

# Development of an Educational Sabbatical Program for Pharmacists

Gary G Wong, Alice Tseng, and Emily Musing

## INTRODUCTION

The University Health Network (UHN) is an acute care teaching hospital providing clinical services at 3 sites in Toronto, Ontario. It serves a large and diverse community that includes local, regional, and provincial populations, as well as out-of-province and out-of-country clients. The patient care continuum covers the full spectrum from primary care to highly specialized tertiary care services.

Pharmacists work within 1 of 5 clinical teams aligned with priority programs under the direction of clinical leaders. The pharmacists (mean number per team = 13) are responsible for decentralized distribution and clinical services in the team's assigned area: cardiology, cardiovascular surgery, and cardiovascular intensive care; transplant, medical/surgical intensive care, general surgery, and psychiatry; general medicine, nephrology, hemodialysis, urology, respiratory, and surgery; general medicine, neurology, rheumatology, orthopedics, medical/surgical intensive care; and oncology. When a pharmacist is hired, he or she is assigned to one of these teams according to where a position is available; if possible, pharmacists are assigned to positions that correspond with their practice interests. Details about the team and the therapeutic area are specified in job postings, which facilitates recruitment of pharmacists with appropriate interests.

Pharmacists work only within their own team area; thus, over time, they develop highly specialized practices and clinical skills. Although this arrangement means that pharmacists are able to consistently offer comprehensive, high-level clinical services, it also limits their exposure to areas of practice outside their team's activities.

The Pharmacy Department employs approximately 100 pharmacists, ranging from new graduates to long-term employees with more than 25 years of

experience, many of whom have completed or are in the midst of postgraduate education, including studies toward doctorate of pharmacy (PharmD), master of business administration, and master's degrees in bioethics, clinical epidemiology, and health administration. This large and varied group offers the department strength through diversity and challenges the department to develop retention strategies that will stimulate and support all staff members.

A significant change to human resource management strategies in recent years is the increasing emphasis on long-term staff retention.<sup>1,2</sup> Staff satisfaction and retention have been positively linked to supportive work environments that foster professional development, mentorship, and succession planning.<sup>2,3</sup> This shift has been further supported by the Canadian Council on Health Services Accreditation, which has identified the need for hospitals to "provide ongoing training to cope with changing roles, competency demands and working relationships".<sup>4</sup>

At UHN, although staff have enjoyed the stability of working within specific clinical areas, it was recognized that many individuals with specialized practices also had an interest in expanding their horizons. In the past, a clinical pharmacist with an interest in another therapeutic program had to either wait until a position became available within the new area or leave the organization to pursue a job within the chosen field of interest. UHN human resource data showed that the period of greatest vulnerability for loss of pharmacists occurred after staff had been at the institution for 3 to 5 years. Exit interviews also indicated that the reason for moving to another organization was often to pursue new areas of clinical practice or leadership positions. In an employee satisfaction survey conducted in the Pharmacy Department in 2002 ( $n = 125$ ), 50% of respondents rated recognition and compensation as "good" to "excellent",



and 41% of respondents rated organizational commitment as “good” to “excellent”. Therefore, departmental leadership was interested in supporting staff growth and career development while minimizing staff loss.

As an academic health science centre, UHN has developed experiential learning programs for new pharmacists (e.g., undergraduate exposures, postgraduate residencies, doctorate of pharmacy rotations). It was felt that this expertise could be used to develop an innovative experiential program to address the continuing education needs of staff pharmacists and to potentially act as a retention incentive. Therefore, the Educational Sabbatical Program (ESP) was launched in 2004.

Several clinical training programs for staff pharmacists, primarily in the United States, have previously been described.<sup>5,9</sup> In general, these programs are 3 to 18 months in duration and incorporate a mix of lectures, didactic course work (often done on the pharmacist's own time), and some experiential learning, with or without formalized testing or certification of the pharmacist upon completion of the program. One program was formulated as an additional position that was filled on a 6-week rotating basis by staff pharmacists, who received clinical training under supervising clinical pharmacists.<sup>8</sup> The authors found that, on average, completion of at least 2 or 3 rotations was necessary for distribution pharmacists to develop and maintain desired drug information and clinical skills. In the late 1970s, a 2-week mini-residency in drug information for pharmacists was developed by the University of Washington Drug Information Service and the University of Washington School of Pharmacy's Division of Continuing Education.<sup>10</sup> Overall, these programs were successful in training distribution pharmacists with little to no previous clinical experience to practise as clinical pharmacists.

