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Title: Characteristics and Predictors of Patient Care Performed by Clinical Department Chairpersons at U.S. Schools of Pharmacy

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Dr. Seybert serves on the board of directors for the Accreditation Council for Pharmacy Education (ACPE); however, this manuscript does not represent ACPE or the boards' opinions or views. This work represents Dr. Seybert's individual work.

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Accepted Article

Abstract

Background

Clinical pharmacy or pharmacy practice departments at schools of pharmacy are usually composed of practicing pharmacy specialists. There is little known about the requirements for and frequency of patient care provided by clinical department chairpersons. The primary objective of this study was to determine the likelihood that pharmacy practice chairs engage in patient care. A secondary objective was to identify those factors predicting chairperson participation in patient care activities.

Methods

A brief 22-item adaptive response survey was sent to clinical department chairpersons at schools of pharmacy in the United States. Initial identification of chairs came from the American Association of Colleges of Pharmacy (AACCP) with verification by school websites. Surveys from schools without a clinical chairperson (or similar position) were excluded, as were surveys from schools with Ph.D. department chairpersons from blended departments (i.e., Clinical with Outcomes/Policy Sciences).

Results

Of the 128 eligible schools' department chairpersons, 113 completed the surveys (88.3% response rate). Forty-four (38.9%) chairs reported that they maintain an active clinical practice even though 103 (91.1%) report it is not required. Factors that had a significant association with clinical practice were clinical service being an expectation ($P=0.0004$), having a practice prior to becoming chairperson ($P=0.001$), having a higher clinical service expectation ($P<0.0001$), and having a lower administrative percentage ($P=0.0003$). Age, rank, and academic track were not significant predictors. Of those with clinical practice, sites included community (45.4%), acute care (38.6%), primary care (4.5%), and other settings (11.4%). A majority of those with practice reported providing direct patient care (81.8%) or indirectly via supervision of students or other trainees (61.4%).

Conclusions

Most schools of pharmacy do not require clinical department chairpersons to maintain a patient care practice, but many still choose to practice. Those that practiced before becoming a chairperson and have a lower administrative burden are more likely to continue to provide patient care.

1 | INTRODUCTION

In medical schools, it is very common for physician department chairpersons to maintain some clinical patient care practice.^{1,2} Participation in practice by medical school department chairpersons is influential as it provides shared perspective, modeling, and a foundation for practice policy development for medical faculty.³ Similar to physicians on medical faculty, clinical pharmacy or pharmacy practice departments at schools of pharmacy in the United States are usually composed of practicing clinical faculty specialists. Traditionally, department chairpersons would ascend to such positions after practicing for several years as clinical faculty. Clinical department chairpersons typically have a broad range of responsibilities which include significant administrative duties, in addition to teaching, scholarship, and service responsibilities. At present, there is little known about the requirements for and frequency of patient care responsibilities provided by clinical pharmacy department chairpersons. The primary objective of this study was to determine the likelihood pharmacy practice chairs engage in patient care. A secondary objective was to identify those factors predicting chair participation in patient care activities. This study was designed to be descriptive rather than hypothesis testing, as previous studies have not been performed in this area. Nonetheless, some factors identified by the authors were assessed for associations with chairpersons' clinical practice. Colleges of pharmacy may use the results of this study for benchmarking as they formulate position descriptions, promote, or recruit individuals into clinical chair positions.

2 | METHODS

2.1 | Overview of study design

A 22-item adaptive response, anonymous survey was developed to assess the frequency and type of clinical practice that clinical pharmacy department chairpersons participate in, if at all. All surveyed chairpersons completed the first 16 questions. The entire 22-question survey was completed by those chairpersons indicating that they maintain a clinical pharmacy practice (i.e., providing patient care). The number of survey questions, which included demographic information, was limited to encourage a high rate of return from the respondents.

Only the name of the university was collected to identify what schools had participated, after which the school's name was expunged from the dataset. The survey questions appear in the Supporting Information.

The research team was composed of the four authors, who are all clinical department chairpersons. Given the lack of previously-reported factors associated with a chairperson's clinical practice, the team created a concise set of variables to be evaluated. The survey was created and delivered during January and February of 2020 using the Qualtrics® survey platform (www.qualtrics.com, Provo, UT). Respondents were permitted to request paper surveys in lieu of the electronic survey. Statistical analysis included t-test assessment, likelihood ratio chi-square, and logistic regression using JMP V14 software (SAS, Cary, NC). This study was granted exempt status by the West Virginia University Office of Human Research Protection Institutional Review Board.

2.2 | Participant recruitment

Initial identification of department chairpersons came from the American Association of Colleges of Pharmacy (AACCP) database with secondary verification by reviewing school of pharmacy websites. One person identified as the clinical department chairperson (or similar position) was invited by e-mail to participate in the survey. Surveys were not sent to schools without a clinical chair or similar position. Schools with Ph.D. department chairs from blended departments (i.e., Clinical Pharmacy with Outcomes/Policy Sciences) were also excluded. Interim department chairpersons were included in the study if they met the inclusion criteria.

