Conduct scholarship that advances the theory and practical application of experiential learning and faculty development for experiential personnel</td>
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<tr>
<td>Teaching</td>
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<tr>
<td>Early Practice Courses-other faculty teaching assignments as appropriate</td>
</tr>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Professional practice/patient care if applicable to faculty appointment</td>
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Appendices 1-4. These appendices are derived from a representative sampling of typical position descriptions currently in use and may be taken together as representative of a hierarchy of team models of two, three or four positions. Table 2 and Table 3 show the difference in the nature of the work of the director level position (Table 2) and the work that is properly delegated to the professional staff supporting positions (Table 3).
Successful Administrative Practices

A 2004 PEP SIG subcommittee report “Developing Strategies for Marketing Experiential Education to Administration/Faculty” summarized attributes of successful administrative practices related to experiential education derived from the responses to the AACP “Call for Successful Practices” in 2003-04. The successful practices included four categories: administration/organization, program quality assurance/assessment, management, and resources/technology. Krause and Kahaleh derived a list of practices related to program delivery and quality assurance from those reported by member experiential programs. When the various program practices were combined, a model emerged (Table 4) that could provide a template for new programs or a checklist for current programs.

Professional Development for the Academic Administrative Team

It is essential to include academic experiential administrative personnel in the “three Rs” for pharmacy faculty: “preparing and recruiting entry-level faculty; developing and retaining current faculty and renewal-lifelong career management and development” discussed by AACP President, JoLaine R. Draugalis in her 2004 presidential address. Draugalis maintains it is important to attract and recruit strong candidates into academia, retain these faculty through continuous faculty development and foster lifelong career development or renewal. These three Rs are especially challenging for experiential personnel who struggle to balance administrative responsibilities with academic responsibilities. Sharing the responsibilities for delivery of the experiential program
across members of an administrative team would facilitate individual professional growth opportunities for the team members and allow time to pursue scholarship activities. Reasonable expectations for instruction, administration, and clinical service that afford adequate time for scholarly activities may attract and support junior faculty with the potential for promotion and tenure.

Program directors are primarily managers of resources that include faculty, preceptors, practice sites, students and budgets. According to Zgarrick, “both organizations and individuals must use resources efficiently to achieve their goals and objectives”. Effective experiential program directors exhibit behaviors and characteristics that include being proactive organizers, managers of personnel and information, motivators, and problem solvers. Continuous faculty development in leadership, operations management and organizational behavior is critical for every member of the experiential administrative team to assure success in administrative responsibilities for program delivery, maintenance, quality and growth.

Participants in a 2002 AACP Annual Meeting special session on experiential education explored the many issues facing experiential education administrators including recruiting and maintaining qualified directors, program funding, and cost-effective management of experiential learning programs. Table 5 lists the development needs for the academic administrative team related to areas of program responsibility identified in the session. Those administrators with faculty appointments also need development opportunities and support to meet their faculty role expectations as discussed in the following section of this report.

**Recommendations**

The committee identified networking with peers from other institutions as a significant strategy to provide support, collaborators on operational as well as research initiatives, shared resources, peer coaching, etc. The PEP SIG of the Association is a membership affinity group that serves as a national network for those interested in pharmacy experiential education. Because it is critical for those who are in the leadership positions for experiential education at our member institutions to communicate with each other, there is a need for reliable, up-to-date contact information. The need for leadership training and administrative development is met to some extent by current AACP programming and other administrative development opportunities, but the committee identified a need for programming focused specifically on professional development for the college/school-based experiential education personnel.

Experiential education leaders seek models for experiential education program content and delivery, program administration, and position descriptions that could be customized for individual institution’s needs. It would be valuable and timely to monitor the changing

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**Table 4. Attributes of Successful Administrative Practices**

<table>
<thead>
<tr>
<th>Program Administration</th>
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<tbody>
<tr>
<td>Utilize affiliation agreements</td>
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<tr>
<td>Establish an advisory board</td>
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<tr>
<td>Develop a program manual</td>
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<tr>
<td>Organize rotation lengths and start times between schools</td>
</tr>
<tr>
<td>Create common terminology to describe rotations</td>
</tr>
<tr>
<td>Establish protocol and triage system for student affairs issues and professionalism</td>
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</table>

<table>
<thead>
<tr>
<th>Program Quality Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a structured method for identifying and developing sites</td>
</tr>
<tr>
<td>Create a structured method for obtaining information from sites on rotation availability and preceptor information</td>
</tr>
<tr>
<td>Develop goals and objectives for all advanced practice rotations</td>
</tr>
<tr>
<td>Develop similar quality assurance initiatives between campus-based, web based and non-traditional rotations</td>
</tr>
<tr>
<td>Review sites yearly</td>
</tr>
<tr>
<td>Advocate preceptor contact</td>
</tr>
<tr>
<td>Create formalized preceptor initiatives</td>
</tr>
<tr>
<td>Provide feedback from students and preceptors on the experiential program</td>
</tr>
<tr>
<td>Develop accurate evaluations of student performance</td>
</tr>
<tr>
<td>Create methods for mentoring/intervening to correct student deficiencies</td>
</tr>
<tr>
<td>Focus APPE rotations on problem solving, critical thinking and professionalism</td>
</tr>
<tr>
<td>Awareness of curricular changes as they impact on clerkship</td>
</tr>
<tr>
<td>Curricular mapping of experiential activities, reflect global outcomes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources/Technology</th>
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</thead>
<tbody>
<tr>
<td>Utilize automation/technology to support program and processes</td>
</tr>
<tr>
<td>Create on-line assessment tools</td>
</tr>
<tr>
<td>Track trends in the profession, healthcare, education, etc.</td>
</tr>
<tr>
<td>Monitor regulatory and legislative changes/mandates</td>
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<table>
<thead>
<tr>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employ teamwork (collaborative efforts, community interactions)</td>
</tr>
<tr>
<td>Develop an administrative flowchart with responsibilities</td>
</tr>
<tr>
<td>Accountability for providing cost-effective quality programs</td>
</tr>
</tbody>
</table>

*Adapted from Krause and Kahaleh*
responsibilities in experiential education especially because the ACPE accreditation standards are in revision and experiential education will become more prominent. The information could also be used to inform programming for development for all levels of personnel involved in experiential education administration. These resources would be valuable especially to new appointees and would facilitate standardizing titles and program responsibilities. The AACP Successful Practice Descriptions and the resources/recommendations put forth in the 2002 and 2003 Professional Affairs Committee reports, as well as this report, begin to address this. AACP should continue the call for successful practices and consider other strategies to collect and disseminate program and administrative models.

