

Professional impact of internships for foreign trainees in Quebec hospitals

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ABSTRACT

Study objectives: To evaluate the level of satisfaction and the perceived professional impact of training offered by Quebec hospitals to foreign pharmacy students, pharmacy residents and pharmacists who come to Canada to develop their clinical pharmacy skills.

Methods: A three-part web-based survey was conducted covering demographics, training satisfaction and professional impact between 1995 and 2007. A 4-point Likert scale was used to measure satisfaction and impact. Contact information for former trainees was obtained from Quebec hospitals. In order to compare the level of satisfaction and the level of agreement of respondents on the professional impact of training offered by hospitals to foreign pharmacists, the study combined positive items on the Likert scale (e.g. very satisfied and satisfied; totally agree and agree) and negative items (e.g. very dissatisfied and dissatisfied, totally disagree and disagree) to calculate the proportion of respondents in each category.

Results: The survey response rate was 71% (57/80). Pharmacy students comprised 72% of those responding. Respondents reported a high level of satisfaction; 100% of students and 93.3% of residents/pharmacists were satisfied with the overall outcome of their training. Of the 12 intrinsic variables that were evaluated, none showed evidence of dissatisfaction. Of the eight extrinsic variables that were evaluated, only compensation showed evidence of dissatisfaction.

Conclusion: This study evaluates the level of satisfaction and the perceived professional impact of training offered by Quebec hospitals to foreign pharmacy students, pharmacy residents and pharmacists. Of the 80 trainees contacted, 71% completed a web survey, reporting a high level of satisfaction and a perceived positive impact on their professional life.

KEYWORDS

Hospital practice, internships, pharmaceutical care, pharmacists, pharmacy residents, pharmacy students

INTRODUCTION

Over the past few decades, the role of the pharmacist has evolved from drug-centred to patient-centred pharmaceutical care [1, 2]. In Europe, this change is also taking place, with the initiative of pharmaceutical networks such as the European Society of Clinical Pharmacy and the *Société Française de Pharmacie Clinique* [3, 4].

However, pharmacists face the challenge of developing and implementing clinical pharmacy practices while maintaining drug dispensing activities; they may also be involved in medical device management and other ancillary activities such as sterilisation and blood product management [5, 6].

In order to acquire essential clinical tools for the development of clinical pharmacy services, many students, residents and pharmacists from France pursue training overseas. Hepler and Strand wrote in 1990 that the philosophy of pharmaceutical care is "an opportunity for pharmacy to mature as a profession by accepting its social responsibility to reduce preventable drug-related morbidity and mortality" [7]. The concept of pharmaceutical care has been widely implemented in the North American pharmacy curriculum since the 1990s [8]. Given the common language (French) and availability of training structures, Quebec has been an emerging option for European pharmacy students. Reciprocity agreements have existed between France and Quebec since 1984 for university education via such organisations as *Conférence des Recteurs et des Principaux des Universités du Québec* and *Conseil Franco-Québécois de Coopération Universitaire* [9]. In addition, partnerships between hospitals, e.g. Hôpital Robert Debré, Paris, and the

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Centre Hospitalier Universitaire Sainte-Justine, Montreal, have been established [10].

While hospitals offer university-accredited clinical training programmes to pharmacy students during the undergraduate and graduate pharmacy curriculum, some hospitals offer extracurricular clinical training programmes to international pharmacy students, residents and pharmacists. The nature and length of these programmes vary among hospitals. While international pharmacy students, residents and pharmacists have come to Quebec since the 1970s, the majority of these hospital internships have been offered since the 1990s, with emergence of pharmaceutical care philosophy.

Few studies have been published on hospital pharmacy internships [11]. Payne et al. described a regional cooperative summer internship programme for pharmacy students [12].

Quiñones et al. studied a cooperative internship programme for foreign pharmacy graduates to address pharmacist shortage [13]. To our knowledge, no study has been published on the impact of hospital internships offered to foreign trainees. The aim of this study was to evaluate the level of satisfaction and the perceived professional impact of training offered by Quebec hospitals to foreign pharmacy students, pharmacy residents and pharmacists.

METHODS

This study was descriptive using a web-based questionnaire to poll pharmacy students, pharmacy residents and pharmacists. Only French-speaking trainees who came to Quebec to train in a hospital for at least three months between 1995 and 2007 were included. Trainees were defined as any pharmacy student (3-month internship) and pharmacy resident/pharmacist (6-month internship or more).