3 | RESULTS

3.1 | Participant demographics

Surveys were sent to 128 department chairs who met the inclusion criteria. Of those, 113 completed the survey (88.3% response rate). With regard to rank and track of the respondents, two (1.7%) were Assistant Professors,

37.2% (42/113) of chairpersons were Associate Professors, 61% (69/113) were Professors, and 39.8% (45/113) were in a non-tenure track. The median duration of years as a chairperson was 4 years [range: 0 to 17 years]. The median time on faculty before serving as chairperson was 14.5 years [range: 2-37]. Twelve of the chairs were serving in an interim capacity. Forty-four (38.9%) chairpersons reported that they maintained an active clinical practice even though 103 (91%) reported that clinical practice is not required for their position. The average percent work effort in the key faculty focus areas were reported as: 22.9% in teaching, 13.1% in scholarship/research, 12.8% in service (non-clinical or unspecified), 6.2% in clinical service, and 45.6% in administration. Table 1 compares chairperson characteristics between those who maintain a clinical practice and those that do not. Factors that had a significant association with clinical practice were clinical service being expected ($P=0.0004$), having a practice prior to becoming chair ($P=0.001$), having a higher clinical service expectation ($P<0.0001$), and having a lower administrative percentage ($P=0.0003$).

2.2 | Practice characteristics for chairpersons that practice

Table 2 highlights the feedback from the additional six questions completed by those 44 chairpersons who have a clinical practice. The mean estimated work time percentage spent on clinical practice was 13.9% (standard deviation [SD] ± 10.3) among those who maintained a practice. The practice sites reported by those chairpersons were: community pharmacy (45.4%), acute care (38.6%), ambulatory/primary care (4.5%), and other settings (11.4%). The practice sites listed as “other” included hospice, skilled nursing facility, and specialty clinics. A majority of those with practice reported providing direct patient care (81.8%) and/or indirectly via supervision of students or other trainees (61.4%). These two responses were not mutually exclusive. Five chairpersons stated that their role in practice was not direct patient care, but rather they provided care through the following activities: layered learning oversight, residency program director, community health education, medication oversight, or antimicrobial stewardship.

A majority of chairpersons (65.9%) with clinical practice followed a regular longitudinal practice schedule (e.g., specified days in a week or month). Nine chairpersons (2%) reported practicing on a monthly or rotation-based

schedule, while 13.6% had an irregular schedule of practice. Ten practicing chairpersons (23%) reported that they received funding for clinical service. It is not clear if that is personal funding or salary offset given to the school of pharmacy for their clinical work.

The median number of students precepted by the practicing chairpersons was 6 students per year (range 0 to 32 students). Information regarding the type and intensity of commitment to precepting was not gathered. If the respondent reporting 32 students per year is excluded as an outlier, the upper range would be 12 students per year. Our study did not ask participants to identify time spent on clinical teaching, but those in practice reported spending an average of 13.9% of their time in practice and 61% of them supervised others in patient care, although the level and type of supervision was not specified.

4 | DISCUSSION

Chairpersons typically maintain heavy workloads as they are challenged with balancing a variety of faculty and administrative priorities, which could include patient care.^{4,5} Based on the limited literature in medicine,¹⁻³ our results in pharmacy schools show similarities to chairs in medical programs as many have a clinical background as well as relatable shared experiences with their faculty. This is the first study to determine the proportion and determinants of clinical pharmacy chairpersons that maintain an active clinical practice. Despite the small number of clinical chairpersons with job descriptions including clinical practice as an expectation, many choose to maintain some amount of clinical practice. This appears to be in line with medical peers and may reflect a never trend, but unfortunately nationwide data from the past is very limited.⁶ A survey of pharmacy practice faculty completed in 1991 was designed to assess scholarly performance among clinical faculty. The chairpersons included in that study spent a mean of 5.14% (\pm SD: 6.55%) of time in clinical practice and 8.2% (\pm SD: 10.31) in clinical clerkship teaching.⁷ Since that time, the number of schools of pharmacy and clinical departments have dramatically increased, especially private teaching-focused institutions with more non-tenure track positions.^{8,9}

Interestingly, neither age, rank, nor tenure/non-tenure track status was associated with chairpersons having a clinical practice. The four factors that did show an association with clinical practice were clinical practice as an expectation, clinical service percent effort, lower administration percent effort, and practice before becoming chair. We also recognize that some schools may not specify desired work effort as clinical service versus service in general.

