THE ROLE OF POST-TRAINING SUPPORT AND FIELD COACHING IN CONSOLIDATING THE COMPETENCIES OF PHARMACEUTICAL SPECIALISTS

Iuliia Ugolkova

Regional Manager, KRKA Pharma LLC
Krasnoyarsk, Russia

ABSTRACT

The article examines the role of post-training support and field coaching in consolidating and developing the competencies of pharmaceutical specialists within contemporary pharmacy practice. The relevance of the work is driven by a shift in the professional role of the pharmacist toward a clinically and client-oriented approach, in which one-off training does not ensure sustainable behavioral change or the assimilation of complex communicative, analytical, and ethical skills. The study aims to provide a conceptual justification of post-training interventions and field coaching as key mechanisms for bridging the gap between knowledge and practice and for shaping a sustainable trajectory of professional development for the pharmaceutical specialist. The scientific novelty lies in the integration of evidence on forgetting, training transfer, and organizational coaching into a unified analytical framework, which includes the models of the post-training support pyramid, sustainable behavioral change, and the pharmacist's professional growth timeline, as well as in the detailed analysis of typical managerial errors in the implementation of these practices. It is shown that a coherent system of post-training formats, field coaching, and effectiveness evaluation transforms training from a one-time event into a manageable resource for improving the quality of pharmaceutical care. The article is of practical interest to pharmacy chain managers, learning and development professionals, and researchers in continuing pharmaceutical education.

KEYWORDS: post-training support, field coaching, pharmaceutical specialists, continuous professional development, training transfer

INTRODUCTION

The development of pharmaceutical practice in recent decades has been accompanied by a pronounced shift in focus from narrowly technical functions toward a more complex, clinically oriented professional role. A pharmacist in a community pharmacy is becoming not only a point of dispensing medicine, but also an accessible healthcare professional who participates in therapy monitoring, chronic disease prevention, adherence promotion, and patient navigation within the healthcare system.

To perform this role sustainably, it is necessary to possess not only subject-matter knowledge in pharmacotherapy but also advanced communicative, analytical, and ethical competencies, as well as the capacity for continuous professional development, as reflected in contemporary competency models and international frameworks for pharmacists (Ballaram et al., 2024).

This suggests that the effectiveness of customary education through single trainings and short-term continuing education courses is limited, and that upon course completion, newly acquired behavior and skills will not necessarily translate into stable on-the-job behavior. The program design, learner motivation, and the work environment all influence the outcome. When no additional support is offered (e.g. coaching), a large proportion of the training effect is lost in the weeks following sign-off on the course.

An additional factor is the regularity of forgetting: empirical studies grounded in the concept of the forgetting curve convincingly demonstrate that, without repetition and integration of newly acquired material into practical activity, knowledge retention declines rapidly, rendering one-off educational activities insufficient for the formation of stable professional competencies (Wang et al., 2025).

These trends necessitate a transition from fragmented educational events to holistic development trajectories for pharmaceutical specialists, with post-training support and field coaching at the center. Contemporary reviews and empirical studies in continuing pharmacy education indicate that it is prolonged, structured forms of support, integrated into daily practice, that make it possible to link training with real patient-care tasks, maintain motivation for development, and achieve measurable changes in the quality of pharmaceutical care and in the professional self-realization of specialists (Amer & Moghrabi, 2023). In this regard, the purpose of the present article is to substantiate the significance of post-training support and field coaching as key mechanisms for the sustainable consolidation and development of pharmacists' competencies in the context of modern pharmacy practice.