Design of the questionnaire

A questionnaire was developed by our research team to collect demographic data, the level of satisfaction of trainees and their perception of the professional impact of training offered by Quebec hospitals.

The first section of the survey included demographic data (age, nationality, professional and marital status at the beginning of the internship) and information concerning the training itself (training site, training period, financial compensation, number of hours worked per week and nature of activities).

The second section of the survey included job-satisfaction questions based on a selection of items from the Minnesota Satisfaction Scale (MSS) [14, 15]. This instrument developed

by Weiss et al. is based on Herzberg's theory of job motivation, and was designed to measure an employee's satisfaction with his/her job. Three versions are available (a short version and a 1967 and 1977 long version). Relevant items were selected from the MSS long version and translated into French to measure trainee internship satisfaction based on intrinsic and extrinsic variables. No revalidation of the translated and adapted item was realised, except for a pre-test. Intrinsic variables that contribute to job satisfaction include diversity of activities, social status, moral values, job security, social utility, role in management decisions, use of professional skills, responsibilities, nature of activities, creativity, independence and accomplishments. Extrinsic variables that contribute to job satisfaction include advancement, supervision, policing, compensation, gratification, agreement between institutions and working conditions. Other variables include: steps taken to be in order with Canadian immigration, to find accommodation in Quebec, to establish a relationship with the department head at the host hospital and overall outcome of the training. All the answers were measured by a 4-point Likert-type scale ranging from "very satisfied" to "very dissatisfied" or "not applicable".

The third section evaluated professional impact of training. The items pertaining to professional impact were designed using a competency profile developed by the PharmD pharmacy programme at the University of Montreal that describes skills, knowledge and aptitudes to be acquired by an undergraduate pharmacy student [16, 17]. For instance, respondents were asked to qualify statements like "My training improved my approach to teamwork" and "My training helped me to better understand my role among doctors and nurses". Their answers were measured by a 4-point Likert-type scale ranging from "totally agree" to "totally disagree".

A pre-test was conducted with three foreign trainees on location in order to verify the pertinence, neutrality and accuracy of all the questions. Clarifications of four statements were done. The responses of these pre-tests were not included in the analysis. The surveymonkey platform was used for the online survey [18].

Data collection and analysis

The trainees' contact information was obtained from Quebec hospital pharmacies that offered hospital pharmacy training for foreign pharmacy students during the study period. An individual email describing the objectives of the study was sent to all past trainees to ask for their participation. Volunteer and anonymous participation was confirmed by clicking on a hyperlink leading to the online

survey. Two electronic reminders were sent out during the 2-month study period (January to February 2007). A descriptive analysis was conducted based on the trainee's status (student or resident/pharmacist).

In order to compare the level of satisfaction and the level of agreement of respondents on the professional impact of training offered by hospitals to foreign pharmacists, positive items on the Likert scale (very satisfied and satisfied; totally agree and agree) and negative items (very dissatisfied and dissatisfied, totally disagree and disagree) were combined to calculate the proportion of respondents. Because the respondents were allowed to not answer all questions in the survey by choosing "not applicable", the basis used to calculate the proportion of respondents (satisfied/dissatisfied; agreeing/disagreeing) varied per item. Trainee compensation was calculated in Canadian dollars per working day. Data were analysed using SPSS 15.0 (Chicago, IL). Fisher's exact test was used to compare proportions of respondents. A p value < 0.05 was considered statistically significant.

RESULTS

Demographic information and activity profile

Of the 80 trainees contacted, 57 (71%) filled out the questionnaire (see Table 1). Of the 57 participants, 55 were from France (96.4%) and two from Switzerland (3.6%). The average age at the time of training was 24.3 ± 0.32 years. The respondents consisted of 40 students (72.7%), and 15 residents/pharmacists (37.3%) comprising 10 residents (18.2%), and five pharmacists (9.1%). From a personal perspective, 29 were single (52.7%), 25 were in a relationship (45.5%) and one was married (1.8%). On average, the training period was 4.7 ± 4.8 months, mostly at university or university-affiliated hospitals (72.7%) in Montreal (77.2%) or in Quebec City (22.8%). According to the survey, the respondents found their training opportunities informally, either from individuals who had previously completed their training in Quebec (23.6%) or through personal initiative, including sending out their *curricula vitae* (20%). Posted offers on the electronic platform of the *Association des Pharmaciens d'Établissements du Québec* were also helpful (20%) [19].

