

Preceptor Updates from ASHP

Anna Legreid Dopp, PharmD
**Director, Clinical Guidelines & Quality
Improvement**



You've been warned: Don't mess with North Dakota | NCPA Executive Update | September 7, 2018

by NCPA | Sep 07, 2018



Dear Colleague,

"Don't mess with Texas" was originally a slogan aimed at reducing litter in Texas but has become a bumper sticker and T-shirt catchphrase for millions of proud Texans. When it comes to community pharmacy, I'm starting to think North Dakota could appropriately adapt the slogan to read, "Don't mess with North Dakota."

North Dakota, that beautiful, chilly plains state sitting in between Minnesota and Montana and, yes, to the north of South Dakota, has for many years had the most consumer-friendly laws for pharmacy patients. Since 1963, pharmacies in North Dakota must be majority owned by a licensed pharmacist. That law has been challenged multiple times and each time the state has won. Four years ago, Walmart put its deep, deep, pockets to work to attempt to overturn state law by getting the measure on the ballot. Despite millions of dollars of out-of-state money spent trying to get the law changed, 60 percent of North Dakota voters voted against changing the law, soundly defeating the proposed change. Don't mess with North Dakota.



The latest victory for North Dakota came this week when the U.S. District Court of North Dakota issued a thorough decision denying a challenge by the Pharmaceutical Care Management Association, the organization representing 16 PBM corporations, to two of North Dakota's laws regulating PBMs and their relationship with pharmacies. Defendants in the suit, the North Dakota Board of Pharmacy, the state attorney general and the state health officer, won on nearly every claim. As a result, North Dakota may enforce the laws in their entirety – except for the plan-disclosure provision, which is preempted as to Medicare Part D plans but not preempted as to non-Part D plans, including ERISA plans. Don't mess with North Dakota.

No Place Like Home: Advancing the Safety of Care in the Home

Report of an Expert Panel Convened by the
Institute for Healthcare Improvement



North Dakota Dementia Care Services Program

I. Background of the Problem

Caregiver safety is essential for patient safety.¹⁷ Approximately 16.1 million Americans provided unpaid care for people living with Alzheimer's disease or other dementias in 2017. These caregivers address a broad range of needs, such as assisting with activities of daily living, care coordination, and medication management.¹⁸ Collectively, caregivers provided an estimated 18.4 billion hours of care in 2017, valued at more than \$232 billion.¹⁹

The toll of dementia caregiving is well documented. For example, more than 60 percent of caregivers report facing high or very high stress, and one in four reports clinically significant anxiety. They are four times more likely to experience depression than noncaregivers and six times more likely to develop dementia themselves.²⁰ Such risks, coupled with anticipated new dementia cases (14 million Americans are expected to have Alzheimer's disease by 2050, up from 5 million today),²¹ make managing caregiver burden an urgent patient safety and public health issue.

Caregivers for people with Alzheimer's disease face special challenges in North Dakota, the most rural state in the nation.²² Alzheimer's-related mortality in North Dakota doubled between 1999 and 2014, distinguishing the state as having the nation's second-highest death rate from the disease. North Dakota's 30,000 caregivers for people with Alzheimer's disease provided 34 million hours of unpaid care in 2017; they face high levels of stress and depression that impair their own health and financial security.²³

1. <https://innovations.ahrq.gov/profiles/trained-consultants-support-caregivers-patients-dementia-leading-greater-empowerment-less>;
2. <http://www.ihl.org/resources/Pages/Publications/Patient-Safety-in-the-Home.aspx>

Disclaimer/Disclosure

Disclosure

- **No relevant financial relationship related to this continuing education activity**
- **No off-label uses of medications will be described in this presentation**

Learning Objectives

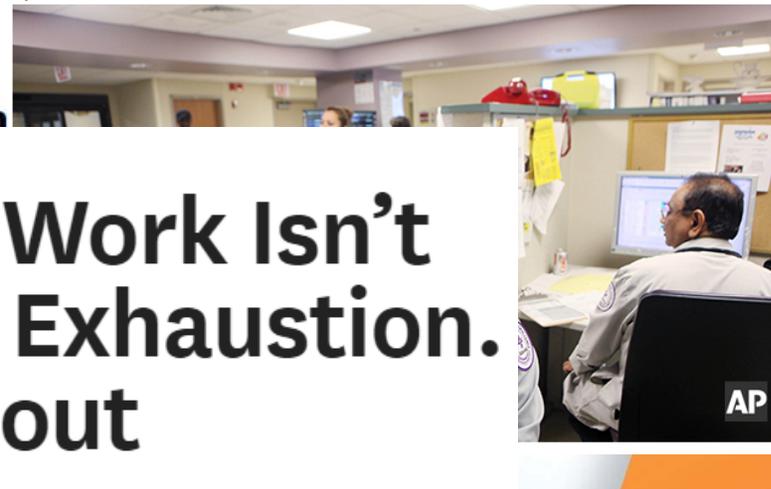
- Explain why clinician burnout is a patient care and healthcare workforce problem that needs addressing;
- Describe the National Academy of Medicine Clinician Well-Being and Resilience Action Collaborative; and
- Identify strategies to impact well-being and resilience as a preceptor
- Compare the benefits and barriers to incorporating learners as pharmacist extenders

Healthcare Workforce Burnout as a Patient Care Problem



Make The Clinician Burnout Epidemic A National Priority

Andrew Shin, Tejal Gandhi, and Shoshana Herzig
April 21, 2016



RESEARCH

Physical health, lifestyle beliefs and behaviors, and of entering graduate school to support science

Harvard Business Review

Bernadette Mazurek M
Promotion, University Cl
Coordinator), Lisa Milite
(Senior Research Coordi
Online Family Nurse Pra

College of Nursing, Ohio State U

STRESS

Burnout at Work Isn't Just About Exhaustion. It's Also About Loneliness

by Emma S
JUNE 29, 2017

VIEWPOINT

Addressing Physician Burnout: The Way Forward

The US health care delivery system and the field of medicine have experienced tremendous change over the last decade. At the system level, narrowing of insurance networks, employed physicians, and financial pressures have resulted in greater expectations regarding productivity, increased workload, and reduced physician autonomy. Physicians also have to navigate a rapidly expanding medical knowledge base, more onerous maintenance of certification requirements, increased clerical burden associated with the introduction of electronic health records (EHRs) and patient portals, new regulatory requirements

Tait D. Shanafelt, MD
Mayo Clinic, Rochester, Minnesota.

Lotte N. Dyrbye, MD, MHPE
Mayo Clinic, Rochester, Minnesota.

Colin P. West, MD, PhD
Mayo Clinic, Rochester, Minnesota.



PSNet Search...

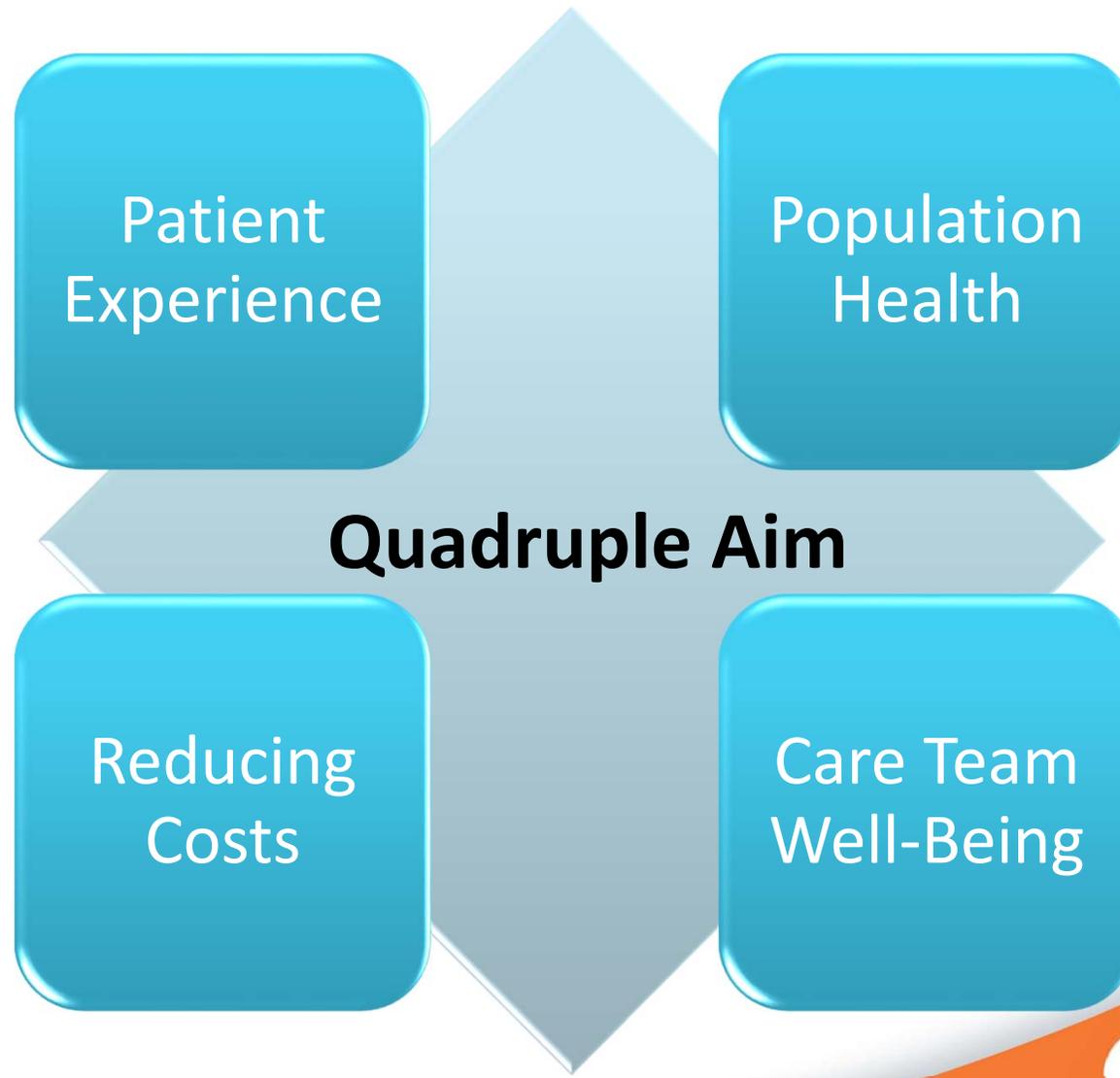
Home Topics Issues WebM&M Cases Perspectives

