
Pharmacist Mentor Position Description — Clinical Practice

Knowledge and Skills Requirements:

Practice Skills
1. Demonstrated expertise in practicing pharmaceutical care including conducting medication histories, identifying drug-related problems, generating and monitoring care plans, documenting in the medical chart, and communicating with the interdisciplinary team.
2. Exceptional communication, decision-making in practice, and problem-solving skills that have been recognized by peers.
3. Experience in working within an interdisciplinary team environment.
4. Ability to effectively triage medication orders and provide accurate drug information.
5. An interest in and a commitment to teaching and learning.
6. Enthusiasm in role as a pharmacist.

Computer Skills
1. Basic computer skills related to word processing, spreadsheets and Power Point presentations.
2. High level of familiarity and facility with STAR system for order entry, laboratory information gathering, data collection, etc.
3. Familiar with other pharmacy, medical, and drug information software.

Pertinent Experience
At least 3 years of practice experience at St Joseph’s Healthcare Hamilton.

Duties and Responsibilities
The mentor will meet with the pharmacist mentee (hereafter referred to as mentee) on a regular basis to ensure that the mentee develops the necessary skills and knowledge to successfully meet identified learning objectives. The mentor will communicate with other mentors, the Pharmacy Practice Council (responsible for the mentorship program), and consultants as required. The mentor will complete the necessary documentation for the program.


Mentor/Mentee Matching Form

The following form has been developed to facilitate appropriate pairings of Mentors and Mentees.

Education and Training
1. Where did you go to school?
2. Are you, or do you plan to, pursue additional schooling or training? ____ YES ____ NO (go to question 5)
3. What additional schooling or training are you currently pursuing?
4. What additional schooling or training are you planning to pursue?
5. Summarize leadership, community, or other major life experiences to date.

Work Preferences and Clinical Skills
6. What do you think are the qualities that make a good pharmacist?
7. What professional skills do you have in addition to standard pharmacist clinical skills?
8. What are the most valuable characteristics in a pharmacist colleague?
9. Which type of patients do you prefer to work with?
   ____ Short-term  ____ Long-term  ____ Acute  ____ Chronic
10. If you had a choice, how would you prefer to spend your time at work (%)?
   ____ Direct patient care  ____ Policy development  ____ Research
   ____ Student development  ____ Program development  ____ Other

Mentoring
11. What is your learning style (check up to 3 that apply)?
   ___ Linguistic (learn best when can say, hear, and see words)
   ___ Logical (learn best when can categorize, classify, and work with abstract patterns/relationships)
   ___ Spatial (learn best when can visualize and be creative)
   ___ Musical (learn best through rhythm, melody, and music)
   ___ Bodily (learn best when can interact with space and use senses)
   ___ Interpersonal (learn best in groups by comparing, sharing, relating, and interviewing other people)
   ___ Intrapersonal (learn best in self-paced instruction, with individual projects, when working alone)

Consider also your learning style as identified through the Kolb Learning Style Inventory.

12. What are the top 3 criteria you would like to be matched on?
1. __________________________________________________
2. __________________________________________________
3. __________________________________________________

Please add any additional information you feel may be relevant to the matching process.

Appendix 3. Mutual agreement form for Pharmacist Mentorship Program. Adapted and reproduced, with permission, from Noesgaard C, Kustra E, Walsh A. Mentorship: What's it all about? [workshop materials]. © 2007 McMaster University, Program for Faculty Development, Centre for Leadership in Learning, Education Research Unit.

**MUTUAL AGREEMENT FORM**

Please complete prior to your initial meeting, so responses can be discussed.

