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Preceptor's Guide

The toolbox below provides practical tips, strategies, and resources for preceptors to use. This toolbox can be used for a variety of learners (e.g., pharmacy technicians, pharmacy students or residents, medical students or residents).

Goal	Suggested Strategies or Resources
Develop a learning experience description.	<ul style="list-style-type: none"> • Develop a comprehensive learning experience description.¹ • There is no need to reinvent the wheel. Professional organizations or learning institutions often provide example descriptions that you can use as a starting point. For example: <ul style="list-style-type: none"> ○ Pharmacy resident internal medicine rotation: http://www.ashpmedia.org/softchalk/softchalkpractitionersurveyortraining2014/LED%20-%20Internal%20Medicine.pdf. ○ Pharmacy student emergency medicine description: https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/preceptor-toolkit/sicp-emergency-apppe-student-rotation-updated.pdf. ○ Medical resident: https://clerkship.medicine.ufl.edu/syllabus/goals-and-objectives/. ○ ASHP has a resource about pharmacy technician education and training that includes sample experiential activities: https://www.ashp.org/-/media/assets/professional-development/technician-program-accreditation/docs/model-curriculum-for-pharmacy-technician-education-training-programs-final-2018.pdf • See our CE, <i>Precepting: Incorporating Learners into Your Practice</i>, for more ideas.
Be prepared.	<ul style="list-style-type: none"> • Plan for learning opportunities outside of patient care activities (e.g., journal club, inservice, lecture, medication-use evaluation). • If possible, review the learner's previous learning-experience evaluations. This can shed light on a learner's specific strengths and weaknesses observed during past learning experiences. • On the first day, review and set clear expectations. For example: <ul style="list-style-type: none"> ○ A pharmacy or medical resident may be responsible for covering 50% of the internal medicine service on week one, but cover 100% of the service by week four. ○ A pharmacy student may fill IV orders on week one, but fill IV and unit dose orders by week four. ○ A pharmacy technician may fill 25% of the pending prescriptions on week one and increase by 25% each week. • Get to know the learner. Ask about things like: <ul style="list-style-type: none"> ○ career goals ○ learning style ○ personal areas for improvement ○ previous learning experiences • Come up with ways to integrate learners into your routine tasks. For example, quiz learners on brand and generic names of medications while putting up the order or share clinical pearls while reviewing morning labs for patients on your service.

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Be a good role model .	<ul style="list-style-type: none">• Demonstrate professionalism in character (personal reliability), connection (interpersonal compatibility), and competence (professional capability).³ Examples of professionalism for each domain include:<ul style="list-style-type: none">○ character: honesty, integrity, humility, responsibility, service, and moral courage○ connection: compassion, empathy, self-control, kindness, and influence○ competence: self-directed learning, knowledge, applied skill, proactivity, and wisdom• Use the appropriate professional code of ethics or conduct to help you demonstrate, model, and encourage ethical practice.⁴
Use teaching tools .	<ul style="list-style-type: none">• ASHP reviews the four preceptor roles for precepting pharmacy residents. However, these could be applied to any learner. See ASHP’s Starring Roles: The Four Preceptor Roles and When to use Them, for information on when and how to use the four preceptor roles (http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/softchalk4preceptorroles_print.html). These roles include:<ul style="list-style-type: none">○ instructing: If learners display a knowledge gap, refer them to an appropriate resource to gain knowledge. For example, assign articles for the learner to read to expand their knowledge. Follow up to check their understanding of the material.○ modeling: Demonstrate skills or processes while “thinking out loud” so learners can see and hear your problem-solving process.○ coaching: Provide ongoing feedback while observing the learner perform a skill.○ facilitating: Allow learners to perform tasks independently. Be available in case they need help or guidance.• SNAPPS is a learner-centered teaching approach involving six steps, often used for medical students or residents. These steps include:<ul style="list-style-type: none">○ S: summarize the history and findings. For example, “The patient is a 5-year-old male with a fever of 101.2°F complaining of right ear pain for two days. Physical exam reveals a red inflamed ear drum.”○ N: narrow the differential to two or three possibilities. For example, “I believe acute otitis media is the most likely diagnosis, but before examining the patient I was also considering otitis media with effusion.”○ A: analyze the differential, comparing and contrasting the possibilities. For example, “Since the patient does not have ear drainage, I am learning more toward acute otitis media.”○ P: probe the preceptor by asking questions about uncertainties, difficulties, or other approaches. For example, the learner may ask “Is there anything else that you would include in the differential?”○ P: plan the management of the patient’s issue. For example, “I would recommend using oral cefuroxime for five days.”○ S: select a case-related issue for self-directed learning. For example, “I would like to learn more about antibiotics that cover infections caused by gram-positive bacteria.”
Communicate effectively.	<ul style="list-style-type: none">• Use our resources to help you demonstrate and teach effective communication with patients and healthcare professionals.<ul style="list-style-type: none">○ CE: <i>Telehealth and Telephone Communication</i>○ CE: <i>Cultural Competence and Unconscious Bias</i>○ CE: <i>Skills for Communicating Effectively with Patients</i>○ CE: <i>Precepting Across Generations and Using Adult Learning Methods</i>