Perspectives on Safety February 2016

Burnout Among Health Professionals: Effect on Patient Safety

by Audrey Lyndon, PhD

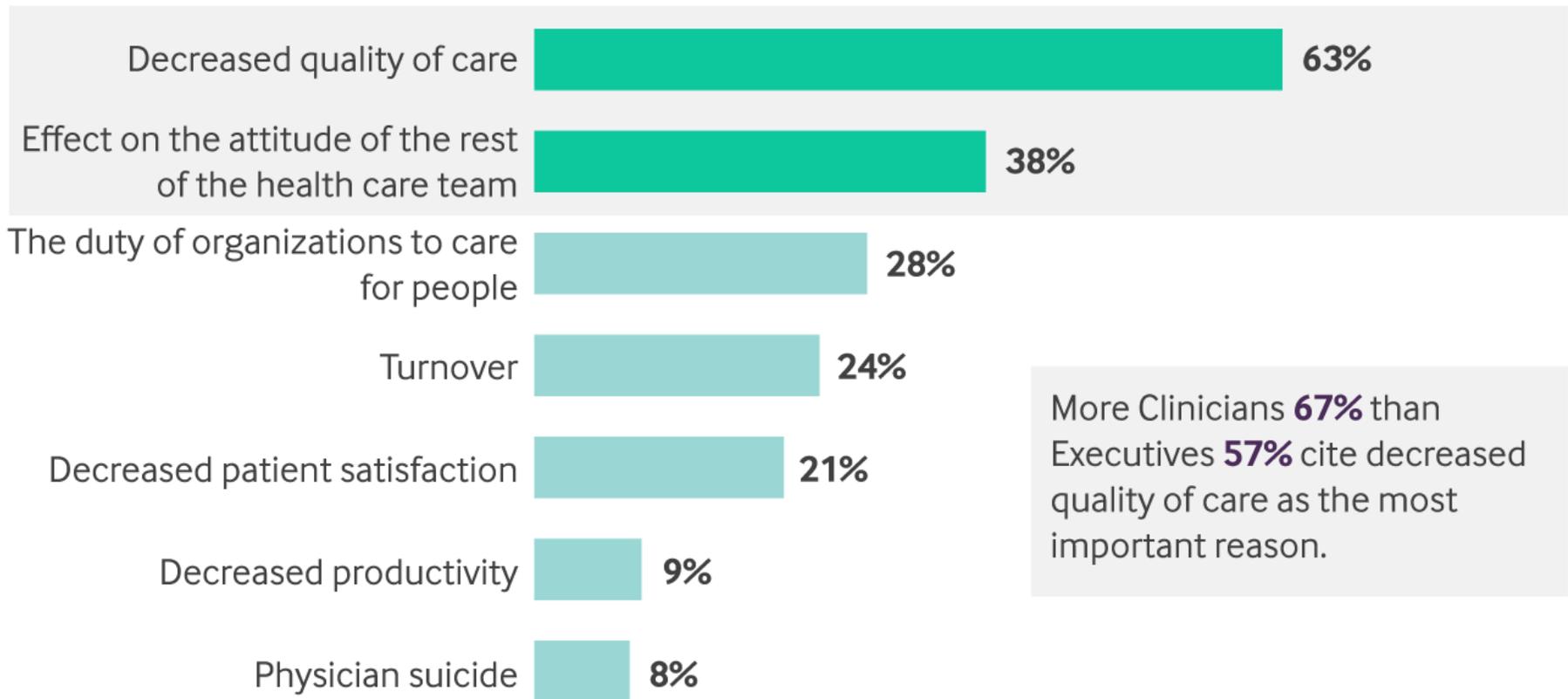
From the Triple Aim to the Quadruple Aim



Bodenheimer T, Sinsky C. From triple aim to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573-6.

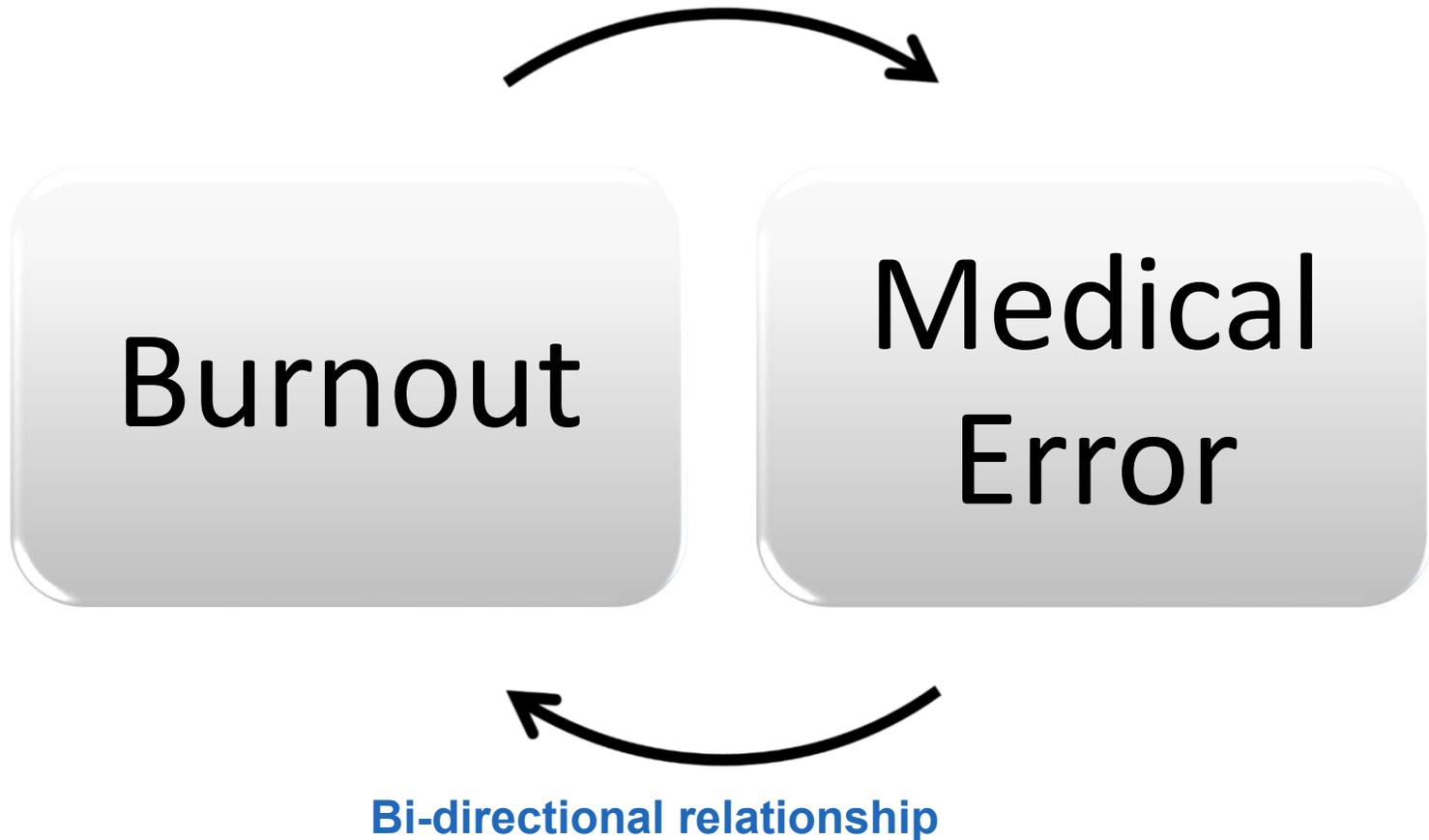
Decreased Quality of Care Is the Top Reason to Address Physician Burnout

What are the top two most important reasons to address physician burnout?