**Reflection for Mentor and Mentee**

Your personal definition of a mentor ________________________________

Your personal definition of a mentee ________________________________

What are you looking for in a mentoring relationship? ________________________________

What do you have to offer? ________________________________

In your opinion, what is essential for your relationship to be meaningful? ________________________________

What is your learning style? (refer to Kolb Inventory) ________________________________

What is your concept of personal development? ________________________________

What have the benefits of previous mentoring relationships been? ________________________________

**Message from Mentor to Mentee**

I master the following skills fairly well. Are some of them of any particular interest to you? ________________________________

How can I help our relationship to start off "on the right foot"? ________________________________

What roles and functions would you like me to fulfill for you? ________________________________

**Questions from Mentor to Mentee**

Is there anything I should know right now about you that would facilitate our relationship? Tastes? Preferences? Practices? ________________________________

**Questions for Both**

How often should we meet? (time of day, day of week) ________________________________

How long should the meetings last? ________________________________

Where will the meetings take place? ________________________________

Who will be responsible for setting the appointment? ________________________________

How can we cancel an appointment if necessary? ________________________________

What will be best method of communication? (email, phone) ________________________________

How can we amend this agreement, if necessary? ________________________________

Agreement entered into on: __________________________________________________

Signature of Mentee: ______________________________________________

Signature of Mentor: ______________________________________________

**Reference**


Appendix 4. Form used to develop learning objectives and action plan in the Pharmacist Mentorship Program. Adapted, with permission, from Lee Kilty H. The Nurse Mentorship Pilot Project: resources for mentors. © 2006 Ontario Hospital Association; Noesgaard C, Kustra E, Walsh A. Mentorship: What’s it all about? [workshop materials]. © 2007 McMaster University, Program for Faculty Development, Centre for Leadership in Learning, Education Research Unit.

<table>
<thead>
<tr>
<th>Mentee:</th>
<th>Mentor:</th>
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**General Areas of Learning:**

**Learning Objective(s) Identified***:

* strategies and resources for the achievement of the learning objectives to be specified in the action plan below

1.  
2.  
3.  
4.  

**Declaration of Commitment:**

In collaboration with my Mentor, I have identified the above areas of learning and will utilize the identified strategies and resources (Action Plan) to achieve these learning objectives within the specified timeframe.

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<td>Mentor:</td>
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**Action Plan:**

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Success Indicators</th>
<th>Strategies/Resources</th>
<th>Target Date</th>
<th>Date Completed</th>
<th>Evaluation/Comments</th>
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<tbody>
<tr>
<td>What am I going to learn?</td>
<td>How will I know I have learned/ completed it?</td>
<td>How am I going to learn it?</td>
<td>By when?</td>
<td>(date and sign)</td>
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**Weekly Mentor/Mentee Log**

Please complete weekly and submit to Steering Group

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<th>Mentor/Mentee:</th>
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**Type of Mentoring Activity** (please check all that apply):
- ☐ formal meeting
- ☐ documentation
- ☐ other mentoring activities
- ☐ informal meeting
- ☐ Steering Group meeting

| Time spent with Mentee/Mentor ________ |
| Time spent on other mentoring activities ________ |
| Time spent completing forms/evaluations ________ |

**Area of Mentoring** (time spent):
- Career mentoring (related to career, job, professional plans) ________
- Clinical mentoring (related to assisting with learning clinical skills) ________
- Psychosocial mentoring (related to support, advising, encouraging) ________

**Any activities not captured above** (please comment):

**Documentation of Thoughts/Feelings/Insights:**

Appendix 6. Focus group guide for Pharmacist Mentorship Program. © 2007 St Joseph’s Healthcare Hamilton, Pharmacy Department. Reproduced by permission.

Focus Group Guide – Mentors and Mentees

Introduction:
- Introduction of focus group facilitator and participants
- Summary of participant involvement: Discussion re: collaboration; there are no right or wrong answers, so would like to hear from everyone
- Consent
- Stress confidentiality
- Demographic sheet to be completed at the end of the focus groups
- Any questions before we begin

Describe your experience with being a mentor/mentee in the St Joseph’s Healthcare Hamilton Pharmacist Mentorship Program?  What was the mentoring experience like for you participating in the program?

What positive outcomes have been generated because of the program?
Probes: for you, for your mentee/mentor, for the department, for the hospital

From your perspective, what facilitating factors helped you to be a successful mentor/mentee during this program?

What did you enjoy most about the mentoring experience?

What challenges did you encounter in delivering mentorship/while being mentored through the program?

What did you enjoy least about the mentoring experience?

What needs to occur within the department to sustain the program?

What was the most important thing you will take away from this mentoring experience?

Are there final comments that you would like to make or anything that you wanted to discuss that was not talked about today?