

Orientation process for non-pharmacist faculty
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Most faculty members, especially those in biological, computational, or pharmaceutical sciences disciplines, who start their first academic appointment after recently completing their Ph. D. or post-doctoral training are frequently, and perhaps surprisingly, unprepared for academic life beyond conducting research. Some may have teaching experience. However, most have probably never attended a faculty meeting, deliberated about curricula, thought about community outreach or impact, or seen a pharmacist except from a distance behind the counter. Increasingly, these individuals do not have a professional pharmacy degree and may not have been trained in an institution that has a college or school of pharmacy. A general orientation to "life as a faculty member" is widely needed by all new faculty, and yet is frequently left to informal hallway conversations at best. Orientation can increase productivity by helping new faculty to, for example, prioritize multiple responsibilities by understanding expectations, avoid time-delays related to ignorance of hiring or purchasing rules, develop positive relationships with support staff, reduce opposition to necessary committee work and improve relationships with students particularly by helping them appreciate the profession for which the students are training. Faculty with innovative research programs can also make excellent ambassadors at alumni, donor and stake-holder functions by describing their exciting new research programs.

The development of a broad based orientation process is beyond the scope of this document. Instead, recommendations are made for mechanisms to provide non-pharmacist faculty with an overview of the profession of pharmacy and an appreciation of the evolving role of the pharmacist. The desired end results are that faculty can comfortably converse with pharmacy stakeholders, including other faculty, pharmacy students and practitioners, and will have a better appreciation of the market place their students will be entering. They will also be able to include more realistic examples of application of their material in their teaching. To that end, it is suggested that orientation and mentoring of non-pharmacy faculty in pharmacy colleges and schools include the following:

- As part of an orientation package, provide selected articles that describe practice pathways, vision for future practice, and issues in pharmacy education. Soon after faculty member starts their appointment, meet with dean or department chair to discuss the orientation materials, including readings on the profession of pharmacy and definitions of terminology particular to the school and profession (for example, BS pharmacist versus PharmD, graduate versus professional student, tenure track versus non tenure track faculty or clinical track, role of clinician preceptors, early versus advanced experiential education, clerkship versus internship). Realizing that it may be difficult to assimilate all of this information with just one exposure early in the appointment cycle, it is recommended that future meetings be scheduled before the faculty member starts their first classroom assignment and possibly on an annual basis.
 - Keep this to short articles
 - See next two pages for possible resource materials.
- Identify another non-pharmacist faculty member (preferably in the persons own discipline) and/or a clinical faculty member as (a) formal mentor(s) for each new faculty member. Include mentoring in understanding the pharmacy profession as a part of the formal mentoring charge. For example, a medicinal chemist who will be teaching about cardiovascular drugs could be paired with a pharmacologist and/or clinician who also teaches about cardiovascular drugs or diseases. Suggest frequent (e.g., monthly or quarterly) meetings between mentor(s) and new faculty. Have Dean or Department Chair check in quarterly with mentor to discuss needs/issues. If there are several new

faculty members, another option is for them to meet as a group on a regular basis to share lessons learned and common issues.

- Based loosely on faculty interests, identify one student group or student activity for each non-pharmacist faculty member to become involved with immediately. One good way to learn about pharmacists' activities is to join students at a diabetes or blood pressure screening event or a flu vaccine clinic. They could also accompany students who are giving talks at elementary or high schools about a topic within the faculty members area of expertise. Non-pharmacy faculty can be faculty liaisons for groups such as the Rho Chi honor society, Phi Delta Chi, substance abuse awareness committee (e.g., a neuropharmacologist), etc.
- Attend a workshop at the AACP meeting; pay for them to attend one such meeting. Should AACP develop specific programming for this purpose?
- Make available one or more half days when non-pharmacist faculty can shadow a tenure-track clinical faculty member or non-faculty preceptor. Some sites provide a more general view of what "a day in a life of a pharmacist" is like (e.g., community pharmacy and inpatient hospital pharmacy) and could be scheduled shortly after the person has read background resource materials. However, it may be more effective to delay some visits until teaching assignments have been made so that the faculty member visits specialty sites that relate most to their topic area. A repeat visit every few years can be helpful to understanding changes in "best practices" or prescribing patterns that have occurred in the interim.
 - Progressive independent practice site
 - Chain pharmacy
 - Inpatient pharmacy (dispensing area and IV lab)
 - Ward based clinical practitioner (general medicine or subspecialty related to faculty members assigned teaching)
 - Ambulatory care pharmacy specialist (anticoagulation clinic)
 - Long term care or home care

Though not realistic for many faculty, there are examples of non-pharmacists who have become pharmacy technicians and either volunteered or worked for pay in pharmacies.