Base = 570 (multiple responses)

Swensen S, Shanafelt, Mohta NS. Leadership survey: Why physician burnout is endemic, and how health care must respond. NEJM Catalyst. December 8, 2016. Available at: <https://catalyst.nejm.org/physician-burnout-endemic-healthcare-respond/>



- Higher levels of burnout associated with increased odds of reporting a medical error in subsequent 3 months
- Self-perceived medical error associated with worsening burnout & depressive symptoms

Shanafelt Ann Surg 2009; Balch J Am Coll Surg 213; West JAMA 2006, 2009; Jones J Appl Psychol 1988; Cimiotti Am J Infect Control 2012; Welp Front Psychol 2015; Welp Crit Care 2016

Health Care Costs

↑ **Medical Errors**

↑ **Malpractice claims**

↑ **Turnover**

- 1.2-1.3 x salary
(\$82-\$88,000 per RN
in 2007)
- \$500,000 to >\$1
million

↑ **Absenteeism**

↓ **Job productivity**

↑ **Referrals**

↑ **Ordering**

Burnout in the Workforce



What is Burnout?

- **Syndrome of:**
 - Emotional exhaustion
 - Depersonalization (e.g., cynicism)
 - Low personal accomplishment



ashp[™]

Identify Burnout



National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

Valid and Reliable Survey Instruments to Measure Burnout

A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being

By Liselotte N. Dyrbye, David Meyers, Jonathan Ripp, Nupur Dalal, Steven B. Bird, Srijan Sen

October 01, 2018 | Discussion Paper



Print Version



See more details

Tweeted by 39
On 1 Facebook pages

DOI

<https://doi.org/10.31478/201809g>

1. <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>
2. <https://nam.edu/a-pragmatic-approach-for-organizations-to-measure-health-care-professional-well-being/>

ashp[™]

Maslach Burnout Inventory – Human Services Survey Tool

- **Medical Personnel**

- Emotional exhaustion

- Measures feelings of being emotionally overextended and exhausted by one's work

- I feel emotionally drained from my work

- Depersonalization

- Measures an unfeeling and impersonal response toward patients

- I don't really care what happens to some patients

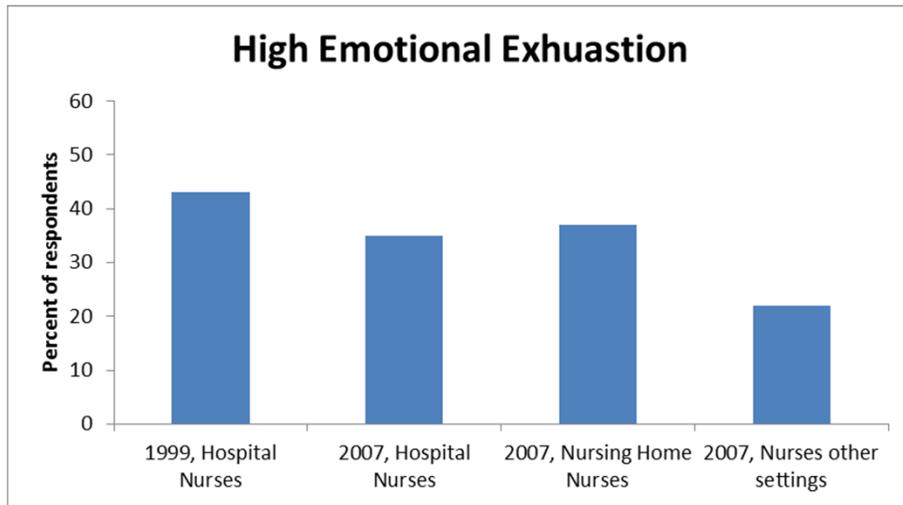
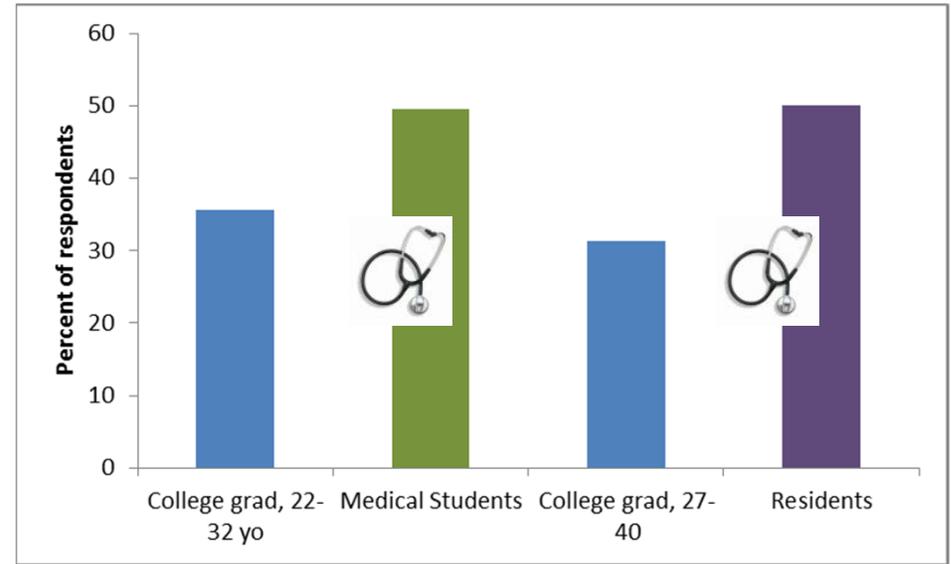
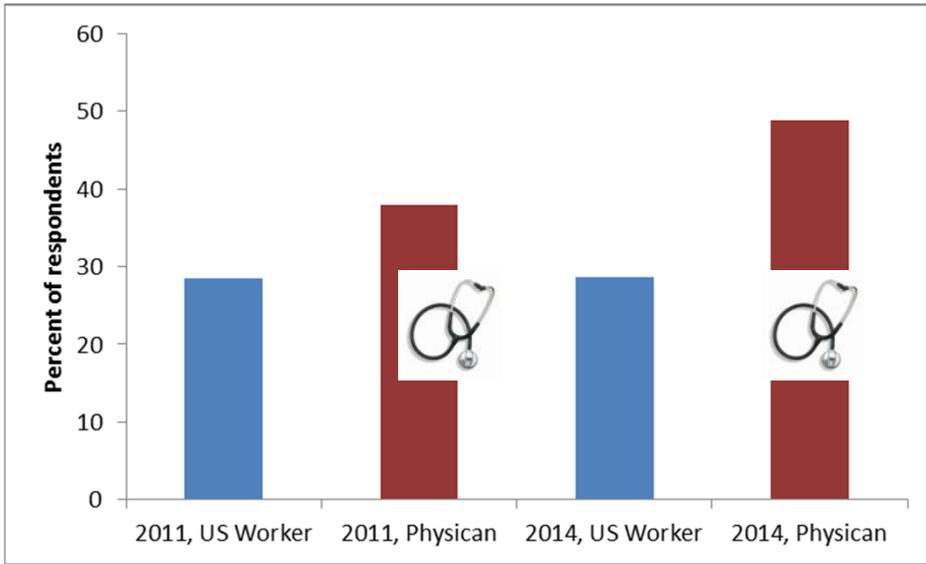
- Personal Accomplishment

- Measures feelings of competence and successful achievement in one's work

- I have accomplished many worthwhile things in this job

- Response options (frequency): never, a few times a year or less, once a month or less, a few times a month, once a week, a few times a week, every day

Burnout: Physicians & Nurses



Aiken JAMA 2002;288; McHugh Health Aff 2011;30; Dyrbye Acad Med 89(3): 443-451; Shanafelt MCP 2015;90:1600



Burnout: Clinical Pharmacists

- **Jones and colleagues measured clinical pharmacist burnout (n=974)**
 - Nearly $\frac{3}{4}$ included respondents are certified by BPS
 - More than half completed residency training
 - 61.2% overall burnout rate; 52.9% high emotional exhaustion
 - Characteristics of burned out clinical pharmacists:
 - Less likely to have children (p=0.002)
 - More likely to work more median hours (p<0.001)
 - More likely to have attained BPS certification (p=0.005)
 - No difference observed in practice area, hospital setting

Burnout: Clinical Pharmacists, cont.