Our results indicate that there was a difference in recompense between students and residents/pharmacists. The mean salary (Canadian dollars) for students was \$15.20 (Euros 9.49) ± 20.8 per working day, while residents/pharmacists received \$64.2 (Euros 40.1) ± 51.1 . For 35 respondents (63.6%), the main income was provided by their country of origin, for eight (14.5%) by Canada, whereas 12 respondents (21.8%) did not receive any financial compensation.

Table 1: Demographic data and training description

Variables	Results for students, residents and pharmacists
Age of participants (years, mean \pm SD) (n = 57)	28.5 \pm 3.38
Age at the time of training (years, mean \pm SD) (n = 57)	24.3 \pm 0.32
Professional status at the time of training (n = 55)	
Students	40 (72.7%)
Residents	10 (18.2%)
Pharmacists	5 (9.1%)
Marital status at the time of training (n = 55)	
Single	29 (52.7%)
In a relationship	25 (45.5%)
Married	1 (1.8%)
Dependent children at the time of training (n = 51)	
Yes	0 (0%)
No	51 (100%)
Location of training (n = 55)	
Montreal	42 (77.2%)
Quebec	13 (22.8%)
Period of training (n = 55)	
Before 2000	7 (12.7%)
After 2000	48 (87.3%)
Duration of training (months, mean \pm SD) (n = 55)	4.7 \pm 4.8
Type of hospital (n = 55)	
University centre	40 (72.7%)
University-affiliated centre	11 (20%)
Other	4 (7.3%)
How was the training opportunity found? (n = 55)	
From someone who had done training in Quebec	13 (23.6%)
From an ad posted on the APES website	11 (20%)
Personal approach	11 (20%)
From a university representative	10 (18.2%)
From a hospital supervisor	4 (7.3%)
Other	6 (10.9%)
Number of hours worked weekly (hours, mean \pm SD) (n = 55)	36 \pm 4.9
Number of training supervisors (n = 53)	
1	19 (35.9%)
2	10 (18.9%)
3 and +	24 (45.3%)
Source of primary income/financial assistance (n = 55)	
Country of origin	35 (63.6%)
Canada	8 (14.5%)
No income	12 (21.8%)

(Continued)

Table 1: (Continued)	
Variables	Results for students, residents and pharmacists
Daily income (CAD\$ per working day, mean ± SD) (n = 40)	
Students	15.2 ± 20.8
Other respondents	64.2 ± 51.1
Time exposed to different categories of pharmaceutical activities (n = 54)	
Pharmaceutical service (drug dispensing)	33.0%
Pharmaceutical care (direct patient care)	28.4%
Research	20.6%
Teaching	10.9%
Administrative tasks	7.1%
Observation of pharmaceutical care activities (n = 51)	
Medical rounds	21 (41.2%)
Patient counselling	9 (17.6%)
Drug monitoring	8 (15.7%)
Pharmacokinetic monitoring	0 (0%)
Other	1 (2%)
No involvement	12 (23.5%)
Involvement in pharmaceutical services (n = 52)	
Drug information and pharmacovigilance	21 (40.4%)
Dispensing	9 (17.3%)
Compounding	1 (1.9%)
Management	1 (1.9%)
No involvement	13 (25%)
Other	(13.5%)
Writing manuscript for publication (n = 54)	
Article	21 (38.9%)
Thesis	12 (22.2%)
Poster	9 (16.7%)
Dissertation	7 (13%)
Book chapter	2 (3.7%)
No writing	17 (32%)

As for their exposure to and participation in daily pharmaceutical activities, 33% of respondents' time was dedicated to drug dispensing activities, 28.4% to pharmaceutical care, 20.6% to research, 10.9% to teaching and 7.1% to administrative tasks. The time spent participating in pharmaceutical care activities was dedicated mostly to daily medical rounds (41.2%), counselling patients (17.6%) and drug monitoring (15.7%). Twelve individuals (23.5%) did not participate in pharmaceutical care activities. Time was spent writing manuscripts for publication by 68% of respondents.