Similar opportunities should be made available for clinical faculty to learn what basic faculty do.

- Avoid assigning new faculty to committee work in their first year. Instead, invite all new faculty to attend a selected meeting of each College committee and/or meet with each committee Chair in their first year, thereby providing an overview of the purview and workings of each committee. These visits will also provide a basis for making committee assignments of greater interest to the new faculty in subsequent early years of an appointment. Having a better understanding of the roles of the pharmacist and trends in practice will help the faculty member make more informed input into certain committees such as the curriculum committee.
- To help recruit future academicians, orientation courses should also be developed for graduate students. In addition to topics on pedagogy and research techniques, these courses could include an orientation to pharmacy for non-pharmacists. Shadowing and site visits could be part of the curriculum.

Resource Materials

Overview of profession for prospective students. Could be used for new faculty as well. (From AACP and APhA websites.)

Berlex Careers in Pharmacy Guide:

<http://www.berlex.com/html/career/pharma/index.html>

Pfizer Guide to Careers in Pharmacy:

<http://www.pfizercareerguides.com/default.asp?t=book&b=pharmacy>

The Pfizer Guide to Careers in Pharmacy is a helpful and easy-to-read reference that profiles the life and work of pharmacists in the field, featuring a useful list of organizations and resources, and thoughtful essays by leaders in many areas of pharmacy.

Pharmacy, A Prescription for a Rewarding Career: PowerPoint slide set from AACP..

http://www.aacp.org/Docs/MainNavigation/ForStudentsApplicants/6326_Pharmacy.ppt?DocTypeID=12&TrackID=&VID=1&CID=686&DID=474

American Association of Colleges of Pharmacy. Pharmacists: Unsung Heroes:

<http://www.wliw.org/pharmacists/>

"Pharmacists: Unsung Heroes" is a one-hour documentary that explores the indispensable link pharmacists have between health care and patient medication use. A 20 minute synopsis is also available that would probably be more useful. The documentary traces the history and developments of pharmacy while providing a deeper understanding of the resources provided by pharmacists in hopes of encouraging more people to enter the field whether in community pharmacy, research or academia.

APhA Pathway Program:

www.aphanet.org/pathways.

September/October 2002 issue of the APhA-ASP "Pharmacy Student" journal with focus on student professionalism.

APhA-ASP 3 page article on Student Professionalism

http://www.aphanet.org/AM/Template.cfm?Section=Professionalism_is_a_Lifelong_Committment_September_October_2002&Template=/CM/ContentDisplay.cfm&ContentID=5427

White Papers on Future of the Profession

American Association of Colleges of Pharmacy (AACP). Joint Commission on Community Pharmacy Practice (JCCP) Future Vision of Pharmacy Practice. 2005. (1 page)

http://www.aacp.org/Docs/MainNavigation/Resources/6725_JCPPFutureVisionofPharmacyPracticeFINAL.pdf

American College of Clinical Pharmacy (ACCP). A Vision of Pharmacy's Future Roles, Responsibilities and Manpower Needs in the United States. Pharmacotherapy. 2000 (August) 20: 991-1022. (32 pages)

<http://www.accp.com/position/pos26.pdf>

National Association of Chain Drug Stores (NACDS), American Pharmacists Association (APhA), National Community Pharmacists Association (NCPA). Implementing Effective

Change in Meeting the Demands of Community Pharmacy Practice in the United States. White Paper co-written by NACDS, APhA, NCPA. August 1999. (15 pages)
http://www.nacds.org/user-assets/PDF_files/white_paper_pharmacy.PDF

American Society of Health Systems Pharmacists. The ASHP Health System Pharmacy 2015 initiative. 2005.
http://www.ashp.org/s_ashp/quart1.asp?CID=218&DID=255
<http://www.ashp.org/2015/2015Word.doc>.

American College of Clinical Pharmacy. ACCP defines Clinical Pharmacy. ACCP Rep. 2005; 24 (8):1-2.

KVANCZ, D.A. A distinctive competency. Am J Health-Syst Pharm. 2006; 63:819-28