To the authors' knowledge, no such exposure or training program has been described for staff pharmacists with high-level clinical skills who wish to gain experience in a different practice area.

## **PROGRAM DEVELOPMENT AND DESCRIPTION**

At its inception, one goal of the ESP was to provide a unique learning opportunity for pharmacists interested in expanding their clinical, research, or administrative knowledge and skills in a specialty area within the hospital under the mentorship of an experienced clinician. Another goal was to provide protected educational time for an enriching learning experience

that would lead to career growth, professional development, and improved job satisfaction. The program also offered many potential benefits for the department. It was anticipated that a positive environment for life-long learning would be cultivated by promoting mentorship and collaboration between staff, while increasing clinical, administrative, and research expertise within the department. By specifically addressing an identified staff interest, both staff satisfaction and employee retention might be improved. Finally, by increasing cross-site expertise within UHN, the ESP would strengthen the department and allow for succession planning and career advancement. The program was targeted to full-time pharmacists who had worked for more than 3 years within the organization. These practitioners would already have developed competency within their current areas of practice and might feel a need to explore other practice sites. Human resources statistics showed that many pharmacists left the hospital after about 3 years of employment, which indicated that this was a critical point for career evaluation, assessment of job satisfaction, and development of an interest in professional advancement.<sup>11</sup>

The ESP concept was developed by the clinical leadership group, which included 3 site managers and 5 clinical leaders, with support from the Director of Pharmacy. The program was modelled on a postgraduate rotation, with flexibility to accommodate the specific goals of individual applicants. Rotations are 4 weeks long and focus on clinical, administrative, or research activities. Pharmacists receive a full salary while completing an ESP rotation and are encouraged not to take vacation time during this period.

Potential program preceptors were identified by the clinical leadership group on the basis of demonstrated practice expertise, teaching experience, and assessment abilities. Preceptors were initially limited to Clinical Leaders, Pharmacotherapy Specialists, senior pharmacists, and managers. All potential preceptors had established clinical or administrative practices with previous experience precepting students at various program levels. The ESP concept was described to the potential preceptors, who were invited to offer an ESP rotation depending on their interest and availability during the proposed rotation period. It was recognized that the number and variety of practice areas available might vary from year to year, according to preceptor availability, staffing and backup flexibility, and existing academic, teaching, or operational commitments. In the first year of the program, sabbaticals were offered in the following areas: ambulatory care, administration,



coronary care, emergency care, general medicine, intensive care, medical/surgical care, neurology, and oncology.

General templates for goals were developed for clinical, administrative, and research rotations. Goals for the clinical sabbatical include gaining or refining expertise in the patient care process (i.e., pharmaceutical care, patient interview and counselling, and clinical pharmacokinetics), strengthening the person's therapeutic knowledge base, enhancing drug information skills, and boosting general practice skills. The objectives of the administrative ESP rotation are to offer experiences in a variety of areas, including human resource management, communications, pharmacy services planning, financial planning and monitoring, cost accounting and productivity, purchasing and inventory control, departmental operations, and management of pharmaceutical care systems. The pharmacist is expected to develop an understanding of departmental and institutional structure, strategic planning and policy-making, human resource management, finance and purchasing, and continuous quality improvement. The goals and objectives of the research sabbatical include gaining experience in protocol design and management, grant submissions, research ethics board submissions, patient enrollment and data collection, data analysis, and abstract and manuscript preparation.

The structure, activities, and specific learning objectives of the ESP rotation were further defined by individual participants and preceptors to reflect the advanced learning needs and capabilities of applicants with strong clinical working experience. For example, if an applicant was interested in a clinical rotation in a different practice area, the specific learning objectives would include a focus on acquiring in-depth therapeutic knowledge, as well as developing or refining the clinical pharmacy skills used in that particular setting. Successful candidates were expected to have strong self-directed learning skills, to be highly motivated and interactive with the team, to be open to communication and feedback, and to be able to handle more complex challenges and responsibilities than hospital pharmacy residents.