Because trainees had the opportunity to participate in more than one project, 38.9% of respondents contributed to writing an article, 22.2% to writing a thesis, 16.7% to writing a poster, 13% to writing a dissertation and 3.7% to writing a book chapter.

Level of satisfaction

Respondents reported a high level of satisfaction; 100% of students and 93.3% of residents/pharmacists were satisfied with the overall outcome of their training (see Table 2). Of the 12 intrinsic variables that were evaluated, none showed evidence of dissatisfaction. During their training, pharmacy students, as well as pharmacy residents/pharmacists, were very satisfied/satisfied with the opportunity they were given to take on responsibilities and the freedom to use their own judgment (96.4% and 83.3%, respectively), with the range of activities to which they were exposed and the chance to do different things from time to time (94.7% and 92.9%). The pharmacy students, pharmacy residents and pharmacists were also very satisfied/satisfied with the creativity they were allowed to express and the chance to try their own methods of doing the job (96.9% and 92.3%). There was no significant difference in satisfaction levels between the two groups for intrinsic variables. However, their contribution to patient care and the opportunity they had to do things for other people (social services) was the element with the lowest level of satisfaction for residents/pharmacists (70%); students were the least satisfied with their role in management decisions (76.5%).

Of the eight extrinsic variables that were evaluated, only one showed evidence of dissatisfaction (see Table 2). Students expressed dissatisfaction with the financial compensation and the amount of work they did; only 29.4% were very satisfied/satisfied with their earnings versus 80% of residents/pharmacists ($p = 0.015$). There was no significant difference in satisfaction levels between the two groups for the other extrinsic variables. The work environment was appreciated by all respondents as were the technical knowledge, scientific knowledge and skills of their supervisors. Even though respondents were generally recognised for their work and were praised for doing a good job, pharmacy residents/pharmacists were less satisfied than pharmacy students (78.6% versus 100%, $p = 0.016$).

Perception of professional impact

There was a significant difference between pharmacy students and pharmacy residents/pharmacists for only three items (questions 8, 13 and 15) (see Table 3). Pharmacy residents/pharmacists had a higher level of agreement (totally agree/partially agree) than pharmacy students (45.5% versus 10.3%, $p = 0.02$) with the negative

Table 2: Job satisfaction based on status

	Level of satisfaction (%)		
	Students	Residents or pharmacists	Difference between both groups* (p value)
A. Intrinsic Variables			
Keyword representing each statement according to the statement used in the questionnaire			
Variety: the chance to do different things from time to time (n = 52)	94.7	92.9	0.62
Social status: the chance to be “somebody” in the community (n = 46)	91.2	83.3	0.39
Moral values: being able to do things that do not go against my conscience (n = 42)	96.9	100.0	0.76
Security: the way my job provides for steady employment (n = 32)	100.0	90.9	0.34
Social service: the chance to do things for other people (n = 42)	84.4	70.0	0.28
Authority: the chance to tell other people what to do (n = 25)	76.5	87.5	0.48
Ability utilisation: the chance to do something that makes use of my abilities (n = 52)	86.8	85.7	0.62
Responsibility: the freedom to use my own judgment (n = 40)	96.4	83.3	0.21
Activity: being able to keep busy all the time (n = 51)	89.5	100.0	0.30
Creativity: the opportunity to try my own methods of doing the job (n = 45)	96.9	92.3	0.50
Independence: the chance to work alone on the job (n = 44)	96.9	100.0	0.73
Achievement: the feeling of accomplishment I get from the job (n = 53)	94.9	85.7	0.28
B. Extrinsic Variables			
Advancement: the chances for advancement on this job (n = 38)	81.5	81.8	0.68
Supervision—human relations: the way my boss handles his men (n = 50)	92.1	83.3	0.35
Supervision—technical: the competence of my supervisor in making decisions (n = 51)	100.0	100.0	n/a
Company policies and practices: the way company policies are put into practice (n = 39)	96.9	100.0	0.82
Compensation: my pay and the amount of work I do (n = 27)	29.4	80.0	0.02
Recognition: the praise I get for doing a good job (n = 52)	100.0	78.6	0.016
Co-workers: the way my co-workers get along with each other (n = 52)	100.0	100.0	n/a
Working conditions: the working conditions (n = 54)	100.0	93.3	0.28
C. Specific Variables			
Actions taken with Canadian Immigration (n = 52)	79.5	61.5	0.18
Accommodation in Quebec (lodging, insurance) (n = 54)	94.9	86.7	0.31
Establishing a relationship with the department head at the host hospital (n = 47)	91.4	91.7	0.73
General satisfaction: overall outcome of the training (n = 54)	100.0	93.3	0.28

