Addressing pharmacy training expectations and the preceptor perspective: Essential components to COVID-19 training adjustments

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We thank Moore et al[1] for their article describing pharmacy resident and fellow perceptions of the impact of the coronavirus disease 2019 (COVID-19) pandemic on their training experiences. Their work draws attention to changes in residency program structure and focus as a result of the pandemic and the associated changes in trainee experiences. The researchers found that fewer trainees conducted direct patient care, less time was spent with preceptors, more trainees worked from home, and most trainees perceived a worsening in quality of experience compared to their experiences before the pandemic. Increased hours spent with preceptors was associated with lower odds of perceiving a worse training experience. The cohort surveyed was not stratified by position, a factor that would impact trainee expectations for time spent with preceptors and preceptor expectations for trainee independence. Further, the survey did not capture residency program director (RPD) or preceptor expectations or perceptions, which are valuable perspectives to consider when drawing conclusions about the pandemic's impact.

The COVID-19 pandemic occurred in the last quarter of the residency, making it difficult to differentiate between a reduction in time spent with preceptors because of the pandemic versus increased autonomy at the end of residency training. The American Society of Health-System Pharmacists (ASHP) accreditation standards state that residents must progress to be more efficient, effective, and independent in each competency area by the conclusion of the residency program.[2] This is exemplified by residents being deemed competent by earning a rating of "achieved for the residency" (ACHR) for the residency goals and objectives. A rating of ACHR for a residency goal signifies that the trainee adequately performs a task with minimal to no supervision. Further, the residency standards state that preceptors must provide sufficient opportunities to allow for residents to progress toward independence. As half of the surveyed trainees were postgraduate year 2 residents or fellows, who are expected to have even greater competence and proficiency, it is

especially challenging to attribute all the increased independence and reduced preceptor time to the pandemic.

Balancing work and life responsibilities is a challenge in postgraduate training preceptors, pandemic or not. Before the pandemic, 60% of preceptors indicated that their primary precepting challenge was effectively precepting while also meeting employment responsibilities.[3] The pandemic introduced unique and upsetting stressors for many healthcare workers. Pharmacists engaging in direct patient care had increased risk for COVID-19 exposure and potentially infecting family members at high risk for severe infection.[4] Stress was further amplified for pharmacists with children at home due to school closures interfering with their ability to do their job while simultaneously parenting and acting as teachers.[5] From our experience, pharmacists encountered more death coupled with concurrent civil unrest and reduced interaction with friends and family. Moore and colleagues[1] do not define "quality of experience" or address many of these emotional factors that would likely impact a trainee's perceptions during this time. We question whether RPDs and preceptors spent time discussing stress levels and overall well-being with trainees and whether they were transparent about their own challenges. Facilitation by preceptors of stress management in work and life has the potential to foster trainees' understanding of their role during crises and of challenges as a pharmacist and to promote adjustment of expectations. While Moore and colleagues[1] demonstrated that increased time spent with preceptors improved trainees' quality of experience, perhaps how the time is spent is more important to consider than the quantity.

High-quality clinical pharmacist training is important for patient safety, and the impact that major crises such as the COVID-19 pandemic have on training experiences should be considered. We applaud Moore and colleagues[1] for highlighting the pandemic-related changes in trainee perceptions and experiences, including increased work from home, decreased direct patient care and time spent with preceptors, and a worsening in quality of experience. We question the one-sided perspective that decreased time with a preceptor equates reduced quality of a training experience. As this

cohort of residents begins their own journeys as preceptors, they may find the decreased preceptor oversight supported their own autonomy as a practitioner, as called for by ASHP requirements. Training programs need to adjust to support the well-being of trainees and preceptors through work adaptations, such as formal facilitation of challenges, flexible schedules, and remote work, to mitigate stress from not only the job but also life complications. Open communication between trainees, preceptors, and RPDs promotes understanding of one another's perspectives. We encourage future research to guide RPDs' and preceptors' adaptation, when faced with these challenges, to fulfill program objectives, which will likely require changes in precepting strategies and a review of everyone's expectations.

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