2. MATERIALS AND METHODS

The study's materials comprise a corpus of scientific and practice-oriented publications on continuing pharmacy education, knowledge retention dynamics, training transfer, and organizational coaching, as well as the knowledge–practice gap in healthcare. The corpus includes works that describe global models and regulatory requirements for the continuous development of pharmaceutical specialists (Amer & Moghrabi, 2023; Ballaram et al., 2024), studies of the regularities of forgetting and the impact of repetition on knowledge retention (Kumar, 2025; Wang et al., 2025), reviews of the sources of the knowledge–practice gap in clinical professions (Gassas, 2021), as well as empirical and meta-analytic studies of the effectiveness of post-training interventions, the role of the manager in training

International Journal of Research in Commerce and Management Studies

ISSN 2582-2292

Vol. 8, No. 01 Jan-Feb; 2026 Page. No. 303-315

transfer, and organizational coaching (Mai et al., 2020; Botke et al., 2021; Blume et al., 2023; Cannon-Bowers et al., 2023). These sources were considered not in isolation, but in the context of the contemporary, clinically oriented role of the pharmacist, as described in competency models and continuous professional development frameworks (Ballaram et al., 2024), thereby enabling a connection between abstract constructs from learning theory and the specific tasks of pharmacy practice.

Methodologically, the work is conceptual-analytical and based on a narrative literature review, with elements of problem-oriented thematic analysis. At the first stage, the materials were grouped around key concepts, forgetting and knowledge retention, knowledge–action gap, post-training interventions, manager's role in transfer, and field coaching (Gassas, 2021; Mai et al., 2020; Blume et al., 2023; Cannon-Bowers et al., 2023). For each group, the mechanisms and effects described in the studies were then compared with typical work situations encountered by a pharmacist at the first counter. At the second stage, an integrative analytical framework was developed, in which the development of a pharmaceutical specialist's competencies is considered simultaneously at cognitive, behavioral, and motivational levels. This framework was used to structure Sections 3.1–3.5 and to construct the conceptual models of post-training support and sustainable behavioral change in the pharmacy presented in the article (Amer & Moghrabi, 2023; Wang et al., 2025).

3. RESULTS AND DISCUSSION
3.1. Limitations of the classical training format

The classical training format, confined to a single training event, is poorly aligned with the way memory and professional behavior actually function. Experimental research, including modern replications of Ebbinghaus's forgetting curve, indicates that, without deliberate repetition and embedding of material in daily activity, information retention drops sharply in the first days and weeks after training (Kumar, 2025). For healthcare professionals, this is particularly critical: studies on the knowledge–action gap in nursing and pharmaceutical practice show that having correct theoretical conceptions does not guarantee adherence to standards of counseling, confidentiality, and patient needs assessment in real work (Gassas, 2021). As a result, a persistent discrepancy emerges between how a pharmacist should act according to protocols and how he or she actually interacts with customers at the first counter.

The inherent features of the traditional training format exacerbate this situation. Group sessions are inevitably oriented toward an average participant and only weakly account for individual differences among pharmacists in experience, motivation, and baseline competency levels. This reduces the accuracy with which content addresses the fundamental gaps of a particular specialist, making purposeful self-change more difficult. The sustainability of transfer is influenced not only by program

design but also by environmental support before and after training. In contrast, most organizations concentrate their efforts on the training phase, neglecting the potential of targeted post-training interventions. At the same time, the involvement of the immediate supervisor is one of the key predictors of successful application of new skills: studies on the role of the manager in the transfer of formal and informal learning show that systematic support, goal setting, and feedback on the part of the manager reinforce transfer and behavioral consolidation to a much greater extent than the one-off training itself (Blume et al., 2023). When line managers of pharmacists remain out of the game and perceive training as a function external to management, the program's effect is predictably dissipated. In response to these limitations, the literature has consolidated the understanding of post-training support as a set of procedures implemented after completion of the main course and specifically aimed at transferring and retaining mastered skills in the context of work activities. Within the post-training intervention approach, it is defined as a set of actions that help an employee deliberately apply new skills on the job: setting specific goals, addressing the risk of relapse into old habits, providing regular feedback, structuring self-monitoring, and mobilizing support from the environment (Mai et al., 2020). Empirical studies indicate that support forms such as follow-up goal-setting sessions, self-management training, and individual mentoring after training increase transfer compared with situations in which training is not reinforced by subsequent interventions (Botke et al., 2021).

