

## "Faculty Recruitment: Preparing for the Blueprint and Ensuring the Right Knowledge, Skills, and Values Mix"

### Co-facilitators:

**Mary H.H. Ensom**, Pharm.D., FASHP, FCCP, FCSHP, FCAHS, Professor and Director, Doctor of Pharmacy Program, Faculty of Pharmaceutical Sciences, and Distinguished University Scholar, University of British Columbia; Clinical Pharmacy Specialist, Children's and Women's Health Centre of British Columbia ([ensom@interchange.ubc.ca](mailto:ensom@interchange.ubc.ca))

**Simon P. Albon**, BSc(Pharm), MS, Senior Instructor, Faculty of Pharmaceutical Science, University of British Columbia ([simon.albon@ubc.ca](mailto:simon.albon@ubc.ca))

**James P. Kehrer**, Ph.D., Professor and Dean, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta ([kehrer@pharmacy.ualberta.ca](mailto:kehrer@pharmacy.ualberta.ca))

Faculty recruitment for Faculties across Canada is an important issue and focus of the Blueprint Implementation Plan. Across Faculties in Canada, as we move our curricula ahead in the Blueprint era, some imperative questions include: (1) Given the anticipated curriculum changes to support each element of the Blueprint and the new educational outcomes from AFPC, what are the logical implications for new faculty members (e.g., knowledge, skills, values, etc.)?; (2) Considering the implications identified in #1, what set of qualifications would be priorities for recruiting new faculty members?; (3) If the qualifications are not generally available, how should faculties prepare new hires and graduate students to be effective faculty members?; and (4) What are some innovative ways to recruit new faculty members?

This session will consist of a facilitated, but largely unscripted, dialogue between attendees. We ask the attendees to give some thought to the 4 discussion points *before* the session so as to generate the richest discussion. The session is expected to lead to some concrete take-home tips when all the "great minds" gather in the same room. Specifically, having faculty members engage in a session that not only raises the issues, but where they come away with specific suggestions for how to move forward on this issue, would be ideal.

This break-out session will begin with open discussion of the 4 questions, followed by small-group discussion of recommendations and insights that we can take home to our individual faculties. This session will begin to address Action 1.3 of the Blueprint Implementation Plan and be an important first step forward regarding faculty recruitment with early recommendations.

Recommended pre-readings: (1) Kehrer JP et al. New pharmacy faculty enculturation to facilitate the integration of pharmacy disciplines and faculty retention. *AJPE* 2008;72(1):18. <http://www.ajpe.org/view.asp?art=aj720118&pdf=yes> (2) Beardsley R et al. Factors influencing the pharmacy faculty workforce. *AJPE* 2008;72(2):34. <http://www.ajpe.org/view.asp?art=aj720234&pdf=yes>

## CONFERENCE OUTCOMES

### **(1) Given the anticipated curriculum changes to support each element of the Blueprint and the new educational outcomes from AFPC, what are the logical implications for new faculty members (e.g., knowledge, skills, values, etc.)?**

- Hire the BEST, not necessarily the best pharmacy-trained individual
  - need enculturation to pharmacy
- Cross or shared-appointments with other academic units, institutional, hospital or community pharmacy
  - need enculturation to academia and/or pharmacy
- Community practitioners/role models
  - Need to develop new models to increase community care networks and advance-level practitioners
  - Shared positions with academia
  - Community- clinical practice (academics) vs. full-time community preceptor
  - Model practice environments using Faculty and community resources
    - Alberta (100 sites) – practice support teaching; built up with clinical practice (hospital) academic 0.25 FTE
    - Attract community practitioners eager to learn and elevate level of practice
      - Look to Pharmacy Practice Models Initiative (PPMI) type pharmacies
    - Need to identify role models in practice (who are practicing at level for the future)!!
- Pharmacy practice (non-tenure track and non-paid positions) do not feel valued and need additional opportunities to feel engaged
  - Assure that appropriate promotion and merit tracks exist for these faculty members
    - U of A has clinical 3-year rolling contracts (recognized and promoted –asst prof, assoc prof, full prof)- paid
    - UBC – clinical career ladder (clin instructor, clin asst prof, clin assoc prof, clin prof)- unpaid
    - UNC – Scholarship of Education, Application, and Delivery: faculty member chooses one track (upon hiring) and is promoted through the specific track
- Need to assure that teaching is given appropriate value for promotion and merit in all types of positions
- Value contributions from hospital clinicians
- Identify how clinical faculty will be integrated into settings (what is the chain of command?)
- Need new method of orienting new cross-appointments and preceptor training

### **(2) Considering the implications identified in #1, what set of qualifications would be priorities for recruiting new faculty members?**

- Skills for students should be mirrored by our faculty members. Thus, recruit new faculty that have the characteristics of pharmacy graduates as described in AFPC Educational Outcomes
  - Advocate: can use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.
  - Care Provider: can provide pharmaceutical care and facilitate management of patient's medication and overall health needs.