**Recommendation 1.** AACP should collect and maintain updated contact information identifying the personnel in each member institution with responsibility for experiential education delivery.

**Recommendation 2.** AACP should offer development opportunities for this cadre of faculty and administrators in a) experiential education program leadership (eg, focused on the administration of experiential education) and b) leadership for professional experience program academic initiatives.

**Recommendation 3.** AACP should facilitate an “Ask the Expert” online resource to pair up new experiential administrative team members with mentors. PEP SIG online discussions should be summarized by topic and archived for member access and reference.

**Recommendation 4.** AACP should continue the “Call for Successful Practices” and consider additional strategies to collect and disseminate program and administrative information to provide models for member institutions.

**Suggestion 1.** Colleges and schools of pharmacy should support professional development for this cadre of faculty/administrators to foster growth in administrative leadership; curriculum, instruction, assessment; clinical practice; and scholarship of experiential education.

**Suggestion 2.** Colleges and schools of pharmacy should move toward standardizing titles and program responsibilities for the experiential administrative team using model job descriptions as a resource.

**Suggestion 3.** Colleges and schools of pharmacy should clearly articulate their institutional vision for experiential education delivery both internally (students, administration, faculty) and externally.

**Suggestion 4.** Colleges and schools of pharmacy should adopt the administrative team model for the delivery of experiential education. Given the various roles, the experiential education administrative team should consist minimally of a program director, a program administrator for implementation and operations (eg, program coordinator or manager) and another individual providing general administrative task support. Sufficient resources should be allocated to provide the necessary staffing.

**Suggestion 5.** Colleges and schools of pharmacy should provide leadership development opportunities for faculty who may later assume leadership responsibilities in experiential education especially because the ACPE accreditation standards are in revision.

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Table 5. Academic Administrative Team Development Needs*

<table>
<thead>
<tr>
<th>Administrative Organization</th>
<th>Needs</th>
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</thead>
<tbody>
<tr>
<td>Clearly defined reporting structures</td>
<td>Management:</td>
</tr>
<tr>
<td>Leadership development</td>
<td>Skills training/development for efficient, cost-effective management of quality experiential programs</td>
</tr>
<tr>
<td>Position descriptions and clearly delineated responsibilities for the administrative team</td>
<td>Understanding by administration and college/school faculty of the demands facing experiential directors</td>
</tr>
<tr>
<td>Standardized titles for the experiential team</td>
<td>Resources:</td>
</tr>
<tr>
<td>College/school administration support</td>
<td>Support at the professional staff level to administer operational functions</td>
</tr>
<tr>
<td>Shared vision for academia-practice interface is communicated to faculty</td>
<td>Time, encouragement and resources for professional development</td>
</tr>
<tr>
<td></td>
<td>Resource materials to conduct training sessions</td>
</tr>
<tr>
<td></td>
<td>Regional consortia for joint programs</td>
</tr>
<tr>
<td>Program Quality Assurance</td>
<td>Research and outcomes assessment data</td>
</tr>
<tr>
<td>Sufficient resources to assure quality sites and preceptors</td>
<td>Research and outcomes assessment on student preparedness for APPEs</td>
</tr>
<tr>
<td>Program quality assessment expertise</td>
<td>Program Quality Assurance:</td>
</tr>
<tr>
<td>Opportunity for scholarship to address outcomes</td>
<td>Sufficient resources to assure quality sites and preceptors</td>
</tr>
<tr>
<td>assessment related to experiential education and to enhance the quality of experiential programs</td>
<td>Program quality assessment expertise</td>
</tr>
<tr>
<td>Research and outcomes assessment data</td>
<td>Opportunity for scholarship to address outcomes</td>
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</tr>
<tr>
<td></td>
<td>Understanding by administration and college/school faculty of the demands facing experiential directors</td>
</tr>
</tbody>
</table>

*Adapted from Krueger J, Coffey, C, Sands C, et al. [28]
COLLEGE-FUNDED CLINICIAN FACULTY

The importance of clinical faculty contributions to the success of campus-based teaching and experiential education programs is generally well understood. Not as widely understood, though, are the unique requirements of college/school-funded clinical faculty, especially those with appointments that are shared between colleges/schools and practice sites. Their needs should be considered in relation to the commonly assigned roles and responsibilities for clinical faculty (Table 6). The primary function of these faculty members is to provide didactic and clinical teaching through practice-oriented education and pharmaceutical care services. This calls for development of unique skills and abilities necessary to succeed in both the academic and clinical environments. The following section identifies and explores the professional development needs and issues related to college/school-funded clinician faculty.