Interest in the program was high, and it was recognized that not all of the interested candidates could be accommodated at once, because of limitations in preceptor and site availability. For 2004, the first year, a maximum of 3 sabbatical rotations were offered. The program was then assessed in terms of logistics, finances, and staff feedback and satisfaction for development in future years.

The structured selection process involved submission of a written application form and interview. Applicants were encouraged to contact preceptors to learn more about each rotation and to confirm the preceptor's availability before submission of the standard application form. The application form solicited background information about the applicant, his or her current area of practice and number of years of employment at UHN, the ESP rotation of interest, and the reasons for applying. Applicants were also asked to describe how they thought this experience would enrich or benefit their current practice with respect to patients and/or the department, to list 3 professional activities or accomplishments that demonstrated their contribution or commitment to health care, and to elaborate on one of these activities and describe how it had enhanced their practice. Applicants were also required to indicate the preferred type of ESP rotation and the preferred specialty area and preceptor, and to list 2 specific learning goals.

The applications were screened by a panel of senior pharmacy leaders, and selected applicants were interviewed. The interview team consisted of pharmacists with leadership roles who were not associated with any of the proposed rotations and who were not in supervisory relationships with the applicants. The main objective of the interview was to further define the proposed learning goals (as suggested by the applicant) and to determine how these goals would benefit the pharmacist, the practice site, and the department. The members of the selection committee were free to contact the applicant's clinical leader for further information or clarification of the applicant's background, if necessary. The interview team ranked the applicants, giving priority to individuals who had demonstrated professional initiative and who had most clearly defined their goals, objectives, and desired outcomes.

Following completion of the sabbatical rotations, pharmacists and their preceptors completed a written evaluation. The evaluation form asked for information on positive and negative aspects of the rotation (including the rotation site, activities, preceptor and pharmacist performance), an assessment of whether the objectives of the rotation had been met, and suggestions for improvement. The ESP pharmacists were also asked to complete a separate written evaluation about the application and selection process. ESP preceptors were asked to give verbal feedback on their experience and to make suggestions for improvement. Coworkers of the ESP pharmacists were asked to provide confidential



verbal feedback on the impact of the ESP on their workload.

## IMPLEMENTATION OF THE ESP AND RESULTS

The ESP was announced to staff in December 2003 in a department-wide e-mail message, which described the program, available preceptors and rotations, and the application process. The program was also presented at staff meetings at all 3 sites, and a summary of the available ESP rotations was distributed to pharmacy staff. All eligible staff members were encouraged to apply and to contact their preceptor of interest for further information. The concept was well received. From a staff of more than 70 full-time pharmacists, 32 met the eligibility criteria. For the first year of the program, 3 formal applications were received. Following the interview process, all 3 applicants were granted their rotations. All had completed hospital residency training, had at least 5 years of clinical practice experience, and were actively involved in teaching and supporting patient care initiatives. A pharmacist with 7 years of experience in various surgery units completed a sabbatical in the medical surgical intensive care unit, a pharmacist with 6 years of experience in cardiology completed a family medicine ambulatory care rotation, and a pharmacist with 5 years of experience in cardiology and intensive care completed an administrative rotation with the UHN Pharmacy Director. The applicants' goals included increasing clinical knowledge and gaining experience in different clinical settings (for the pharmacists undertaking clinical rotations) and developing health administration skills (for the pharmacist undertaking an administrative rotation).

The feedback from all of the ESP pharmacists and their preceptors was positive. The 3 pharmacists felt that the sabbatical objectives had been met or exceeded. They acquired a thorough understanding of the knowledge base and skills associated with the new area and reported an increase in confidence in their own skills, which in turn enhanced their current practice. The pharmacists also appreciated the dedicated time they had for learning and enjoyed setting their own learning goals. The preceptors were praised for their extensive knowledge, enthusiasm, and mentoring abilities. The preceptors felt that the program had allowed them to share their insights about their areas of expertise.