- **Jones and colleagues measured clinical pharmacist burnout (n=974)**
 - Many objective factors noted as increased in burned out individuals; however, no factors independently predict burnout
 - Strong predictors:
 1. Too many nonclinical duties
 2. Inadequate teaching time
 3. Inadequate administration time
 4. Difficult pharmacist colleagues
 5. Contributions unappreciated

Jones GM, Roe NM. Factors Associated With Burnout Among US Hospital Clinical Pharmacy Practitioners: Results of a Nationwide Pilot Survey. *Hosp Pharm.* 2017;52:11:742-51.



Burnout: Pharmacy Residents

Study Overview

- Stress and negative affect levels surveyed in PGY1 & PGY2s (n=524, 27.7% response)
- Those working > 60 hours/week reported higher levels of perceived stress and elevated depression, hostility, and dysphoria
- Perceived stress for pharmacy residents was 19.06 ± 5.9
 - 14.2 ± 6.2 in 18-29 year old health adults
 - 20.3 ± 7.4 in cardiology medical residents

Takeaways

- 10-item Perceived Stress Scale is a free, validated tool to assess stress among pharmacy residents
- Hostility was highest in PGY2
- When pressures of being overworked > resident's ability to cope, well-being is in danger

Drivers of Burnout in Healthcare Professionals

Risk Factors Associated With Burnout

Am J Health-Syst Pharm. 2017; 74:e576-81

Risk Factor	Example
Workload	Job demands exceeding human limits; limited time to rest, recover, and restore.
Control	Role conflict; absence of direction in the workplace
Reward	Inadequate financial, institutional, or social reward in the workplace; lack of recognition
Community	Inadequate opportunity for quality social interaction at work; inadequate development of teams
Fairness	Perception of equity from an organization or leadership
Values	Organizational values are incongruous with an individual's personal values or beliefs
Job-person incongruity	Personality does not fit or is misaligned with job expectations and coping abilities

**National Academy of
Medicine Action
Collaborative Clinician
Well-Being and
Resilience**



To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis

Victor J. Dzau, M.D., Darrell G. Kirch, M.D., and Thomas J. Nasca, M.D.

“Through collective action and targeted investment, we can not only reduce burnout and promote well-being, but also help clinicians carry out the sacred mission that drew them to the healing professions – providing the very best care to patients”

Dzau VJ, Kirch DG, Nasca TJ. To care is human – collectively confronting the clinician-burnout crisis. NEJM.2018;378(4):312-314.

400
physicians commit
suicide each year, a rate
more than
2X
that of the general
population
Andrew & Brenner, 2015



Physician rates of
depression
remain alarmingly
high at
39%
Shanafelt, 2015

23-31%
Prevalence of emotional
exhaustion among
primary care nurses
Gomez-Urquiza et al, 2016

24%
of ICU nurses tested positive
for symptoms of post-traumatic
stress disorder
Mealer et al., 2007

How can we protect the health of the people who protect our own?

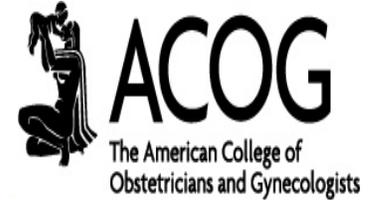
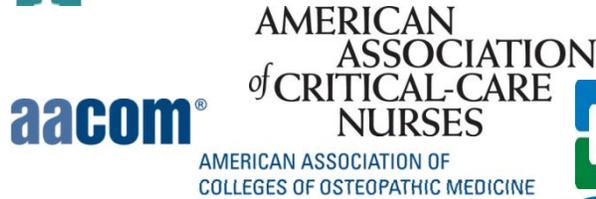
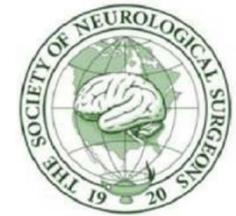
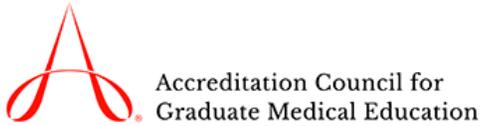


National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

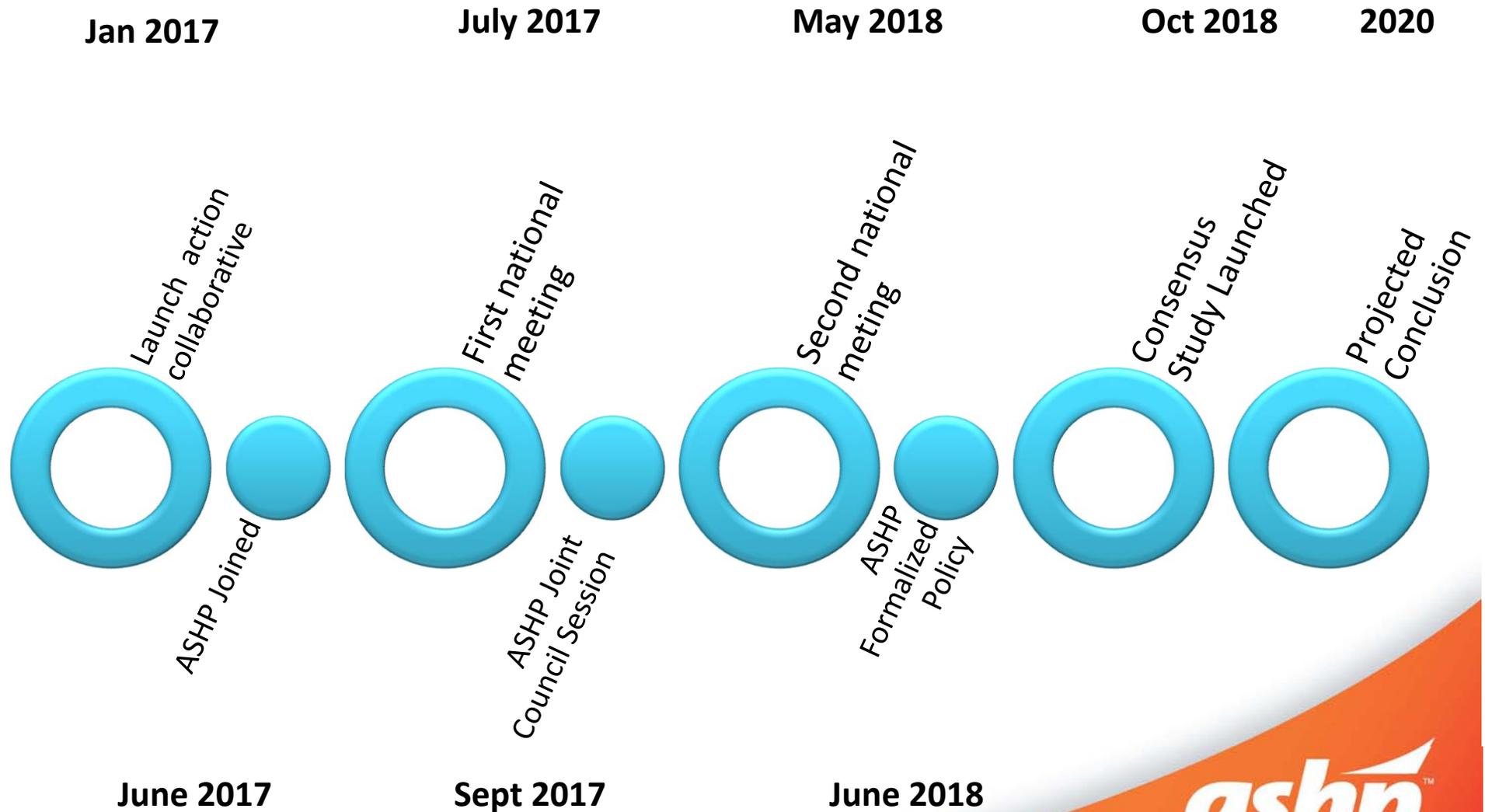
Learn more at nam.edu/ClinicianWellBeing