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Select a feedback method	<ul style="list-style-type: none"> • Use a feedback method that you find helpful and easy to use (if it’s not easy, you are less likely to use it). • Some examples of feedback methods include: <ul style="list-style-type: none"> ○ Ask-Tell-Ask (https://paeaonline.org/wp-content/uploads/imported-files/Ask-Tell-Ask-Feedback-Model.pdf) ○ One-Minute Preceptor (https://paeaonline.org/wp-content/uploads/2017/02/One-Minute-Preceptor.pdf) ○ ARCH (www.mitemmc.org/uploads/Walsh_monthly_tip.pdf) ○ Start/Stop/Continue (www.bu.edu/ctl/teaching-resources/start-stop-continue/) ○ Plus/Delta (https://fhop.ucsf.edu/sites/fhop.ucsf.edu/files/custom_download/ACPS_Plus_Delta_Template.pdf) ○ Pendleton (https://www.exult.co.nz/articles/giving-feedback/) ○ The What/So What/Now What (https://connections.ucalgaryblogs.ca/2014/07/30/the-what-so-what-and-now-what-of-critical-reflection/)
Provide formative (ongoing, regular) feedback.	<ul style="list-style-type: none"> • Provide feedback in a private setting, to facilitate discussions. • Start with learner self-assessment; “How do you think that went?” and “What would you do differently next time?” • Formative feedback is:^{2,5} <ul style="list-style-type: none"> ○ objective: supported by specific examples. ○ actionable: provides the learner with direction on what to focus on. ○ balanced: includes what was good and why, as well as what could be improved and how. ○ fair: considers knowledge, performance, abilities, and skill level of the learner with reasonable expectations. ○ timely: given in “real-time” or soon after the learning activity. Aim for daily feedback. At a minimum, consider using something like “Feedback Fridays” to ensure ongoing feedback and avoid surprises at the end.
Provide summative feedback.	<ul style="list-style-type: none"> • Summative feedback is a summary of formative feedback given during the learning experience (i.e., nothing should be a surprise). • Discuss progress toward achieving assigned educational goals and objectives. • Use this as an opportunity to ask about ways to make the learning experience even better for future learners.
Address the needs of high-performing learners (i.e., learners performing above the curve) <i>Continued...</i>	<ul style="list-style-type: none"> • Individualize expectations. There are minimum expectations for all learners. Consider going beyond the minimum for high performers. If learning experiences are not challenging enough, high performers may become bored.¹⁷ • Communicate regularly. It may seem natural to give high performers more autonomy. But keep in mind that autonomy is not synonymous with a lack of communication. Learners may feel neglected if not meeting with preceptors on a regular basis.¹⁷ • Encourage learners to self-assess. Self-assessment reveals how learners view their own abilities. Some high performers may be overly critical of themselves, dismiss positive feedback, or constantly strive for perfection. <ul style="list-style-type: none"> ○ Use discussions about self-assessments as an opportunity to correct any inaccuracies.¹⁷ ○ During their self-assessments, encourage those constantly striving for perfection to reflect on at least one thing that went well. • Provide feedback appropriately:^{16,17}