The 2004 employee satisfaction survey ( $n = 181$ ) showed higher departmental scores in the category of learning environment than was the case for the hospital

as a whole: 65% of Pharmacy Department respondents but only 56% of all hospital employees rated their learning environment as "good" to "excellent". In addition, satisfaction scores for all work life parameters were better in 2004 than in 2002 for the Pharmacy Department. The percentage of respondents who rated recognition and compensation as "good" to "excellent" increased from 50% in 2002 to 56% in 2004; similarly, the percentage of respondents who rated organizational commitment as "good" to "excellent" increased from 41% in 2002 to 57% in 2004.

An additional benefit of the ESP was recognized several months later in terms of succession planning. In one instance, when one of the sabbatical preceptors went on maternity leave, one of the internal applicants for her leave position was the pharmacist who had completed the sabbatical rotation in that area. The interview team and unit staff were already familiar with the pharmacist and felt confident in her skills and abilities. Likewise, the pharmacist was already familiar with that unit and required minimal training and orientation. She made a seamless transition into the maternity leave position, and the unit team, patients, and pharmacy colleagues were extremely satisfied with the outcome. Similarly, the pharmacist who had completed a sabbatical in pharmacy administration later successfully interviewed for a maternity leave position as the department's Education Coordinator. Before the sabbatical, he had not had any direct administration or management experience, but the skills he acquired during his administration ESP were an asset in his application for the Education Coordinator position. This pharmacist has since become the permanent Education Coordinator for the department. Finally, the pharmacist who completed the sabbatical rotation in medical surgical intensive care unit now provides clinical cross-coverage for this service, which has led to increased comfort and satisfaction on the part of the unit team.

## LIMITATIONS AND CHALLENGES

A number of challenges and obstacles were encountered during the development and launch of the ESP. From the outset, there were financial and logistic issues related to back-filling positions during the sabbatical period; however, the Pharmacy Director was able to allocate money from the department's education budget for this purpose, since the ESP rotations were deemed educational in nature. The cost to back-fill a pharmacist position for 1 month is approximately \$5000, which represents a small proportion of the department's



conference attendance and education support budget. This funding is available on an ongoing basis, as it is a component of the department's annual financial plan. The back-fill costs translate into the approximate equivalent of conference funding for 2 staff members, and this shift in fund allocation was not noticed by staff. However, the department will continue to evaluate this aspect of the ESP as it encourages staff to attend and present at conferences. To keep up with rising travel costs, staff maximums for conference attendance may need to be increased in the future, which may affect fund allocation and availability for the ESP. It is recognized that hospitals with smaller budgets would have more difficulty in implementing a similar program; in such instances, it may be necessary to pursue alternative sources of funding.

Sabbatical rotations were scheduled to minimize disruption to regular staff activities, and casual and part-time staff were used to back-fill the positions of ESP pharmacists. Clinical leaders, who were aware of the potential stresses on the team during the absence of the ESP pharmacist, carefully monitored staffing concerns and issues during this time. The absence of the ESP pharmacists was tolerated by their pharmacist coworkers, who did not report a significant increase in workloads during the sabbaticals. One pharmacist had to interrupt her ESP rotation because of limited staff coverage; she therefore completed her rotation in 2 separate blocks.

It became apparent that a traditional 4-week rotation was not optimal for the ambulatory care sabbatical, because patient flow did not allow for continued follow-up within such a short period. An adjustment was made so that the pharmacist completed the sabbatical in two 2-week blocks over a 6-week period. Longitudinal rotations (e.g., 1 week per month for 4 consecutive months) will be considered for future sabbaticals in outpatient settings. Additional suggestions included making a computer workstation available to the ESP pharmacist during the sabbatical and increasing the duration of the rotation to 5 weeks to accommodate more learning activities.

Rotations were not available in all of the institution's practice sites because of limitations such as preceptor workload, preceptor unavailability (e.g., because of maternity or contract leaves), and scheduling conflicts. The ESP was not offered in 2005 because of the significant resources required to fulfill other departmental and institutional initiatives, such as implementation of a universal computerized medication order entry system and preparation for hospital accreditation.