@theNAMedicine





Action Collaborative Timeline



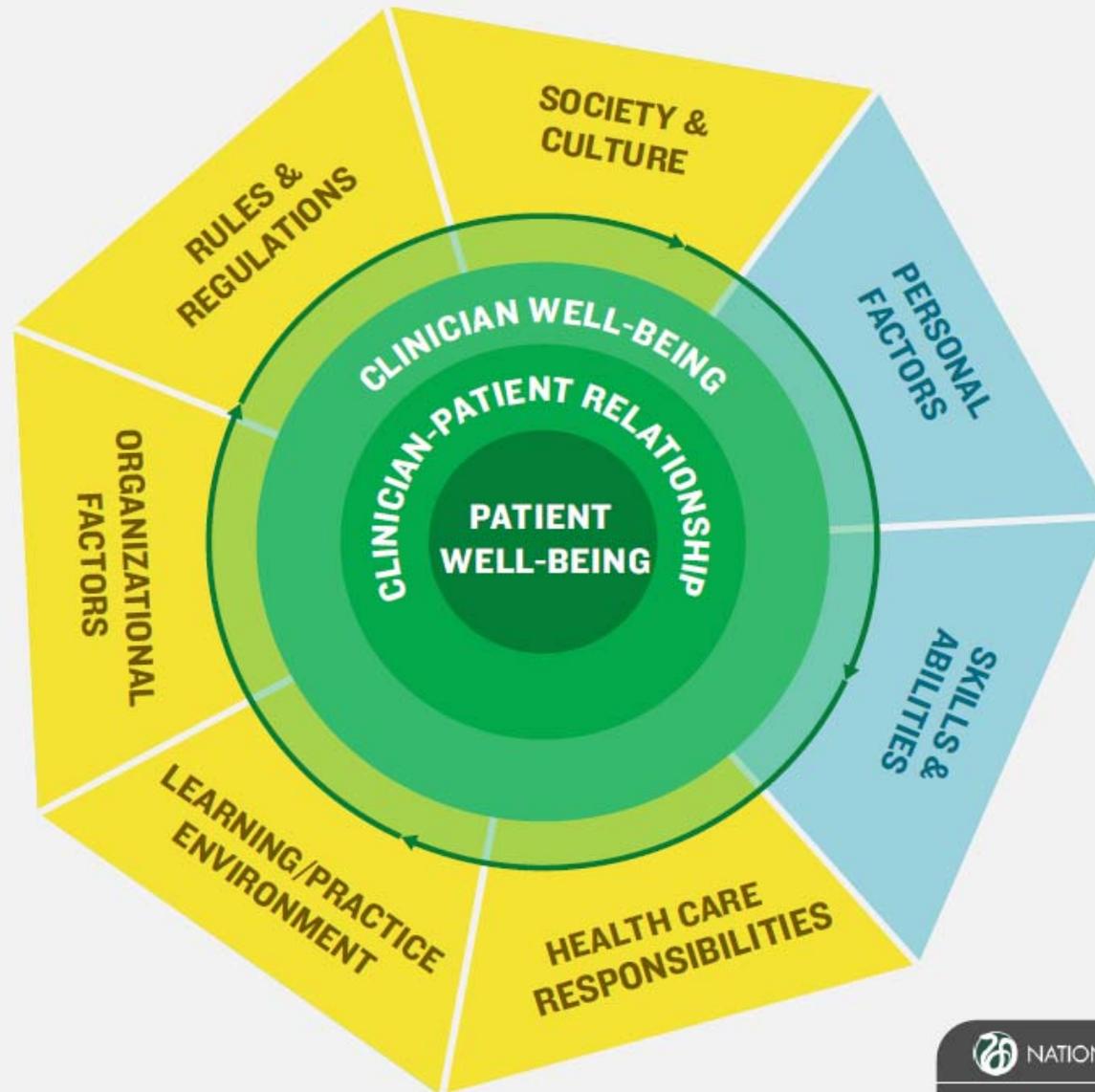
Creating An All-Encompassing Model

- ✓ Broad enough to define the issue across all healthcare professions
- ✓ Satisfactorily encompasses multiple environments (education, practice)
- ✓ Satisfactorily encompasses multiple stages of development of the health professional
- ✓ Satisfactorily encompasses system and individual issues in ways that are helpful toward developing a solution (e.g. defining without stigmatizing)
- ✓ Lends itself to being a tool for diagnosis, explanation, treatment
- ✓ Serves as a taxonomy for organizing other elements/tools developed as part of this NAM Collaborative

Brigham T, Barden C, Legreid Dopp, A, Hengerer A. et al. A journey to Construct an all-encompassing conceptual model of factors affecting clinician well-being and resilience. National Academy of Medicine, 2018.



Factors Affecting Clinician Well-Being and Resilience



ASHP Vision & Strategic Plan



Strategic Plan

- **Our Patients and Their Care**
 - Goal 4: Improve Patient Care by Enhancing the Well-Being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians
- **Our Members and Partners**
- **Our People and Performance**

Goal 4: Objectives

- Engage in major national initiatives
- Facilitate the development of education
- Improve the well-being and resilience in postgraduate pharmacy residency training
- Foster research

1825

CLINICIAN WELL-BEING AND RESILIENCE

Source: Council on Education and Workforce Development

To affirm that burnout adversely affects an individual's well-being and healthcare outcomes; further,

To acknowledge that the healthcare workforce encounters unique stressors throughout their education, training, and careers that contribute to burnout; further,

To declare that healthcare workforce well-being and resilience requires shared responsibility among healthcare team members and between individuals and organizations; further,

To encourage individuals to embrace well-being and resilience as a personal responsibility that should be supported by organizational culture; further,

To encourage the development of programs aimed at prevention, recognition, and treatment of burnout, and to support participation in these programs; further,

To encourage education and research on stress, burnout, and well-being; further,

To collaborate with other professions and stakeholders to identify effective preventive and treatment strategies at an individual, organizational, and system level.

Strategies to Impact Well-Being and Resilience



Clinician Well-being and Resilience

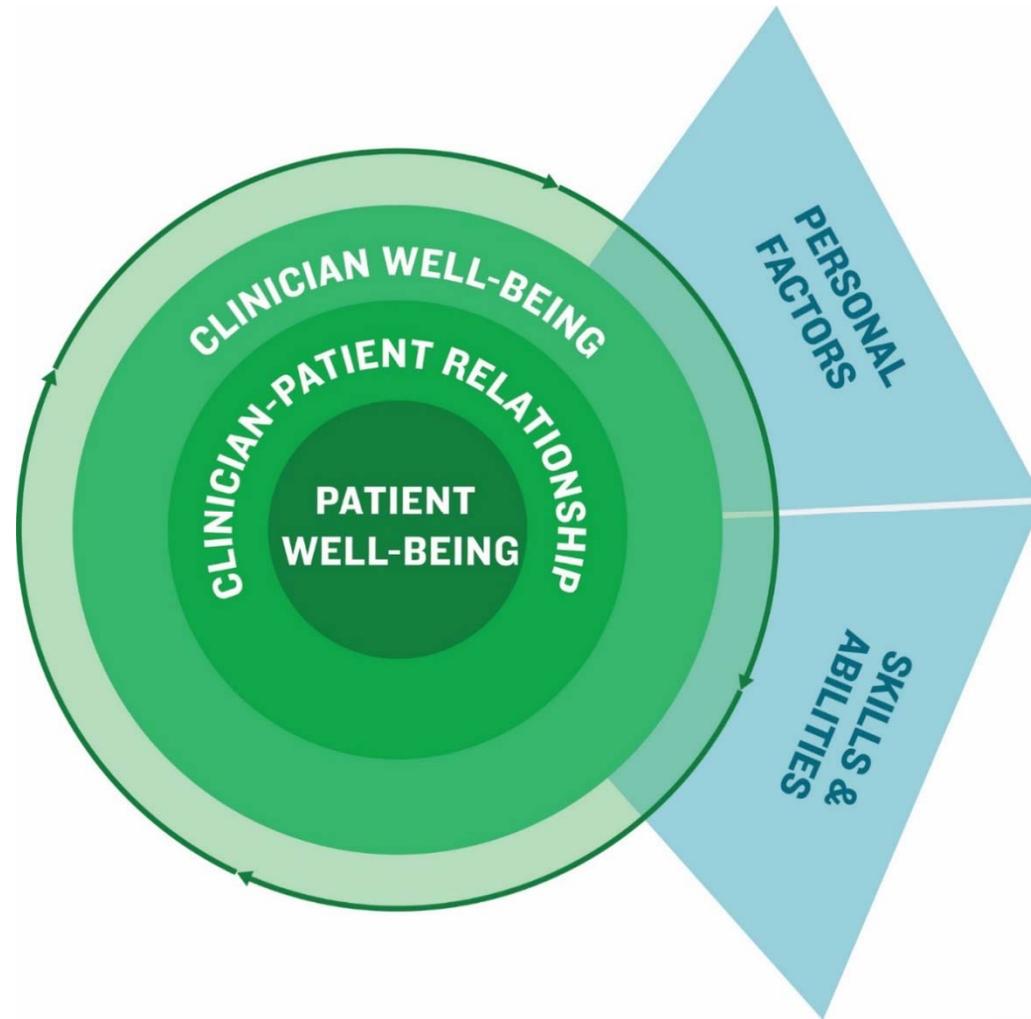
- **Well-being**

- The presence of positive emotions and moods.
- The absence of negative emotions.
- Satisfaction with life, fulfillment and positive functioning.
- Physical well-being is also viewed as critical to overall well-being.