Clinician faculty are responsible to their academic institution and their practice sites to serve in a variety of roles, yet such responsibilities are not always recognized and understood by colleagues. For example, some administrators, including deans and chairs, do not fully appreciate the commitments that clinical faculty make relative to teaching and provision of patient care services. Likewise, administrators at the practice sites may not understand the demands and expectations of an academic appointment. Non-clinician faculty may also underestimate their practice faculty colleagues’ contributions to the pharmacy program because of the off-campus nature of clinical work. A recent study by MacKinnon provides potential reasons for this lack of understanding. First, almost two-thirds of pharmacy school deans reported not having clinical backgrounds or training. Without firsthand experience as clinicians, these administrators may not fully grasp or appreciate the demands placed on their clinical faculty. Second, deans tended to assign a greater value to faculty development programs aimed at improving skills in grant writing and establishing a research program than to those designed to improve clinical teaching. Third, the surveyed deans indicated that the need to fund development programs for clinical faculty was low, and at least half of them did not actually know how much was spent on that activity.13

Professional Development Across Career Stages

As noted earlier, development needs of faculty at all career stages should be addressed. The academy has a large number of younger and less experienced practice faculty who face the challenges of establishing careers in academia while developing and maintaining viable clinical practices. Early-career faculty members have substantial professional development needs, particularly in relation to skills to effectively teach, practice and conduct scholarship. Faculty hired directly upon completion of a residency may have difficulties being successful in academia unless they receive mentoring and support. Although one-half of schools and colleges of pharmacy currently allow pharmacy residents to gain teaching experience by serving as primary preceptors,5 such experience rarely fully prepares residents to assume faculty positions, especially tenure-track appointments.11 The 2000-01 report of the Research and Graduate Affairs Committee stated that faculty appointees with only one year of residency training are at a significant disadvantage within tenure-track positions. This is primarily due to their lack of preparation to satisfy the scholarship aspects of such positions.24 As a group, early-career faculty are more inclined to recognize teaching and practice as responsibilities and engage primarily, if not exclusively, in those activities rather than in conducting research.25 Another group that warrants attention and mentoring is established pharmacist clinicians making career shifts into academia. The needs of this group to develop teaching and research skills may be overlooked or underestimated by

Table 6. Common Roles and Responsibilities of Clinician Faculty

<table>
<thead>
<tr>
<th>Role and Responsibility</th>
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<tbody>
<tr>
<td>Providing campus-based teaching and assessment (e.g., classroom, laboratory, seminar)</td>
</tr>
<tr>
<td>Providing practice-based experiential education and assessment</td>
</tr>
<tr>
<td>Promoting, advancing and providing quality patient care at the practice site</td>
</tr>
<tr>
<td>Documenting and analyzing clinical interventions and outcomes</td>
</tr>
<tr>
<td>Providing community service and service-based learning opportunities for students</td>
</tr>
<tr>
<td>Conducting scholarship that includes publicly sharing findings in the form of publications and presentations</td>
</tr>
<tr>
<td>Acquiring resources to support and advance scholarly and practice-related endeavors</td>
</tr>
<tr>
<td>Providing service at the academic institution including active participation in governance, special project work and curriculum development and assessment</td>
</tr>
<tr>
<td>Providing various forms of service at the practice site including inservice education and committee work</td>
</tr>
<tr>
<td>Providing and participating in continuing professional education</td>
</tr>
<tr>
<td>Maintaining active involvement in local, regional and national professional association work</td>
</tr>
</tbody>
</table>

Administrative positions in the experiential education program.

12
colleagues, particularly when such individuals have had many years of successful experience as practitioners. Even if fully prepared, failure to attend to the needs of all early-career faculty, either real or perceived, is likely to decrease satisfaction, create disenfranchisement, and potentially hasten departures from academia. Finally, schools and colleges must attend to the development needs of more established practice faculty who have held positions for years, attained more senior ranking, and established successful clinical practices. This latter group of faculty may need particular assistance with mid-career advancement, managing change, and getting re-energized to avoid burning out.

**Approaches to Professional Development**

The interaction between practice faculty and administrators in the college or school of pharmacy, particularly the pharmacy practice department chair, is critical to ensure a mutual understanding of and appropriate responses to professional development needs. Individual faculty should develop annual professional development profiles that are aligned with unit and broader institutional goals while providing some degree of flexibility to address unique needs and interests. See Table 7 for an example of how a professional development profile might be constructed. New faculty may be overly ambitious about their goals and set high, and sometimes unachievable, expectations for themselves. Additionally, early-career faculty do not always appreciate what skills and knowledge they need to develop to be successful in their new roles. As such, discussions with more experienced faculty about setting goals and developing reasonable strategies to achieve them is particularly important. A written professional development profile will serve to provide direction for the given academic year. During a follow-up evaluation period, the faculty member can reflect and report on how the professional development activities helped, or did not help, in reaching the stated goals. Using this method, faculty have ongoing input into their own professional development process, can address needs, perceived or unrecognized (ie, those pointed out by the department chair and/or a mentor), and can provide assessments of the value of each development activity as they prepare subsequent goals and professional development plans.

To ensure that faculty development programs remain available to all clinician faculty regardless of career stage, the programs need to be recognized as a vital component of the campus operations and culture. This requires a level of understanding by administrators and mentors about the positive impact of faculty development efforts in terms of strengthening the academic and clinical programs while reducing the likelihood of faculty burnout and turnover. Such understanding needs to be accompanied by commitment of resources and willingness to provide faculty development programs over a sustained period of time. A parallel approach may need to be applied to nonacademic managers and clinical liaisons at practice sites to ensure that the demands of academic appointments, and the associated expectations for teaching and scholarship, are well understood and supported. Finally, the programs should be assessed periodically to determine if resources are being used appropriately and that desired outcomes are being achieved. Refinements and improvements in the faculty development system are likely to flow from this regular assessment process.

**Professional Development for Clinician Faculty**

Skills required by clinician faculty for a successful career in academia include teaching, conducting scholarship, and managing a clinical service. In addition, these faculty members must be able to bring real practice experiences and knowledge into the classroom. Through critical self-reflection, faculty can learn to find value and utility in assessing their mistakes and thereby continue developing in a positive direction. A mindset of problem-solving, critical thinking and patience is especially valuable.

Clinician faculty also face situations that require ongoing psychosocial skills. The flexible nature of academic schedules and hours may challenge and create stress for faculty whose time management skills are underdeveloped. Because faculty feel more involved in school affairs when they participate in meetings, committees, or social gatherings, it is important for them to learn to effectively balance their time between the school and the practice site. Programming should address skill development related to time management and multi-tasking, establishing and adhering to deadlines, working with flexible schedules, participating in committee and association work, effective delegation, and how to effectively decline a request. Promoting positive habits to succeed in an academic position, such as writing on a regular basis, should be a component of the faculty development process.