Another important consideration was the impact of the ESP on preceptor workload. Pharmacists working at this institution are already heavily involved in teaching at various institutional and academic levels, and the creation of an additional teaching responsibility could potentially overburden them. All of the ESP preceptors had extensive teaching experience and were familiar with the increased workload associated with serving as a preceptor. Only preceptors who were able to accommodate this additional teaching activity were involved in the program. Thus, although serving as a preceptor for an ESP rotation was recognized as a departmental contribution in the context of annual performance reviews, preceptors who were already committed to other responsibilities were not penalized for not offering an ESP rotation. In fact, preceptors observed that their workload for the ESP rotations was often less than for rotations for other types of pharmacy students, because of the ESP pharmacists' work experience, advanced clinical skills, and high motivation. Preceptors also expressed satisfaction with the opportunity to mentor a colleague. Therefore, the preceptors were motivated to continue their involvement with the ESP.

The administrative burden of running the ESP was relatively low. A small working group of pharmacists from the Pharmacy Administration group met approximately 4 times to develop the initial concept and outline of the ESP; they also drafted application forms, interview questions, and evaluation templates. The Pharmacy Administration group provided feedback and final approval of the ESP. The outline, goals, and objectives of each rotation were modified from existing residency rotation documents with input from both the ESP pharmacist and the preceptor. The ESP was advertised to staff during regular staff and team meetings. The interview team spent approximately 1 to 2 h reviewing applications and another 2 h conducting interviews and selecting applicants. An additional 1 to 2 h of administrative planning was required to organize staff schedules and team communication to accommodate the ESP; this is comparable to the amount of planning required when staff members take extended holidays or leaves.

At this institution, pharmacy staff are not unionized, so there were no additional steps or hurdles to be negotiated to implement the ESP. Institutions with unionized pharmacy staff might face additional challenges in implementing an ESP. For instance, seniority might play a greater role during applicant selection, which could increase tensions among applicants, coworkers, and managers.



Another potential drawback might be frustration or dissatisfaction if an ESP pharmacist wanted to continue working in the area where he or she had completed an ESP but no permanent positions were available at the time. To date, this situation has not been encountered at UHN. The ESP experience would qualify the pharmacist to undertake cross-cover duties in the new therapeutic area and thus obtain additional practice time in that area if desired. In addition, the ESP experience would strengthen the pharmacist's application for a future position in the desired practice area, even for positions outside the institution.

Finally, although staff satisfaction scores showed an improvement from 2002 to 2004, the results cannot be attributed solely to the development of the ESP, which was just one of several initiatives led by the department. It is encouraging, however, that employee satisfaction scores did not decrease during this period, especially given the potential concerns related to back-filling positions and workload impact on team coworkers, preceptors, and management. It is also acknowledged that the impact on pharmacist retention cannot be evaluated with a sample of 3 pharmacists after just 1 year. Furthermore, pharmacists may leave the institution for reasons other than professional advancement, such as moving because of family or partner relocation, not returning to full-time work after having children, or pursuing a career path outside of pharmacy.

## FUTURE DIRECTIONS

Given the positive feedback from pharmacists, preceptors, and practice site personnel, the Pharmacy Department is committed to continuing the ESP. The department is currently evaluating ESP applications for the 2006/07 cycle. Goals for the upcoming cycle include increasing the number of available rotation sites and enhancing awareness of the program within the department to encourage more applicants. A new ESP rotation in clinical leadership will be offered for pharmacists whose career goals may include team management and/or clinical coordination responsibilities. Clinical rotations with nonpharmacy preceptors such as physicians may also be offered in areas where expansion of clinical pharmacy services is being considered for the future. Pharmacists interested in completing an ESP rotation in an area not included on the rotation list will be encouraged to submit such requests for consideration, so that potential preceptors can adjust their workload and teaching commitments accordingly.

To improve back-filling of positions during ESP rotations, additional options will be considered, such as extending the length of temporary positions (e.g., intern and pharmacist training periods, maternity leave replacements, and contract positions). In addition, the option of scheduling pharmacy practice rotations for hospital pharmacy residents during the ESP replacement periods will also be considered. The primary goal of the pharmacy practice rotation is to allow the resident to gain experience as a clinical pharmacist in a real practice setting. These rotations are generally scheduled near the end of the residency year, when residents have completed their other clinical rotations and have obtained their pharmacy licence; as such, the residents are able and expected to function on their own as a practising pharmacist and hence could replace an ESP pharmacist without incurring additional salary costs. Monitoring of the ESP and of departmental outcomes will continue. It is hoped that the ESP, along with other pharmacy and hospital-wide initiatives, will contribute to increasing pharmacist retention rates and improving staff satisfaction scores over a longer-term period.