- **Resilience**

- Set of individual skills, behaviors, and attitudes that contribute to personal physical, emotional, and social well-being, including the prevention of burnout.

Individual Factors Affecting Clinician Well-Being and Resilience



NATIONAL ACADEMY OF MEDICINE

ashp[™]

Individual Factors

PERSONAL FACTORS

- Access to a personal mentor
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES

- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing workflow
- Organizational skills
- Resilience
- Teamwork skills



Ready

Good to go

Adapting/flexible

Excelling at job

"I am at the top of my game and adapting well to all pressures"

Reacting

Mild distress

Temporary symptoms

Still getting work done

"Stress is affecting me but I can still get the job done"

Injured

Noticeable symptoms

Personality change

Erratic functioning

"I have changed to the point that I am not in total control of my behavior or reactions"

III

Severe impairment

Extremely overwhelmed

Possible danger to self/others

"This worsening condition requires full attention before getting back to work"

Self Interventions

Social Support

Professional Care

Rest Needed

*Adapted from US Navy's COSC Doctrine

Mitigating Stress

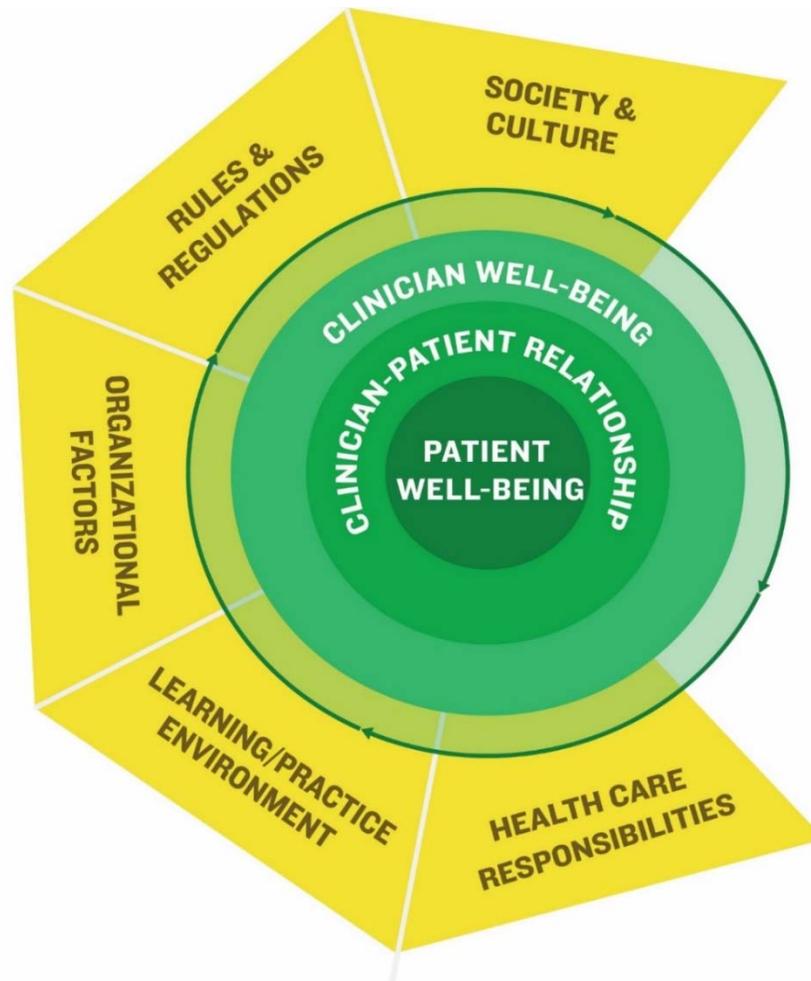
Self-Care Techniques

- Monitor personal stress indicators (sleep, eating, agitation, etc)
- Decompress with healthy transitions (exercise, yoga, journal, breathwork, music)
- Record three good experiences from the day, savor those positive moments and plan for good experiences tomorrow
- Speak with trusted people, maintain social connections

Resiliency Competencies

- **Awareness**
 - Noticing the right information
 - Sensations, thoughts, environments
- **Regulation**
 - Of self and others' stress reactions and emotions
- **Leadership**
 - Toward meaningful personal and team actions

External Factors Affecting Clinician Well-Being and Resilience



NATIONAL ACADEMY OF MEDICINE

ashp[™]

External Factors

SOCIETY & CULTURE

- **Alignment of societal expectation and clinician's role**
- **Culture of safety and transparency**
- **Discrimination and overt and unconscious bias**
- **Media portrayal**
- **Patient behaviors and expectations**
- **Political and economic climates**
- **Social determinants of health**
- **Stigmatization of mental illness**

RULES & REGULATIONS

- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members

ORGANIZATIONAL FACTORS

- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

HEALTH CARE RESPONSIBILITIES

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities



Strategies to Alleviate Burnout in Healthcare Professionals

Risk Factors Associated With Burnout

Am J Health-Syst Pharm. 2017; 74:e576-81

Risk Factor	Strategy to Alleviate Risk
Workload	Permitting time at the workplace to recover from a stressful event
Control	Clearly defined roles and expectations from organizational leadership
Reward	Identify suitable rewards to recognize achievements, provide opportunities to teach or mentor trainees
Community	Promote participation in professional organizations
Fairness	Transparency in decision-making
Values	Align personal expectations with organizational goals
Job-person incongruity	Evaluate and align job responsibilities with personal and professional expectations

Executive Leadership Strategies

- Acknowledge & assess the issue
- Identify impediments
- Harness the power of leadership
- Implement system approaches
- Cultivate community
- Use rewards & incentives wisely
- Align values & strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote self-care
- Use improvement science to test



1. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: Nine Organizational Strategies to promote engagement and reduce burnout. *Mayo Clin Proc.* 2017;92(1):129-146. 2. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.

Take Actions to Promote Resilience

- **Self-Reflection**
 - Where do you lie among the well-being spectrum (e.g., ready, reacting, injured or ill)?
 - What is one strategy that you (individual) are going to employ to support well-being and resilience?
- **Work Unit or Team**
 - Are there areas to improve workflow and team collaboration?
 - How can you promote resilience in your team?
- **Facility or Practice Area**
 - How can clinician wellbeing and resilience be a part of regular conversations?
 - How can you help in reducing obstacles identified by teams and individuals?

Bring this Discussion Back to your team

- How have you seen stress or burnout impact patient care?
- Do you feel there are existing obstacles that impact how you provide care?
- Do you feel you have control over your work environment?
- What can be done to improve workflow?
- How can you be empowered to make that change within your team or work unit?

Preceptor Strategies



National Collaborative for Improving the Clinical Learning Environment (NCICLE)

- **Recognize stress in the CLE can result in negative outcomes**
 - Poor well-being, substance abuse, depression, & suicide
- **Provides a forum for a national discussion among organizations**
 - Medicine, pharmacy, nursing are pioneer members
- **Promote programs to educate residents, faculty, preceptors to recognize and effectively manage fatigue, stress, and depersonalization**
- **Conduct research to better understand fatigue, stress, and depression**
- **Identify prevention strategies such as surveillance, counseling, support groups**
- **Requires culture of respect, understanding, and support for seeking help**

Optimizing the Team

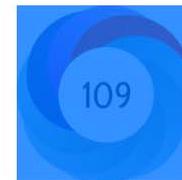
Implementing Optimal Team-Based Care to Reduce Clinician Burnout

By Cynthia D. Smith, Celynne Balatbat, Susan Corbridge, Anna Legreid Dopp, Jessica Fried, Ron Harter, Seth Landefeld, Christina Y. Martin, Frank Opelka, Lew Sandy, Luke Sato, and Christine Sinsky

September 17, 2018 | Discussion Paper



[Print Version](#)



[See more details](#)

- Picked up by 2 news outlets
- Referenced in 1 policy sources
- Tweeted by 124
- On 3 Facebook pages

DOI

<https://nam.edu/implementing-optimal-team-based-care-to-reduce-clinician-burnout/>