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<p>High-performing learners, continued</p>	<ul style="list-style-type: none"> ○ Set the stage. Explain that your job as a preceptor is to provide feedback to learners performing at all levels. Remind learners that the purpose of each rotation or learning experience is to grow, learn, and develop personally and professionally. ○ Give more than just praise. High performers also need constructive feedback. <ul style="list-style-type: none"> ▪ Consider a feedback method with both types of feedback already built in (e.g., ask-tell-ask method).^{18,19} ▪ Praise high performers when they exceed expectations. ▪ Provide constructive feedback with suggestions and strategies to help them move beyond success toward mastery. High performers often fear failure. They also may not have had much (or any) constructive feedback. Be prepared that they may respond with anger, defensiveness, denial, devastation, or tears. <ul style="list-style-type: none"> • Work to shift the focus from the learner’s actions to the patient experience or outcome.²⁰ ● Discourage comparing themselves to others (e.g., other learners, you, other preceptors).¹⁷ Provide perspective:¹⁷ <ul style="list-style-type: none"> ○ Share your professional timeline (i.e., how long it took you to get where you are). ○ Talk about professional mistakes and failures and what you learned from them. Help learners see their own failures as learning opportunities and encourage self-acceptance. ○ Explain that even though you are a preceptor, you continue to learn, grow, and develop your skills.
<p>Handle challenging learning situations or challenging learners.</p> <p><i>Continued</i></p>	<ul style="list-style-type: none"> ● Challenges can occur because of many things. Common reasons for challenges involve knowledge and skill deficits, attitude, and poor time management.¹⁰ Be alert for other reasons (e.g., miscommunication, anxiety, burnout, family problems, substance use).¹² ● Practice strategies to prevent problems before they occur.⁷ <ul style="list-style-type: none"> ○ Provide an orientation to the experience and clearly set expectations. ○ Use our CE, <i>Cultural Competence and Unconscious Bias</i>, to improve awareness of cultural differences. ● As with other feedback, continue to ask learners to self-assess, even during challenging situations. ● Identify problems and manage problems one-on-one and early (i.e., don’t wait until a scheduled midpoint or final evaluation) if you have concerns.¹⁰ Consider using the SCOPE model when addressing concerns or having a difficult conversation.⁷ <ul style="list-style-type: none"> ○ S: Use sensitivity when phrasing things (e.g., “It may be helpful,” “I’d like to suggest,” “I wonder if,” “My perception is”). ○ C: Be constructive by working together to develop a measurable plan for improvement. ○ O: Provide an objective and specific example of the problem, including documentation, if possible. ○ P: Focus on performance-based behaviors, not personal characteristics. ○ E: Provide equalized feedback by balancing positive and negative. ● Rehearse difficult conversations ahead of time to practice and prepare.¹¹ ● Ask learners if this is new feedback or has this type of feedback been provided before. It can be helpful to know if it’s not new, as this may indicate the learner doesn’t have the knowledge or tools to improve. ● Document and follow procedures to communicate with others, if necessary (e.g., residency program director, school administrator).⁷ ● For ideas on how to handle challenging learning situations and tips for giving difficult feedback see: <ul style="list-style-type: none"> ○ our CE, <i>Giving Difficult Feedback</i>