In addition to the professional development program features already presented, programs for clinical faculty should address issues and challenges experienced by faculty who work for multiple institutions. Figure 2 illustrates the unique situation in which many clinical faculty work and the associated expectations and relationships that form their work situations. Faculty need to be aware of, and responsive to, each institution or group’s applicable mission, goals and needs. Clinician faculty, perhaps more than any other group of faculty members, need
strong skills in negotiating, organizing, coping, balancing, and communicating if they are going to survive and thrive in their positions and within their institutions. Besides providing faculty development programs, colleges/schools of pharmacy need to educate their practice partners about the academic role expectations of clinician faculty.

The other unique needs, especially for those who are new to practice, relate to successful business practices.

Table 7. Annual Professional Development Profile for Clinician Faculty

<table>
<thead>
<tr>
<th>General Information</th>
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<tbody>
<tr>
<td>Faculty name and department</td>
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<tr>
<td>Academic year of profile</td>
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<tr>
<td>Start date at college/school of pharmacy</td>
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<tr>
<td>Current academic title</td>
<td></td>
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<tr>
<td>Years at rank</td>
<td></td>
</tr>
<tr>
<td>Formal mentor</td>
<td></td>
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<tr>
<td>Informal mentor(s)</td>
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</table>

**Teaching***
- Provide a brief statement of teaching philosophy
- List teaching plans for the current academic year (indicate course, credits, fraction of course taught if for team-taught courses)
- Identify specific changes that are being planned in response to student and peer evaluations
- Indicate teaching/learning innovation or experimentation planned for the year
- Comment on the relationships between individual goals and broader departmental and institutional goals
- List needed resources and activities for professional development in the area of teaching

**Scholarship***
- Provide a brief statement on your primary area(s) of scholarly interest and activity
- Identify specific goals and timelines for the year with regard to writing and submission of manuscripts and indicate the type of the medium (e.g., refereed journals, other journals, books, manuals, etc.) in which such work would be published
- List specific goals and timelines for the year with regard to preparation and delivery of formal scholarly presentations (excluding continuing education programs) and note forums where such work would be presented
- Identify specific goals and timelines for the year with regard to submission of proposals for external funding (e.g., grants and contracts) and indicate potential funding sources and amounts requested
- List planned involvement in scholarly reviews for the year (e.g., editor or reviewer of books, monographs, chapters, articles, or abstracts)
- Comment on the relationship between individual scholarly goals and broader departmental and institutional goals
- List needed resources and activities for professional development in the area of scholarship

**Service***
- Describe practice-related aspirations for the year
- List specific plans and goals for patient service and other practice-related functions
- Note course coordination responsibilities and plans
- Note formal student and faculty advising functions
- Note plans for committee and special project work and the expected outcomes of work in each area
- Note plans for service-related functions in professional associations
- Note in-service education and continuing professional education programs that will be provided
- Note relevant community service functions that relate to professional work
- Comment on the relationship between individual service goals and broader departmental and institutional goals
- List needed resources and activities for professional development in the area of service

**Goals Statement**
- Indicate three-year and five-year goals and plans (i.e., What are you working toward? What do you expect to be doing professionally? What title and status do you hope to have at your college/school?)
- Note needed resources and activities that will help achieve overall professional development goals

*Note as percentage of total workload effort
Clinician faculty are often charged with establishing patient care services that are financially sound and sustainable while acting to promote change and continuous improvement in practice standards and patient care. Professional development programs should assist clinical faculty in acquiring and refining such skills. Another important skill that facilitates business-related decision-making and scholarly endeavors is learning to develop, measure and document outcomes of clinical services. Such skills are not always taught in PharmD programs and residencies, but are developed primarily through professional experience and professional peer networks.

Finding ways to become satisfied with the intrinsic rewards of professional life should be addressed in faculty development programs. Issues related to feeling isolated are most frequently seen with clinician faculty whose work keeps them away from campus most of the time. Intentional efforts to increase communication and connection with such faculty members is essential. Creating structures to establish and encourage effective interpersonal relationships and improve “emotional intelligence”, especially in a health professional context, is likely to be beneficial in this regard.

**Resources for Faculty Development**

It is assumed that most campuses and faculty share many of the same faculty development needs. For this reason, the creation of faculty development programs that may be adapted to a specific campus or type of faculty appointment is likely to be the most cost-efficient way to proceed. The resources and direction of AACP are considered to be particularly important in the ongoing creation and dissemination of development programs. The Education Scholar Program, for example, is already available and is valuable in addressing many of the issues and challenges described in this report. Programming at AACP meetings that could be expanded to address the unique needs of clinician faculty include the Teachers Seminar, the Section of Teachers of Pharmacy Practice and pre-meeting grant writing workshops. There are opportunities offered by member institutions such as the “Primer in Pharmacy Education”, a workshop for new faculty and residents originally presented at the AACP 1999 Teachers Seminar, which is offered by Butler University College of Pharmacy. Other pharmacy practitioner associations, such as ACCP, ASHP and APhA attract many clinician faculty to their national meetings for clinical practice development and have begun providing programming targeted to clinician educators. AACP should consider increased programming geared toward clinician faculty issues, and presenting information during sessions at other professional association meetings.

**Recommendations**

The committee affirms that specific types of professional development needs emerge as practice faculty progress within their careers. Knowledgeable and skilled faculty who maintain positive outlooks on their academic roles and responsibilities serve to strengthen the institutions they serve. To ensure continued success of faculty, colleges/schools of pharmacy should construct professional development programs that are responsive to individual faculty needs while addressing broader institutional missions and goals. Several strategies are proposed by the committee to identify and respond to the professional development needs of clinician faculty. Included among these are specific initiatives that individual colleges/schools and the Association should consider in future planning and programming.