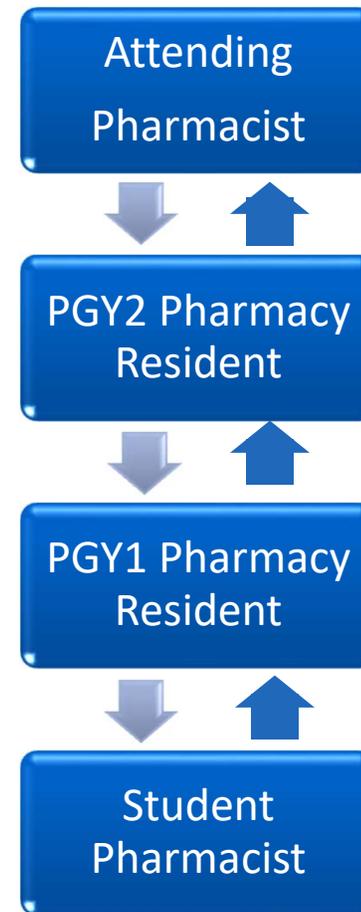


Pharmacist Extenders

- **What?**
 - Personnel who enable the pharmacy department to offer expanded services and to take on additional responsibilities
- **Who?**
 - Pharmacy residents
 - Student pharmacists
 - Pharmacy technicians
- **Why?**
 - Allows pharmacy to efficiently and effectively offer services to more patients
- **Idea Generation: Prepare student pharmacists as *practice-ready* and mimic the medical model of active learning**

Layered Learning Practice Model (LLPM)

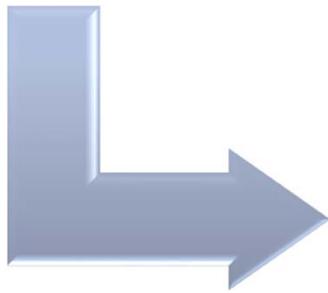
- Teaching strategy to train residents to precept students and other residents with oversight by a seasoned pharmacist^{1,2}
- Seasoned pharmacist acts as attending pharmacist²
- Pharmacist supervises team of trainees



1. Loy BM, Yang S, Moss JM, et al. Application of the layered learning practice model in an academic medical center. *Hosp Pharm* 2017; 42(4):266-272.
2. Bates JS, Buie LW, Amerine LB, et al. Expanding care through a layered learning practice model. *AJHP* 2016; 73(22):1869-1875.

Structure - Layered Learning Model (LLM)

Attending
Pharmacist



- Ultimately responsible for all patient pharmacotherapy outcomes
- Responsible for resident and student education

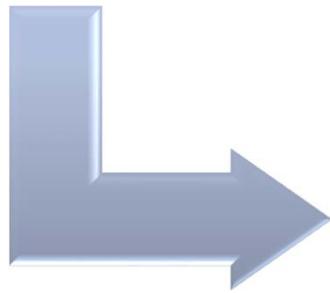
Bates JS, Buie LW, Amerine LB, et al. Expanding care through a layered learning practice model. AJHP 2016; 73(22):1869-1875.

ashp[™]

Structure - Layered Learning Model

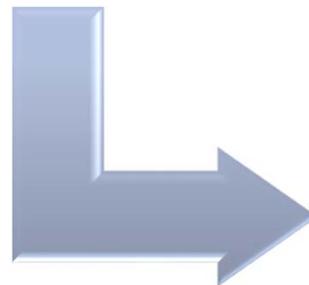
Attending
Pharmacist

- Ultimately responsible for all patient pharmacotherapy outcomes
- Responsible for resident and student education



PGY2 Resident
PGY1 Resident

- Day-to-day Operations
- Primary Preceptor



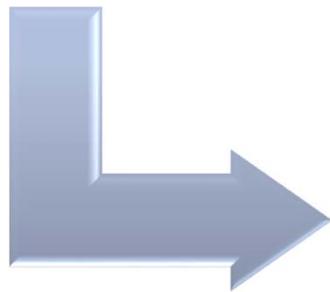
Bates JS, Buie LW, Amerine LB, et al. Expanding care through a layered learning practice model. AJHP 2016; 73(22):1869-1875.

ashp[™]

Structure - Layered Learning Model

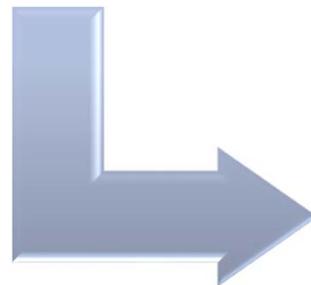
Attending
Pharmacist

- Ultimately responsible for all patient pharmacotherapy outcomes
- Responsible for resident and student education



PGY2 Resident
PGY1 Resident

- Day-to-day Operations
- Primary Preceptor



APPE Student
IPPE Student

LLM/LLPM – Member Checklists

Students

- ✓ Eyes and ears on each unit
- ✓ Patient work-up and plan development
- ✓ Presentation of patient cases to team
- ✓ Implementation of the plan
- ✓ Patient education
- ✓ Medication reconciliation
- ✓ Medication access
- ✓ Documentation

Pharmacy Residents

- ✓ Patient work-up and plan development
- ✓ Presentation of patient cases to team
- ✓ Consistent pharmacy presence on rounds
- ✓ Medication education rotations when students not present
- ✓ Primary preceptor for a student rotation, including orientation

Pharmacist

- ✓ Patient care
- ✓ Teaching
- ✓ Assessment and evaluation
- ✓ Growth and expansion
- ✓ Other responsibilities

Benefits of LLM/LLPM

- **Recent, limited reports indicate increasing LLPM:**
 - Improved outcomes
 - Increased resident and student satisfaction
 - Improved learning
 - Preceptor development



AJPE 2016; 80 (4): Article 68
Am J Health-Syst Pharm 2015; 72:909-10
Am J Health-Syst Pharm 2014; 71 (21):1871-6
Pharmacotherapy 2014; 34 (5):e45-54
Am J Health-Syst Pharm 2011; 68:e76-9

ashp[™]

That's great, but...

Barriers	Solutions
Access to computer program / patient records	Temporary access for length of rotation
Preceptor not present full-time	"Group precepting"
Training for electronic health record	Training manual or centralized training
Space	Mobile workstations
Patient/physician/staff buy in	Involve stakeholders in decisions and communications
Underperforming student	Set clear expectations; use resources at Colleges of Pharmacy
Rotational gaps	Use interns/volunteers, longitudinal APPEs, and IPPEs

LOOKING AHEAD



Educate Yourself & Team on Burnout

- **Webinars**

- [Extinguishing the Burnout: Yourself and Your Team](#)
- [Tame the Flames of Burnout: Tools for Building Resilience in Your Workforce](#)
- [Leadership Burnout and Strategies for Burnout Prevention](#)

- **More Resilience sessions planned for:**

- 2018 National Pharmacy Preceptors Conference
 - Creating a Culture of Resident Well-Being
 - Building Resilience in Residency Training It Takes a Village
 - Fueling Your Fire Identifying and Managing Preceptor Burnout
- 2018 Conference for Pharmacy Leaders
 - Workforce Resilience Developing an Open and Successful Environment
- 2018 Midyear Clinical Meeting

Join the Conversation

https://www.ashp.org/Pharmacy-Practice/Resource-Centers/Clinician-Well-Being-and-Resilience

VOTE NOW in the 2018 ASHP Election • ASHP Creates New Section of Specialty Pharmacy Practitioners • Updated Privacy Policy and New Cookies Policy

ashp New? Join/Renew now

LOG IN AJHP CE STORE Q MENU

Home / Pharmacy Practice / Resource Centers / Clinician Well-Being and Resilience

Clinician Well-Being and Resilience

VIEW RELATED LINKS ↓



We recognize that a healthy and thriving clinician workforce is essential to ensuring optimal patient health outcomes and safety. Therefore, ASHP is committed to fostering and sustaining the well-being, resilience, and professional engagement of pharmacists, pharmacy residents, student pharmacists, and pharmacy technicians.

[JOIN ASHP](#)

Related Links

Articles	Conversations
Coalition seeks solutions for clinician burnout	ASHP Leading the Way on Well-Being and Resilience
Burnout syndrome among healthcare professionals	Creating a Culture of Well-Being and Resilience
Rates of depressive symptoms among pharmacy residents	We Cannot Resilience Our Way Out Of This
Rates of depressive symptoms among pharmacy residents	Reflections on Establishing Clinician Well-Being as a National Priority
Assessment of Burnout and Associated Risk Factors Among Pharmacy Practice Faculty in the US	How to Start the Conversation on Workforce Well-Being and Resilience
A Journey to Construct an All-Encompassing Conceptual Model	

ashp Connect

Home Communities Network Engage Learn Browse

Clinician Well-Being and Resilience

Community Home Discussion 4 Library 2 Events 0 Members 12

Latest Discussion Posts

[Add](#)

 **Calling All Artists - Expressions of Clinician Well-Being: ...**
By: [Christina Martin](#) · 29 days ago

Clinician burnout affects all of us. It can lead to reduced job performance, high turnover, and, in the worst cases, clinician depression and suicide. Clinician well-being is essential for safe, high-quality patient care. Supporting the investment in ...

 **"We Can't Resilience Our Way Out of This"**
By: [Anna Dopp](#) · one month ago

That's a line borrowed from staff at the National Academy of Medicine supporting the Action Collaborative on Clinician Well-Being and Resilience . It means that pure grit and personal conviction aren't the only factors needed to improve clinician ...