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Challenging learners or situations, continued	<ul style="list-style-type: none">○ Addressing the Needs of Challenging Learning Situations at https://studylib.net/doc/18531398/pharmacy-practice-experiences---american-pharmacists-asso.● When remediation is needed, follow appropriate remediation policies for:⁹<ul style="list-style-type: none">○ frequency of feedback○ documentation requirements○ other customizable interventions (e.g., extended rotation, repeat rotation, probation, counseling [referring residents to your employer’s Employee Assistance Program when appropriate]).
Build resilience in longer-term learners (e.g., residents).	<ul style="list-style-type: none">● Share the following resources with learners:<ul style="list-style-type: none">○ ASHP’s State Affiliate Toolkit Well-Being and Resilience (https://www.ashp.org/State-Affiliates/Affiliate-Resources/State-Affiliate-Toolkit-Well-being-and-Resilience)○ National Academy of Medicine’s Clinical Well-Being Knowledge Hub (https://nam.edu/clinicianwellbeing/)● Consider initial and ongoing assessment of resilience with an existing tool (e.g., Connor-Davidson Resilience Scale [http://www.connordavidson-resiliencescale.com/])● Consider expanding your program’s discussions to include resilience topics (e.g., combating imposter syndrome [feeling like a fraud], creating a mantra, finding balance, gratitude, mindfulness).^{6,14,15}● Embrace the phrase “It takes a village” by providing a culture of connection and support.¹³ Examples of ways to do this might be:<ul style="list-style-type: none">○ including family or significant others in parts of resident orientation to foster an understanding of what is involved in the residency with a goal of leading to encouragement at home.○ providing an informational email or pamphlet for residents to share specifically with family or significant others.● Encourage and build relationships both in and outside of the facility.¹³ For example, consider:<ul style="list-style-type: none">○ resident-only social events to build camaraderie.○ resident and staff events to allow time for personal or non-professional interactions between residents, preceptors, and staff.○ event ideas could include: beginning or end of the year picnic, holiday potlucks, dining out, hiking, bowling, painting classes.● Celebrate successes to build confidence (e.g., staff meeting or newsletter recognition, personal note, text, or email).¹³● Tailor resident development plans to incorporate goals and build on existing personality types and individual strengths.¹³ Consider having residents complete a personality assessment (e.g., Myers-Briggs [https://www.mbtionline.com/], DiSC profile [https://www.discprofile.com/]) and/or a strength assessment (e.g., <i>StrengthsFinder 2.0</i> or <i>CliftonStrengths</i> [https://www.gallup.com/cliftonstrengths/en/252137/home.aspx]) and use the results. For example:<ul style="list-style-type: none">○ if a resident has “arranger” as a strength, helping to organize activities for pharmacy week might be a good fit.○ a resident who aligns with the “INTP” Myers-Briggs’ personality type is typically curious, enjoys solving problems, and works methodically). Capitalize on this; involve the resident in helping a student understand a complicated concept or patient case.● Keep tabs on resident well-being by asking about stressors and encouraging self-care (e.g., sleep, healthy eating, exercise).¹³