**Recommendation 5.** The academy needs a universal professional development framework that could be applied at any college/school of pharmacy. The framework should provide for customization to reflect the individual institution’s unique features or mission and address changing development needs correlated to academic career progression. AACP should facilitate development of such a framework.

**Recommendation 6.** AACP should facilitate an ongoing “Scholarship for Clinicians” program to develop clinician faculty grantsmanship skills.

**Recommendation 7.** AACP should conduct a needs assessment of clinician faculty to determine their programming needs, which professional faculty members would like to have addressed.
association meetings they attend, and the academic programming that they seek at these meetings.

**Recommendation 8.** AACP should enhance their work with national professional practitioner organizations whose meetings clinical faculty frequently attend and cooperatively provide programming aimed at establishing and maintaining successful clinical careers in academia.

**Recommendation 9.** AACP should develop formal mechanisms to identify pharmacy residents and practicing pharmacists who would be suitable candidates for careers as academic practitioners, and then provide focused programming that would facilitate recruitment and development of skills for the three years after such individuals assume faculty appointments.

**Suggestion 6.** Colleges and schools should establish a mentoring and development program, targeted to the individual needs of each faculty member. Activities include developing mentoring guidelines for clinical faculty positions that may be used for clinicians entering academia at entry-level as well as those who are considered mid-career. Areas for mentoring include teaching, research, and maintaining a viable clinical practice. Colleges/schools should provide start-up research funding to help new faculty establish research programs. Colleges/schools should provide a faculty development series for the first five years of the faculty’s hire to mentor the faculty member and move them successfully through the promotion process including the establishment of practice-based research programs.

**Suggestion 7.** Colleges and schools should promote activities that increase the understanding of the dual role of clinician faculty among colleagues, stakeholders and superiors.

**PRACTICE/LEARNING ENVIRONMENTS**

**Supporting Clinician Faculty Success in the Academic/Practice Partnership**

As described earlier, college/school administrators and practice site partners do not always have a clear understanding of the clinician faculty roles and responsibilities. The common assessments of faculty performance by college/school administrators relate to teaching, scholarship, and service while practice site administrators are more likely to assess the performance against business indicators such as return on investment, patient days, labor hours, and workload volume. One of the basic requirements for the development of an environment supportive of a shared faculty member’s success in meeting faculty role expectations is a clear and complete understanding by each partner of the other’s expectations and performance measurements for the individual in the shared position.

Establishing a practice environment supportive of the clinician faculty member’s role presumes that both the college/school and the practice site will jointly benefit from the partnership. Due to similar academic and practice missions, it is most typical to find shared faculty positions in teaching hospitals. Such hospitals are often grounded in an academic practice culture that values team approaches to healthcare. With the expansion of pharmacists’ clinical activities into ambulatory and community settings, however, practice and teaching missions need to further extend to ensure success of partnerships in these environments. A lack of understanding between colleges/schools and practice sites can and often does result in a “two-boss syndrome” for clinician faculty in shared positions. Still, with the responsibility of pharmacy faculty to advance practice and educate/train pharmacy students for practice upon graduation, synergies can be created whereby colleges/schools and sites can benefit from partnerships. These synergies exist across a variety of practice settings including hospital/institutional, ambulatory care, and independent pharmacy.

Several qualities of successful partnerships were identified through the AACP 2004-05 “Call for Successful Practices.” These include: 1) the presence of administrative oversight separate from the on-site faculty clinician; 2) linkage with community pharmacy residency programs; 3) establishment of a program manual that is sensitive to and describes issues such as intellectual property, rights to publish, and guidelines for review of proposals; 4) documentation of work in a “learning portfolio” format; and 5) establishment of workshops specific to teaching and scholarship to develop these areas for new faculty.

When preparing to enter discussions aimed at developing a partnership, it is instructive to consider reasons why some partnerships are unsuccessful. Unfortunately, information on such failures is rarely published. An environmental scan of some unsuccessful partnerships reveals difficulties including a lack of understanding of the partners’ objectives for establishing the positions; unrealistic expectations by partners of faculty time commitments; faculty focusing too much effort at one site rather than satisfying agreed-upon expectations between the sites; and a poor understanding of faculty roles by healthcare professionals and administrators at the practice site.
Although criteria for identifying partners may vary in relation to types of practices, a common set of criteria, and associated strategies for structuring partnerships (see Table 8), should be applied by colleges/schools when targeting potential partners. First, sites must have a patient care focus and a desire to continuously improve the quality of patient care. Shared clinician faculty are in the ideal position to deliver patient care with support from colleges/schools and to thereby advance pharmacy practice and patient care at these sites. Sites that already have patient care systems established provide good opportunities for partnerships. When the care is being provided by another health professional, however, each side must ensure that understanding exists at the management and practitioner levels about what additional services will be provided. Second, sites that utilize faculty primarily for patient care services should be considered, particularly for shared nontenure track faculty positions. This may vary depending upon the percentage of time that faculty are expected to devote to each partner. One way to evaluate the extent of focus on patient care is to compare the actual or proposed site activities to the CAPE Outcomes to determine what percentage of time is likely to be spent on each of the patient care outcome measures. Third, sites that have a mission or agenda to advance the profession through practice-related scholarship should receive special attention. Many studies have been conducted in practices that involve advancement of health professions at sites where shared clinician faculty partnerships exist. Having faculty at the site performing research

Table 8. Strategies for Structuring Academia-Practice Partnerships

Describe the Purpose, Relationship and Expectations

- Define purpose and individual and collective goals of partnership
- Describe missions and visions of the school/college and the practice partner and find points of alignment
- Denote specific reasons why the school/college and the site want to work together (e.g., education, recruitment, advancement of the school/college and site, visibility, consulting)
- Identify how school/college and site have worked together in the past and how to build on the relationship
- Identify obstacles to the school/college and the site working together and seek to eliminate them