We developed a brief survey to allow for a high degree of survey return. Given the concise format, this assessment is limited in its scope regarding motivation for practice, time constraints, benefits, and challenges of pharmacy practice chairperson maintaining clinical practice. Any future studies should ask these questions and provide more information on these aspects. Having an understanding of department chairperson attitudes about practice as well as any benefits to students and departments could give schools valuable information to better design pharmacy practice department chairperson job descriptions. Although not specifically assessed in the survey, if a pharmacy faculty member enjoys clinical practice, they may be reluctant to take leadership positions if it would result in a loss of patient contact and clinical teaching. We also recognize that some chairpersons have leadership positions with short term limits or periodic peer elections, which may necessitate chairpersons staying active in their practice because they may return to previous duties at the completion of their term as chairperson. The inclusion of interim department chairpersons did not appear to affect the overall rate of clinical practice.

As for competing commitments, higher rates of administrative responsibilities appeared to be associated with positions of less clinical practice. Just as the clinical responsibilities of department chairpersons are widely varied, administrative responsibilities are as well. Each institution needs to provide the chairperson with clear expectations and expected outcomes to create the greatest level of success for the chairperson as well as the department. As suggested by the medical model, a chairperson who models clinical practice and clinical teaching can enhance positive outcomes of the department and the students in the program.³ In addition, when

mentoring and guiding faculty, experience in patient care can increase the empathy of the chairperson and increase relatability to their faculty members by having shared experiences, challenges, and collaborations.

Given the concise design of our anonymous survey, we were not able to include analyses based on the type of school (public vs private or health sciences center designation) or compare results based on schools' level of competitive funding. There is also a paucity in the literature of clinical practice engagement among department chairpersons in other health care disciplines with which to compare.

We believe that the results of this study are thought-provoking and can be of great assistance to colleges of pharmacy as they formulate and update clinical chairperson position descriptions. These data also provide relevant peer benchmarking data for individuals currently in, or considering chairperson roles in clinical pharmacy. We see value in clinical practice for department chairpersons, if properly balanced with other responsibilities.

5 | CONCLUSIONS

Most U.S. schools of pharmacy do not require clinical department chairpersons to maintain a patient care practice, but many chairs still choose to practice. The inclusion of clinical practice in a Clinical Pharmacy Department Chair position description should be intentionally considered and be a reflection of the strategic vision of the department. This initial analysis may set the stage for a more in-depth assessment of clinical department chair responsibilities and engagement in the areas of teaching, service, scholarship, and administration.

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Table 1. Demographics

Characteristic	Chairs with a Clinical Practice (n=44)	Chairs without a Clinical Practice (n=69)	P value
Age (Years)			0.108
31-40	8 (18.2%)	6 (8.7%)	
41-50	21 (47.7%)	26 (37.7%)	
51-60	10 (22.7%)	24 (34.8%)	
>60	5 (11.4%)	13 (18.8%)	
Rank			0.144
Assistant Professor	2 (4.5%)	0	
Associate Professor	17 (38.6%)	25 (36.2%)	
Professor	26 (59.1%)	44 (63.8)	
Track			1.000
Non-tenure	18 (40.9%)	27 (39.1%)	
Tenure	26 (59.1%)	42 (60.9%)	
Serving as interim chairperson	4 (9.1%)	8 (11.6%)	0.914
Clinical service is an expectation	9 (20.4%)	1 (1.4%)	0.0004
Percent work effort			
Teaching %	25 [7.5-50]	20 [5-60]	0.173
Scholarship/Research %	10 [0-35]	10 [0-50]	0.750
Service %	10 [0-40]	10 [4-30]	0.250
Clinical Service %	10 [0-45]	0 [0-20]	<0.0001
Administrative %	40 [10-65]	50 [15-85]	0.0003
Years since pharmacy graduation	25 [10-47]	27 [12-40]	0.265
Years in academia before being chairperson	13 [2-37]	14 [2-34]	0.345
Years as department chairperson	3.5 [0-13]	4.5 [0-17]	0.368
Practiced just prior to becoming chairperson	43 (97.7%)	52 (75.4%)	0.001

Data presented as: number (%) or median [range].

Table 2. Practice Characteristics of Chairs with Active Clinical Practice (n=44)

Practice area	
Acute care/Hospital	17 (38.6%)
Ambulatory / Primary Care	2 (4.5%)
Community practice	20 (45.4%)
Other	5 (11.4%)
Role (s) in practice	
Direct patient care	36 (81.8%)
Supervising others in care	27 (61.4%)
Other	5 (11.4%)
Service schedule based on:	
Longitudinal (regular frequency)	29 (65.9%)
Block / months	9 (20.0%)
Other	6 (13.6%)
Median time on service	
Days per week (longitudinal schedule)	1 [0.25-6]
Weeks per year (block schedule)	12 [6-32]
Precept students on service	
Median number of students precepted	6 [0-32]
Funding is provided for service by clinical site	10 (22.7%)

Data presented as: number (%) or median [range]