[2 people](#) recommend this.

 **Creating a Culture of Well-Being and Resilience**
By: [Jason Wong](#) · one month ago

Dear Colleagues, I had the privilege of participating in the 2017 Policy Week alongside pharmacy leaders across the nation. One session that particularly sparked my interest was the Joint Council and Commission Meeting on Clinician Well-Being and Resilience.



State Affiliate Toolkit



The screenshot shows the ASHP website header with the logo, navigation links (LOG IN, AJHP, CE, STORE), and a search icon. Below the header is a breadcrumb trail: Home / State Affiliates / Affiliate Resources / State Affiliate Toolkit Well-Being and Resilience. The main content area features the title "State Affiliate Toolkit Well-Being and Resilience" and a link "VIEW RELATED LINKS ↓". Below the title is a paragraph of text: "ASHP is an original sponsor of the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience and actively leading the pharmacy profession on this issue? ASHP recognizes that a healthy and thriving clinician workforce is essential to ensuring optimal patient health outcomes and safety; this commitment to improving pharmacy workforce well-being and resilience is embedded within ASHP's Strategic Plan, as well as, a new policy position, 1825 Clinician Well-Being and Resilience, adopted at the 2018 House of Delegates. Check out a well-being and resilience resource..."

<https://www.ashp.org/State-Affiliates/Affiliate-Resources/State-Affiliate-Toolkit-Well-being-and-Resilience>



Follow the conversation: nam.edu/ClinicianWellBeing #ClinicianWellBeing

NATIONAL ACADEMY OF MEDICINE

ABOUT THE NAM | PROGRAMS | INITIATIVES | PERSPECTIVES | NEWS | SUPPORT | MEMBER RESOURCES

Action Collaborative on Clinician Well-Being and Resilience

Every year in the United States, about 400 physicians take their own lives — a rate more than double that of the general population. Physicians experience high rates of depression, burnout, and poor work-life balance. This phenomenon cuts across all ages, stages, and career paths — from trainees to senior practitioners. And these challenges are not unique to physicians. Nurses and other clinicians experience similar effects on performance, health, and well-being.

Bottom line: The people we rely on to keep us healthy may not be healthy themselves. This fact is not only worrying in and of itself — it also has serious

400 physicians commit suicide each year, a rate more than **2X** that of the general population (Lewin & Brown, 1984)

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder (Wade et al., 2007)

Physician rates of depression remain alarmingly high at **39%** (Lewin & Brown, 1984)

23-31% Prevalence of emotional exhaustion among primary care nurses (Hamer, 1998)

How can we protect the health of the people who protect our own?

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

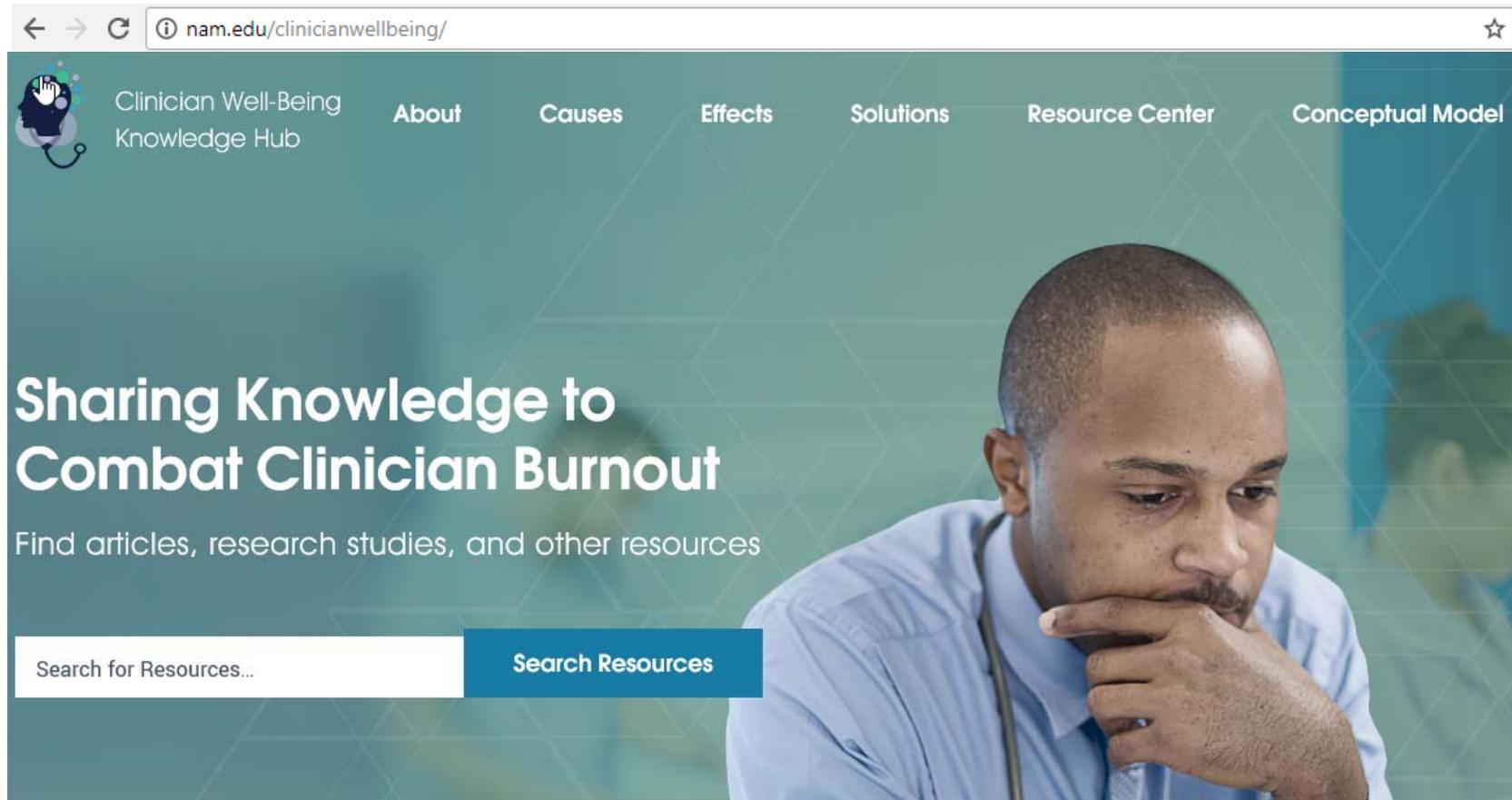
Learn more at nam.edu/ClinicianWellBeing @theNAMedicine

Subscribe to our mailing list and receive the latest updates on this initiative

Share your thoughts using **#ClinicianWellBeing** @theNAMedicine



NAM Knowledge Hub



nam.edu/clinicianwellbeing



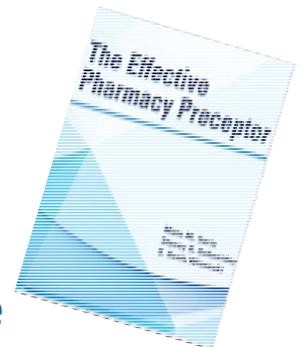
Preceptor Development Resources

Teaching Certificate for Pharmacists

- **Core Track**
 - 15 modules covering the fundamentals of teaching practice
- **Academic Teaching Track**
 - 13 modules concentrating on traditional didactic instruction
- **Experiential Teaching Track**
 - 12 modules focusing on teaching in practice environments

The Effective Pharmacy Preceptor

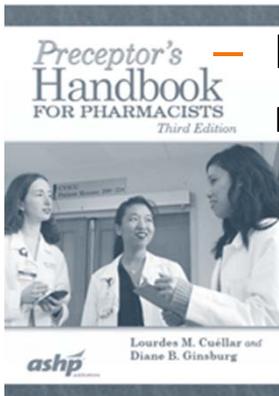
- Case studies with real-life scenarios to help in planning for unforeseen events
- Case questions that promote critical thinking
- Quick Tips that offering precepting pearls
- Comprehensive coverage of advanced topics such as **layered learning**, expanding experiential learning, and preceptor assessment
- Suggested reading list that offers additional resources



Preceptor Development Resources

Preceptor's Handbook for Pharmacists, Third Edition

- **The go-to, authoritative resource for pharmacy preceptors**
 - How to motivate and challenge students
 - How to master the administrative detail of being a preceptor
 - How to understand the skills needed to mentor residents



Preceptor's Playbook: Tactics, Techniques & Strategies

- **Provides training on both traditional skills and managerial and interpersonal situations**
 - 8 modules that can be completed individually or consecutively



ashp[™]

**Questions?
Ideas?
Considerations?**



Christina Martin
cmartin@ashp.org



Anna Legreid Dopp
adopp@ashp.org