Develop and Agree Upon a Position Description

- Address expectations in the area of teaching – (e.g., How is teaching defined, supported and rewarded by the school/college and the site? How much is expected? What needs to be done to satisfy administrator and peer expectations at the school/college? What type of teaching is expected at the site for their professional and technical staffs and is such teaching applicable during merit and promotion reviews at the school/college?)
- Address expectations in the area of scholarship – (e.g., How is scholarship defined and what forms it will take [publications, posters, and presentations]? Will site policies limit the faculty member’s ability to present scholarly work? What approvals are needed by the Institutional Review Board? Who “owns” the results/data?)
- Address expectations in the area of service – (e.g., What is the definition of service within the school/college? Will the predominance of service work be provided to the practice site or to the school/college? What expectations are there for professional association work and leadership at the local, state, regional or national levels? What types of student advising are expected?)
- Determine if a business agreement is needed under HIPAA regulations (generally not needed for clinical academic and teaching purposes)

Jointly Plan the Recruitment and Hiring Process

- Identify the best candidates for the position considering qualifications such as education and training, personal and professional characteristics (e.g., organized, efficient, loyal, team orientated, good communicator, innovative, industrious, resourceful, committed to patient care)
- Ensure that all affected parties meet with candidates and that they understand the nature of the position before the interview
- Determine who makes the final decision and offer to hire
- Agree in advance on the title(s) that the faculty member will hold

Detail Information on Funding and Financial Support

- How are funds going to be directed and how much will each party contribute to salary and benefits
- How frequently are invoices sent and who will track funding?
- When are terms re-negotiated?
- How are external funds (e.g., grants and contracts) handled? Who receives overhead and who administers funds?
- What will happen financially when a partner wants to terminate the affiliation or the faculty member resigns?
provides expertise and extends access of the site to other services of the college/school, thereby enhancing the business/practice improvement process. Fourth, identify sites that are interested in cost and profit sharing. The academic institution benefits from its associations with practice sites, and it is likely that the faculty clinician involved will increase revenue to the site(s) through delivery of patient care services. Colleges and schools should look for practice partners willing to share the employment costs of faculty and the associated revenues and profits from the services provided. Models exist in nursing and medicine that may be useful in developing these agreements.\textsuperscript{35,36} Given the lower salaries typically seen in academia, coupled with the shortage of faculty for these positions, profit sharing strategies may help with recruitment and retention. Revenue generated could be applied to compensation and professional development activities that foster scholarship and career growth.

Although the types of partners vary, colleges/schools typically have a fairly common set of performance criteria that should be communicated and understood by appropriate staff at the sites. At the same time some performance expectations are unique to academia. Critical among these are the academic institution’s criteria for scholarship, promotion, teaching, and service. It is likely that the partnering practice site/organization will have little, if any, history of applying such criteria. As such, the first step should be to define what each criterion means to the college/school and what the faculty are generally expected to achieve to be successful in academic practice, including promotion in academic rank. After these considerations have been addressed, the partners can discuss each aspect of the criteria in relation to what their expectations are of the faculty, the partnership and the site.

Partners should also discuss the types of teaching the college/school expects of the shared clinician faculty member. If teaching is planned to be primarily in the form of experiential education, the numbers of students to be placed and the type of student experiences should be defined. Likewise, on-campus teaching expectations, in the form of didactic lectures and laboratory work, need to be clearly stated. The college/school should communicate the extent of time required for teaching preparation, delivery and evaluation/grading as the partner will likely not have experience in this area. Partners should also look for areas where teaching fits into the practice site to help deliver patient care and advance the site’s clinical services.

**Practice-based scholarly activities.** Many opportunities exist for joint, practice-based scholarly activities that make a position more attractive and manageable for a faculty member who needs to be productive in this important area. The college/school should discuss how the various forms of scholarship (eg, the scholarship of teaching and learning, the scholarship of discovery, the scholarship of application, etc.) apply to and satisfy faculty promotion criteria.\textsuperscript{16} Discussion also needs to occur regarding expectations for extramural funding to support scholarship, how and by whom these funds will be controlled/administered, and how the funds will be used or shared. Partners should discuss the procedures for using Institutional Review Boards for approval of research, and detail any other legal or company approvals needed when submitting grants and reporting study findings. Clinician faculty hired into this type of a position typically do not have formal research training. The partners should therefore discuss a development plan for faculty that addresses start-up funds needed to establish research and other forms of scholarly activity. Additionally, non-academic partners may be concerned about sharing confidential information about their business practices within faculty-produced publications. The college/school can lessen this concern by communicating the length of time that exists from project completion to actual publication of related articles, educating the non-academic partner on the review process for publications and explaining that a “competitive advantage” may be gained through such publications. Establishing an agreed upon approval process through both organizations is a good solution in managing this concern.

With the definition of service often being specific to the college/school, a discussion of service expectations and how service fits into the faculty member’s work profile needs to occur with and between faculty and the administrators at the college/school and practice site. The partners should define how service provided to the site will be included in the faculty member’s performance evaluation and academic promotion documents and how much time should be devoted to service at each site.

After a mutual agreement of work expectations in these areas is established and understood, the respective partners will be better able to assess time commitments at each site and will have an appreciation for the type of work being done by faculty. The partners should also discuss the faculty performance evaluation process. The employer will most likely administer evaluations; however, the non-employer partner should also contribute to the evaluation. The partners should share the performance evaluations with each other to ensure understanding of each partner’s satisfaction with the partnership and the faculty. This exchange should also prompt discussion about expectations for changes (eg, teaching load, scholarship, and upcoming site projects) during the upcoming evaluation period that will ensure that the partnership is advancing with each faculty member’s progression.
Recommendations

Academic and professional associations may be useful to colleges/schools working to establish successful partnerships. Sharing of best practices through poster sessions, podium presentations and scholarly publications is a valuable mechanism to promote the development of partnerships and shared faculty positions. Providing examples of model partnership agreements gives college/school administrators and potential partners baselines and industry standards from which to develop new affiliations. Having information on well-established and successful models will likely decrease barriers in the approval process for new partners. Such models should be carefully structured in accordance with a formal affiliation agreement or an addendum to an existing affiliation agreement. The elements of such an agreement are listed in Table 9.