*Based on the exact Fisher test

statement “My training did not provide me with a better vision of teamwork”. Pharmacy residents/pharmacists had a higher level of agreement than pharmacy students (63.6% versus 25.7%, $p = 0.03$) for the positive statement “My training allowed me to establish new professional contacts in my country of origin”. Finally, pharmacy students had a higher level of agreement than pharmacy residents/pharmacists (58.3% versus 25.0%, $p = 0.047$) for the negative statement “My training did not modify my career plan”.

The training allowed trainees to acquire new working tools and methods. Although French is the main language

spoken throughout Quebec’s hospital system, pharmacy students and pharmacy residents/pharmacists indicated that they were able to improve their knowledge of the English language (67.6% and 58.3% respectively). Our respondents also pointed out that they improved their knowledge of tools such as PubMed or reference manager software (e.g. EndNote) (61.1% of students and 66.7% of residents/pharmacists). Furthermore, their training helped them with their critical appraisal of scientific documentation (87.2% of students and 83.3% of residents/pharmacists). The respondents also indicated that their hospital training changed their vision of the

Table 3: Professional impact of the training

	Level of agreement for each statement (%)		
	Students	Residents or Pharmacists	Difference between both groups* (p value)
1. My training gave me a sense of belonging and commitment with regard to my profession (n = 48)	89.2	100	0.34
2. My training did not contribute to the improvement of my organisational skills (n = 48)	36.1	50.0	0.30
3. My training provided me with a new perception of my profession (n = 50)	97.4	100	0.76
4. My training did not improve my knowledge of computerised tools (Pubmed, EndNote...) (n = 48)	38.9	33.3	0.51
5. My training helped to improve my listening skills (n = 48)	78.9	70.0	0.41
6. My training helped to improve my knowledge of the English language (n = 49)	67.6	58.3	0.40
7. My training helped to better understand my role among doctors and nurses (n = 49)	84.2	90.9	0.50
8. My training did not provide me with a better vision of team work (n = 50)	10.3	45.5	0.02
9. My training did not modify my professional practice (n = 50)	21.1	33.2	0.31
10. My training did not improve my critical appraisal of scientific documentation (n = 51)	12.8	16.7	0.53
11. My training helped me improve my teamwork skills (n = 49)	92.1	81.8	0.31
12. My training introduced me to new work practices (n = 49)	86.5	83.3	0.555
13. My training allowed me to establish new professional contacts in my country of origin (n = 46)	25.7	63.6	0.028
14. My training did not offer the opportunity to establish new professional contacts in Quebec (n = 45)	38.2	36.4	0.602
15. My training did not modify my career plan (n = 48)	58.3	25.0	0.047

*Based on the exact Fisher test

pharmacy profession (97.4% of students and 100% of residents/pharmacists). Their sense of belonging to the profession was strengthened with an impact on their practice of the profession, as expressed by 78.9% of students and 66.8% of residents/pharmacists.

DISCUSSION

Our study revealed high satisfaction levels and a positive impact on their career among foreign pharmacy students, pharmacy residents and pharmacists trained in Quebec hospitals. To our knowledge, this is the first study that evaluates both dimensions for European pharmacy students, residents and pharmacists trained in hospitals in North America.

Job satisfaction has been studied since the mid-1960s and many definitions have been suggested, including the degree of personal gratification received from work and the feeling of accomplishment derived from job success [20, 21]. In order to measure job satisfaction, many scales have been developed. However, as pointed out by Sansgiry and Ngo, interpreting these measures is difficult, because job satisfaction is influenced by many factors [22]. Still, it has been shown that job satisfaction tends to decrease with the level of education and specialisation, when over-educated professionals are asked to do technical tasks [23-25]. In our survey, there was no difference between job satisfaction reported by students or residents/pharmacists except for recompense. Because the level of awareness and clinical exposure to pharmaceutical care activities is probably not that different between pharmacy students and pharmacy residents/pharmacists, it is not surprising to observe

that their expectations and satisfaction are similar with the training provided.