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Manage burnout.	<ul style="list-style-type: none">• Use our FAQ, <i>Prevention and Management of Burnout for Healthcare Professionals</i>, to learn more about burnout.• Streamline responsibilities, by involving learners in projects you are working on as part of their learning activities (e.g., data collection, developing policies or patient education materials, leading topic discussions, participating in journal club, in-services).• If possible, use layered learning if you are precepting a student and resident at the same time. This allows the resident to participate in some of the precepting responsibilities of the pharmacy student. For ideas see this preceptor development presentation on layered learning for ideas of how to incorporate this into your practice (https://pharmacy.uconn.edu/wp-content/uploads/sites/2740/2020/03/HO-6-per-page-Layered-Learning-final.pdf).• Incorporate time for learners to work with other professions (interprofessional learning) and support staff (e.g., understand all roles within the practice).
Growth and professional development.	<ul style="list-style-type: none">• Engage in ongoing professionalism, including a personal commitment to advancing the profession, as part of your preceptor requirements. This is met by completing at least three professional activities (e.g., manuscript reviewer, poster presentation, active participation in professional organizations, publications, etc) in the last five years.⁸• Strive for continual growth and development as a preceptor. Review <i>The Habits of Preceptors Rubric</i> (https://www.habitsofpreceptors.org/) for ideas on how to assess and develop your own or your learner’s precepting skills.• Encourage participation in professional organizations. US Pharmacist provides a sample list, including links, to national, state, and other pharmacy organizations at https://www.uspharmacist.com/professional-organizations.• Talk about the benefits of and opportunities for board certification (www.bpsweb.org).• Share professional development information for things such as:<ul style="list-style-type: none">○ board certification resources (e.g., live reviews, recertification courses)○ continuing education○ professional certificate programs (e.g., emergency medicine, nutrition support)○ residency information• Share websites on professional development (e.g., www.acpe-accredit.org/continuing-professional-development/) for additional guidance, including a worksheet to use to keep track of professional development activities.• Encourage participation in professional meetings.
Research projects <i>Continued...</i>	<ul style="list-style-type: none">• Pharmacy residents often conduct a research project, but other learners may also conduct research projects.• Understand and address research barriers, such as time constraints and limited experience for both learners and preceptors.<ul style="list-style-type: none">○ Brush up on areas related to research, including IRB submission, study design, statistics, etc.○ Ensure dedicated and protected time for research. For example, administrative time for research preceptors and time for learners (e.g., one day per month, short blocks near holidays).• Gather topic ideas to provide to residents to choose from.²²<ul style="list-style-type: none">○ Topic ideas can come from a variety of sources (e.g., preceptor suggestions, departmental needs)

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Research projects, continued	<ul style="list-style-type: none"> ○ Prioritize topics before presenting the list to incoming residents. ○ Consider sending potential topics before residency starts or during orientation to start the research process early. ○ Align resident interests with research topics to avoid disinterest as a research barrier. For example, ask residents to rank their interest in potential research topics. ● Use a formalized research process.²² <ul style="list-style-type: none"> ○ Consider involving or developing a research committee.^{23,24} Research committees:²⁴ <ul style="list-style-type: none"> ▪ can provide tools (e.g., data collection forms, protocols). ▪ may offer constructive/actionable feedback; help anticipate and overcome barriers; and improve research quality. ○ Provide classes and discuss research and related processes at orientation and throughout the year (e.g., IRB process, interpreting results, manuscript writing) ○ Provide residents with a structured timeline. <ul style="list-style-type: none"> ▪ Ensure selected research projects are realistic to complete within the timeline. <ul style="list-style-type: none"> ● Most resident projects will need to be completed within six to eight months. However, larger projects may be an option in some cases (e.g., completing PGY-1 and PGY-2 residency at the same site). ● Alternatively, outgoing residents could complete the first half of a research project, including project design, IRB submission, etc) while incoming residents could complete data collection and analysis. ▪ Ensure deadlines allow for mentor/preceptor review prior to submission. ● Collaborate and engage expertise.²² <ul style="list-style-type: none"> ○ Collaborate with other residents or residency programs or involve students.²⁵ For example: <ul style="list-style-type: none"> ▪ Students can assist with data collection allowing for a larger sample size. ▪ PGY-2 residents may be able to help mentor PGY-1 residents through the research experience. ○ Engage expertise (e.g., college of pharmacy, research committee, colleagues who have completed a research certificate program). <ul style="list-style-type: none"> ▪ Consider participating in a research certificate program.²⁶ For example, The American College of Clinical Pharmacy offers a Research and Scholarship Certificate Program (https://www.accp.com/academy/researchAndScholarship.aspx). ● Have residents share their results to highlight their hard work and practice presentation skills. This can be done internally to administration or the Pharmacy & Therapeutics Committee or externally at an appropriate conference (e.g., regional residency conference).

Abbreviations: APhA = American Pharmacists Association; ASHP = American Society of Health-System Pharmacists; IRB = institutional review board; PGY = post-graduate year.

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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