Recommendation 10. AACP should facilitate development and dissemination of model affiliation agreement(s) (accompanied by a model faculty job description) to help colleges and schools establish the structure for partnerships for shared clinician faculty.

Recommendation 11. Expand the Education Scholar Program to include modules devoted to experiential education for shared clinician faculty.

Recommendation 12. Commission a white paper on “faculty roles in community-based partnerships for education and practice”. Take into consideration issues such as: single and multi-site arrangements, pharmacist staffing and instructional expectations, corporate and academic expectations.

REFERENCES


23. Krueger J, Coffey C, Sands C, et al. *Achieving excellence in experiential learning in these dynamic times: are we waiting until experiential learning is broken to fix it?* Special Session, AACP Annual Meeting; 2002, Kansas City, MO.


Appendix 1. Sample Job Description for Assistant Dean, Experiential Education

The Assistant Dean is a member of the college/school administrative leadership team with responsibility for planning, managing and implementing initiatives, processes and programs to ensure the quality and capacity of the college/school of pharmacy’s Doctor of Pharmacy professional experience education program.

Knowledge, Skill Sets and Experience

- A PharmD degree or equivalent experience is required
- Must be licensed or eligible for pharmacy licensure in the state
- Ability to collaborate with faculty to evaluate outcomes of the experiential education program
- Previous experience precepting students at patient care practice sites
- Previous academic appointment; experience in a college/school of pharmacy experiential education program
- Previous academic appointment; experience in a Experience in program planning and administration

Key Responsibilities & Accountabilities

Program Administration/Management

- The Assistant Dean provides leadership, direction and oversight for program administration/management.
- Develops and implements program objectives and long-range planning for experiential education
- Plans the overall program budget, allocates resources to implement program goals, and establishes controls to monitor such use of resources
- Establishes or revises experiential education policies and procedures as needed
- Collaborates with faculty course coordinators and the Chair of the Department of Pharmacy to manage experiential education courses
- Incorporates technology applications for programs, processes, and management
- Provides oversight for assignment and management of experiential education schedules for P1-P4 students
- Prepares volunteer/adjunct/affiliate faculty appointments/reappointment and evaluations
- Reviews and approves new site recommendations
- Processes affiliation agreements for experiential education sites
- Conducts or supervises site visits
- Plans, develops and delivers practitioner-faculty education and training
- Delegates administrative and management tasks and supervises personnel as appropriate

Academic Program Leadership

Program Development and Quality Assurance

- Coordinates the overall evaluation of the content, effectiveness, and value of experiential education provided by the college/school of pharmacy
- Implements ACPE/AACP standards, guidelines and educational outcomes pertaining to experiential education
- Works with support staff to evaluate and streamline processes while maintaining continued quality of the experiential training programs
- Maintains up-to-date program manuals
- Identifies procedures to recognize excellence in precepting students (e.g., conduct affiliate faculty recognition workshops, provide affiliate faculty recognition certificates)
- Develops proposals for experiential training initiatives and obtains support for new and/or continuing activities (e.g., program expansion, regional initiatives)
- Seeks external funding, as appropriate, to advance experiential education initiatives
- Identifies new experiential education/training sites
- Recruits and trains volunteer/adjunct/affiliate faculty at established and new sites
- Coordinates workshops or other educational programming to develop and improve affiliate faculty teaching
- Incorporates new technology applications into experiential education program
- Provides feedback regularly to faculty regarding student experiences
- Informs faculty of the goals and objectives as well as the policies and procedures of the experiential education program
• Enlists the participation of faculty to assist in a continuous process of updating the objectives and specific skills taught in required experiential rotations
• Maintains relationships with national practitioner organizations and AACP related to experiential education

Faculty Recruitment/Development and Student Advising
• Develops and maintains methods to effectively communicate with volunteer/adjunct affiliate faculty
• Conducts meetings with students for purposes of orientation, placement and assessment
• Coordinates or facilitates the development of student mentoring and advising programs (e.g., residency showcase)
• Conducts routine site visits and evaluates volunteer/adjunct affiliate faculty and student experiences to ensure continued quality of experience
• Participates in national, regional and local networks (e.g., practitioner organizations, AACP) related to experiential education

Teaching/Advising
• Participates in teaching as appropriate to faculty appointment and area(s) of expertise
• Provides student advising (academic and career)

Scholarship
• Conducts scholarship that advances the theory and practical application of experiential learning and development of experiential education faculty/personnel

Service
• Participates in professional practice/patient care if appropriate to faculty appointment
• Provides committee service (college/school, campus, university)
• Oversees career placement/development activities (conferences, internships) for students
Participates in professional affairs activities of local state and national pharmacy organizations
Appendix 2. Sample Job Description for Director, Experiential Education Program

The Director provides oversight for planning and implementation of Experiential Education programs including: coordination of experiential programs; prioritizing short and long term goals; preceptor recruitment; development and evaluation of programs and personnel; and monitoring programmatic expenses. The Director reports to the Chair of the Department of Pharmacy Practice or to the Assistant/Associate Dean charged with leadership responsibility for the Experiential Education programs.

Knowledge, Skill Sets and Experience

- A PharmD degree or equivalent experience is required.
- Must be licensed or eligible for pharmacy licensure in the state.
- Must have excellent communication, writing, and organizational skills, including ability to prioritize competing goals and delegate responsibilities as appropriate. Strong interpersonal skills are important to maintain and develop the reputation of the experiential education program.