A few studies have been published that measure job satisfaction among pharmacists [26-28]. VanDenBerg studied the level of work satisfaction among 697 pharmacists in residencies accredited by the American Society of Health-System Pharmacists through a mailed questionnaire designed to measure residency satisfaction [29]. Subjects responded to 16 statements relating to intrinsic and extrinsic determinants of work satisfaction. Pharmacy residents appeared generally satisfied with their residencies. Specialised pharmacy residents were more satisfied than pharmacy practice residents. Our results show a similar level of satisfaction.

The majority of respondents reported a high level of satisfaction for almost all intrinsic and extrinsic variables. Different hypotheses can explain this level of satisfaction. Firstly, from our experience, foreign pharmacy students and pharmacy residents come from different universities and pharmacy programmes. The faculties of pharmacy authorise and credit these foreign internships but they do not provide the host hospital with a structured framework with clearly defined objectives. Hospitals have the flexibility to offer internships that will meet both local needs and students'/residents' expectations.

Secondly, pharmacy students/residents come to Quebec for an exposure to North American pharmaceutical care practice. For instance, at the CHU Sainte-Justine, a 500-bed teaching hospital, 34 pharmacists provide pharmaceutical care on a daily basis. As some studies have shown, a pharmacist's job satisfaction increases with the level of involvement in clinical activities [30]. Olson et al. pointed out the importance of clinical activities in pharmacy practice [31]. For example, they showed that anti-infective drug monitoring, participation in detecting side effects or in patient education were associated with increased job satisfaction. Even if exposure to clinical pharmacy practice was not offered to every trainee (<41%), it did not affect the satisfaction level of trainees. Exposure to clinical activities is limited by legal constraints; foreign pharmacy students do not have an official student status with regulatory authorities and need to be supervised by licensed pharmacists for all activities.

Thirdly, foreign students expect to have an exposure to a different societal and managerial culture. Moreover, as most respondents completed a 3- to 6-month internship in Quebec, the short duration of their training could prevent the detection of a high dissatisfaction level. A longer training could have contributed to more dissatisfaction.

Over two-thirds of students questioned in our study identified a single factor for dissatisfaction: financial compensation. Although the hourly rate in France and Quebec is reasonably similar (this does not take into account purchasing power parity), foreign trainees may not be able to plan the real cost of stay in another country, because currency, cost of living and opportunities for lodging can be variable.

While one author has reported that an internship programme for foreign pharmacy graduates can compensate

for a pharmacist shortage [13], Quebec hospital pharmacy departments do not welcome foreign pharmacy students for that reason. The institutions offer these opportunities to diversify their teaching activities, to expose their pharmacy students to other trainees and to elaborate projects related to clinical pharmacy practice. As previously mentioned, provincial legal constraints limit the contribution of these foreign students to daily activities.

This study had some limitations. There is a selection bias, because the list of potential respondents was built from the contact information of past trainees provided by one or two pharmacists per hospital. While the questionnaire was pre-tested with similar respondents, it was not revalidated. However, it provides a starting basis for further research on this topic. Some respondents indicated that the 4-point Likert scale was too restrictive and they would have preferred open-ended questions. Satisfaction is a complex concept and other research approaches can be used to measure it. We did not require answers to each question, causing a variable number of respondents per item. Other studies have forced an answer, providing a neutral choice like "Do not know". Also, the respondents self-reported their level of satisfaction and their perception, and no direct observation was conducted; respondents could have over/underestimated their real involvement in different pharmaceutical activities. The sample size was limited but probably covered more than 80% of the foreign pharmacy students, pharmacy residents and pharmacists trained during the study period. However, this estimate relied on personal communications and could not be validated. The response rate of potential respondents contacted is acceptable for an online survey.

Further studies should evaluate the long-term impact of these hospital internships in the professional career of the foreign trainees. Also, it would be interesting to look at the baseline satisfaction of pharmacists working or training in Quebec as a comparator group in another study, or with a similar European cohort, to evaluate the satisfaction level between two different student groups.

CONCLUSION

This study evaluated the level of satisfaction and the perceived professional impact of training offered by Quebec hospitals to foreign pharmacy students, pharmacy residents and pharmacists. Of the 80 trainees contacted, 71% completed a web survey, reporting a high level of satisfaction and a perceived positive impact on their professional life.

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