The ESP has been recognized by both the provincial and national bodies of the Canadian Society of Hospital Pharmacists as an innovative program that reflects contemporary practice and enhances hospital pharmacy practice. The UHN's highest-level managers have expressed strong interest in and support for the ESP and are considering adapting the program for other departments.

## CONCLUSIONS

The successful development and implementation of a structured ESP for hospital staff pharmacists has been reported here. Participating pharmacists gained new skills and knowledge in different areas of practice; these experiences also provided long-term personal and departmental benefits in terms of improved cross-coverage capabilities and enhanced career advancement opportunities.

To the authors' knowledge, this is the first training program for staff pharmacists with pre-existing high-level clinical skills who wish to gain exposure to a different practice area within the institution. It is hoped that this experience will serve as a role model for the development of similar programs in other institutions.

## References

1. *Canada's health care providers*. Toronto (ON): Canadian Institute for Health Information; 2002.





**As a Pharmacist, you're a patient's best resource.**

**Tell them about CATIE.**  
 We provide reliable, unbiased, and up-to-date HIV/AIDS treatment information. Helping you, by helping your patients make informed decisions.  
 1-800-263-1638  
 www.catie.ca

**Tous les services de CATIE sont offerts en français et en anglais.**



**Canadian AIDS Treatment Information Exchange**  
**Réseau canadien d'info-traitements sida**

2. Koehoorn M, Lowe GS, Rondeau K, Schellenberg G, Wagar TH. *Creating high-quality health care workplaces*. Canadian Policy Research Networks Discussion Paper W/14. Ottawa (ON): Canadian Policy Research Networks; 2002.
3. Ontario Hospital Association. Hospital HR focus. *Ont Hosp Assoc J* 2002;1(3):2.
4. Canadian Council on Health Services Accreditation. *Standards on human resources*. Ottawa (ON): The Council; 2003.
5. Salverson SM, Murante LJ. Clinical training program based on a practice change model. *Am J Health Syst Pharm* 2002;59:862-866.
6. Keith MR, Coffey EL Jr. Clinical training program for distributive pharmacists. *Am J Health Syst Pharm* 1997;54:674-677.
7. Brouker ME, Mallon TA, Barbour PJ. Inhouse clinical training program for staff pharmacists. *Am J Health Syst Pharm* 1997;54:1794, 1797-1798.
8. Greene SA, Powell CW. Expansion of clinical pharmacy services through staff development. *Am J Health Syst Pharm* 1991;48:1704-1708.
9. Lucarotti RL, Fish KH Jr. Training staff pharmacists for clinical positions. *Am J Health Syst Pharm* 1978;35:1227-1230.
10. Ivey MF, Smith GH. A "mini-residency" in drug information for the practicing pharmacist. *Drug Intell Clin Pharm* 1979;13:603-607.
11. University Health Network, Human Resources Department. *Pharmacists market review*. Toronto (ON): University Health Network; 2003.

**Gary G Wong**, RPh, BScPhm, is with the Department of Pharmacy, University Health Network, and the Faculty of Pharmacy, University of Toronto, Toronto, Ontario.

**Alice Tseng**, RPh, BScPhm, PharmD, ACPR, FCSHP, is with the Department of Pharmacy, University Health Network, and the Faculty of Pharmacy, University of Toronto, Toronto, Ontario.

**Emily Musing**, RPh, BScPhm, MHSc, ACPR, FCSHP, CHE, is with the Department of Pharmacy, University Health Network, and the Faculty of Pharmacy, University of Toronto, Toronto, Ontario.

**Address correspondence to:**

Dr Alice Tseng  
 University Health Network  
 13N-1314, 585 University Avenue  
 Toronto ON  
 M5G 2N2

**e-mail:** [alice.tseng@uhn.on.ca](mailto:alice.tseng@uhn.on.ca)