- Collaborator: can work collaboratively with teams to provide effective, quality health care and to fulfill their professional obligations to the community and society at large.
- Communicator: can communicate with diverse audiences, using a variety of strategies that take into account the situation, intended outcomes of the communication and the target audience.
- Manager: can use management skills in their daily practice to optimize the care of patients, to ensure the safe and effective distribution of medications, and to make efficient use of health resources.
- Professional: can honour their roles as self-regulated professionals through both individual patient care and fulfillment of their professional obligations to the community and society at large.
- Scholar: have and can apply the core information required to be a medication therapy expert, and are able to master, generate, interpret and disseminate pharmaceutical knowledge.
- Desirable set of skills/characteristics include:
  - Existing abilities as described above, or demonstrate willingness to learn (linked to accountability and recognition)
  - Being able to deal with ambiguity
  - Innovators (be creative)
  - Risk takers (not afraid of blank slate)
  - Need appropriate blend of faculty; do not want everyone to have the same background, skills, and characteristics
- Other priorities for recruiting
  - Ability and desire to work within a team – communicators and scholars
  - Ability to cope with change and risk taking
  - Excellent teachers
  - Be accountable (don't hide under "academia")
  - Non-pharmacist faculty must develop appreciation and understanding of pharmacy practice (currently, no professional "standard" for faculty)

**(3) If the qualifications are not generally available, how should faculties prepare new hires and graduate students to be effective faculty members?**

- Increase training/advanced education opportunities to create highly qualified next generation faculty members
  - Create an advanced academic credential that would help define what we want in a clinical faculty member
    - Unlike PhD and postdoc in basic sciences where we know "what we're getting in terms of training and experience", PharmD training, residencies, fellowships, and clinical MSc programs are variable
    - Need to have some consistency in clinical training programs that could potentially provide clinical faculty with adequate/consistent training
  - Explore MSc, PhD or novel programs to provide a recognized academic credential to clinically oriented individuals
  - Increase number of fellowships and community-based residencies
  - Train-the-trainers (i.e., advanced residencies, fellowships, MSc programs)
    - Include teaching education in these programs – perhaps a certificate program; Hospital residency board (online teaching module)
    - UBC Faculty Certificate on Teaching and Learning in Higher Education: Scholarship of Teaching and Learning Leadership Program (8-month Sept-April program)

- Capitalize on intellectual capability of basic sciences faculty members
  - But assure they understand pharmacy practice
- Develop undergrads and “grow” your own people
  - U of W – 6-week education rotation shadowing a professor
  - Teaching rotation as part of elective PharmD rotations
- Showcase new innovations and clinical skills
- Provide orientation to pharmacy (see pre-reading #1)
  - Pharmacists: Unsung Heroes (DVD; <http://www.ashp.org/Import/PRACTICEANDPOLICY/PracticeResourceCenters/PublicRelations/OutreachCampaigns/PharmacistsUnsungHeroes.aspx>) “explores the indispensable link between these medication use experts and the communities they serve, addressing the current shortage of pharmacists, the implications of this shortage on medical care in our communities, and the various career opportunities available.”
- Provide orientation to academia
  - Faculty handbook/manual (e.g., UBC Faculty of Pharmaceutical Sciences –developed by Suzana Topic)
  - Mentorship program
  - Community practitioners – need particular skills/knowledge/abilities to effectively interface with academia
- University teaching programs for existing faculty members – need buy-in; (peer review of teaching)
  - Incent participation through merit and promotion expectations
- Encourage certificate programs (in-house and outside) for faculty members as a way to recognize advanced training
- Have applicants give an “undergrad lecture” at interview (in addition to or in lieu of research presentation, depending on position)

**(4) What are some innovative ways to recruit new faculty members?**

- All correspondence to prospective applicants to contain copy of Faculty Strategic Plan, Faculty website links, Blueprint, AFPC Educational Competencies (all within Canadian context)
- Hiring contracts should contain incentives
- Take intelligent risks
  - See: “Doing Business Boldly: The Art of Taking Intelligent Risks” (by Daniel Kehrer)

**Recommendations**

1. All Faculties in Canada should have in place a mentoring/enculturation system for new faculty members (tenure-track, clinical track, instructors, adjuncts, etc.) to assure that they are integrated fully into the system of academic pharmacy.
2. All Faculties in Canada should review their recruitment practices and make efforts to:
  - a. Include pharmacy-specific material in correspondence such as the Blueprint for Pharmacy, AFPC Educational Outcomes, Faculty Strategic Plan
  - b. Include contract and/or promotion/merit incentives to stimulate a focus on improved teaching and understanding of pharmacy
  - c. Interview candidates for skills beyond those relating to research abilities
3. All Faculties should implement a promotion and merit system that applies similarly (if not identically) to tenure-track and clinical faculty.
4. Faculties of Pharmacy in Canada should work together to create programs (some of which could be shared) to provide advanced pharmacy education that could standardize advanced clinical training and provide a source of next-generation clinical faculty members.