Key Responsibilities & Accountabilities

**Program Administration/Management**

- Assesses current experiential programs and recommends process or content improvements as needed.
- Prepares and updates Advanced Practice Experience (APE) Manual including policies/procedures
- Sets annual APE schedule
- Identifies new affiliate institutions and processes affiliation agreements
- Prepares and implements annual budget
- Assesses computer needs of division and requests upgrades as needed
- Oversees experiential education schedules for clerkship students
- Evaluates staffing requirements; recruits, trains and supervises personnel, including students assigned to the area
- Identifies and addresses computer technology needs (e.g., database development/maintenance)
- Serves as liaison between faculty, staff and students in matters involving experiential education
- Ensures efficient and timely communication with experiential education faculty and preceptors in matters of mutual importance
- Develops effective communication vehicles (e.g., newsletter, bulletins)
- Works with sites to establish housing arrangements, if applicable
- Prepares annual activity report for the experiential education program
- Supervises staff; supports staff professional development and training (technology, continuing education, etc.)

**Program Development**

- Oversees and assists with creation of rotation objectives for each rotation offered by a given preceptor
- Develops and oversees operational and educational aspects of the experiential education program
- Monitors and updates, as needed, experiential education program materials (manuals, assessment forms, evaluations, etc.)
- Routinely reviews the activities of the APE program for consistency with institutional goals and objectives and conformity with national accreditation standards and guidelines
- Identifies and recommends appointments for clinical faculty and preceptors
- Establishes and maintains quality assurance of sites/preceptors; conducts periodic site visits; develops a system for ongoing fieldwork involving site activities, preceptors and students
- Conducts continuous APE site recruitment
- Organizes and oversees a comprehensive preceptor development program; assists new experiential education faculty and preceptors in achieving their professional objectives relative to the experiential education program
- Coordinates student orientation to the clerkship course; delivers some lectures in the course and arranges for other lecturers

**Evaluation/Assessment**

- Works with school administration to review and respond to student and preceptor evaluations for each rotation
- Prepares pertinent sections for reports to ACPE
- Works with course coordinators and the school administration to manage courses associated with experiential education and establish fair distribution of assignments to faculty
- Develops a system for continuous improvement of the APE program and its curriculum that includes broad input from program faculty and preceptors
Appendix 3. Sample Job Description for Coordinator/Manager, Experiential Education Program

The Coordinator/Manager serves as the main contact for the experiential education program/department/office. Key responsibilities include managing daily program operations, triaging student and preceptor requests and needs, administering and managing the experiential education database, developing and maintaining a comprehensive experiential education program communications infrastructure, and working with the university, college/school administration to maintain student records and ensure that other requirements are met.

Knowledge, Skill Sets, and Experience
- A college degree and at least 4 years of administrative experience or the equivalent are required
- Advanced computer skills, particularly with systems and applications (word-processing, database, spreadsheet, presentation, and publishing) used in the department/office. Other database (e.g., management system) experience and exposure is strongly desired. Must have knowledge of and experience with Internet-based communications.
- Excellent communication, writing and editing skills including the ability to organize, prioritize, multi-task, and delegate as appropriate. Must have the ability to complete tasks working both independently and with others
- Strong customer service orientation toward both internal and external constituencies
- Able to make sound and independent judgments and apply problem-solving skills regarding program operations.
- Knowledge of medical terminology and general pharmacy education concepts are strongly desired.

Customer Service Aspects
The coordinator/manager is intended to serve as a primary point of contact for the program/department/office’s professional experience program, and will work extensively with internal university offices and departments as well as with multiple external clinical affiliate institutions. Strong interpersonal skills (sensitivity, tact, and courtesy) will be important to maintaining and developing the reputation of the experiential education program.

Key Responsibilities & Accountabilities

Program Administration Support
- Provides general operational and administrative support for the experiential program
- Creates and administers systems and structures to manage information flow between department chair, full- and part-time faculty, volunteer/adjunct/affiliate faculty preceptors, clinical specialists, coordinators, and other department staff members at the college/school and practice sites
- Assists end-users in the use of experiential education program systems
- Operates and maintains the experiential education database and other software programs, including internal databases and web-based programs
- Identifies areas of process improvement and makes recommendations regarding system customization based on changing department and program needs

Evaluation Reporting
- Distributes and collects all student and preceptor evaluations of experiential education sites and summarizes data in clear reports
- Assists with the interpretation of evaluation results and indicates trends and observations as appropriate
- Presents results of evaluations at appropriate meetings including preceptor development functions or on other occasions as requested


24
Appendix 4. Sample Job Description for Support Staff, Experiential Education Program

Support staff personnel are responsible for the general administrative tasks for the experiential education program/department/office. Common titles of such positions include administrative assistant, program assistant, and secretary.

**Knowledge, Skill Sets, and Experience**

- High school diploma, Bachelor’s degree preferred.
- Minimum of 3 years of current administrative experience in a professional business, medical or academic setting.
- Good command of the English language including strong verbal, writing, grammar and spelling skills.
- Must possess excellent organizational skills and evidence of success working in a team environment.
- Ability to follow through with projects as delegated.
- Technical skills: Word-processing, database and spreadsheet literacy, preferably in the systems and applications in use in the department/office. Must have a working knowledge of presentation and publication/web-publishing software and knowledge of and experience with Internet-based communications.

**Customer Service**

- Maintains a professional work environment and positive rapport with preceptors, faculty staff and students.
- Responds to students, staff and faculty and outside requests in a timely manner.
- Exhibits a high degree of sensitivity, tact, and courtesy to maintain and develop the reputation of the experiential education program.

**Key Responsibilities & Accountabilities**

**General Administrative Support**

- Responsible for overall administrative tasks for the Experiential Education Program/Department/Office
- Assures confidentiality of sensitive information at all times
- Communicates effectively (receives and directs student and preceptor inquiries, e-mail and telephone calls; sorts and distributes incoming and outgoing mail)
- Prepares documents (letters, statements, narrative reports, and agendas)
- Updates and edits program materials (forms, manuals for student rotations)
- Attends and records minutes of various meetings
- Performs other related duties as may be assigned.