A special place among these forms is occupied by field coaching, a format of individualized developmental interaction in the workplace, in which a manager or mentor observes the specialist's fundamental customer interactions, jointly analyzes behavior, and provides structured, supportive feedback. Meta-analytic and intervention studies of organizational coaching show that this approach not only improves behavioral indicators and goal attainment but also enhances psychological safety and employee engagement, which fundamentally distinguishes it from inspection-oriented monitoring aimed at identifying errors and imposing sanctions (Cannon-Bowers et al., 2023). Thus, post-training support and field coaching can be considered complementary mechanisms that transform a single pharmacist training event into a managed trajectory of sustainable change in professional behavior.

3.2. The role of post-training support in consolidating pharmaceutical specialists' competencies

Post-training support serves as a link between classroom knowledge and the complex reality of pharmacy practice. At the level of knowledge maintenance and deepening, it prevents the material from disintegrating into isolated fragments learned merely to pass a test. Short modular formats, regular mini-repetition sessions, and structured reminders enable pharmacists to revisit key topics repeatedly, gradually enriching their understanding with clinical and behavioral nuances. The analysis of practical situations drawn from everyday work at the first counter connects theoretical constructs with concrete customer requests, typical communication errors, and issues of pharmacotherapy safety. Systematic updates on product assortment and regulatory requirements provide an additional

dimension. These updates do not simply inform about new items or changes in regulations. Still, they are embedded in discussions of real cases, creating for specialists a sense of continuous professional development rather than one-off course completion.

At the behavioral level, post-training support transforms declarative knowledge into stable professional habits. Clearly described counseling standards and algorithms at the first counter cease to be an abstract document and begin to come to life through targeted exercises, in which the pharmacist repeatedly rehearses communication strategies with different types of customers, combining clinically sound recommendations with accessibility and empathy. Regular skills practice in real work, guided by predetermined criteria, gradually levels the quality of counseling within the team and reduces variability between shifts. Monitoring dynamics, through the observation of colleagues and the manager, self-monitoring, and the analysis of events, thus allows not only to document the fact that the training has been completed, but also to assess its effectiveness, to redirect the focus of attention, and to notice when the specialist continues to use old and inefficient behaviors. Motivation is a fundamentally important aspect of post-training support; however, it often receives little attention. Regular, targeted, and respectful feedback that highlights not only deficits but also the pharmacist's strengths foster a sense of professional significance and control over one's own growth. Recognition of efforts, even small steps forward, gradually influences professional identity: the specialist begins to perceive him- or herself not as a mere implementer of regulations, but as an expert on whom the quality of care and patient trust depend. When elements of support are linked to a transparent system of key performance indicators and real career opportunities, development ceases to be a formal obligation and becomes a conscious choice. In this configuration, post-training support functions simultaneously as a learning tool, a mechanism for strengthening professional autonomy, and a channel for integrating the pharmacist into the pharmacy organization's strategic objectives. The Post-Training Support Pyramid is shown in Figure 1.

Fig. 1. Post-Training Support Pyramid

3.3. Field coaching as a key tool for consolidating behavior

Field coaching naturally extends post-training support, because it unfolds precisely where the pharmacist's behavior is formed, at the first counter, in the dense flow of brief yet highly significant patient interactions. The specific features of pharmacy work enhance its value: decisions are made rapidly, under conditions of incomplete information, under the pressure of queues and performance indicators, and standard communication scripts easily substitute for deliberate professional choices. In such an environment, abstract behavioral models learned during training quickly dissolve in routine. In contrast, observation under real conditions allows capture of the moment when new professional behavior is either consolidated or supplanted by old automatisms. Field coaching becomes a kind of magnifying glass through which the pharmacist sees his or her own practice, not as a background, but as an object of study that can be changed.

A field coaching session usually involves establishing goals, selecting priority competencies and behavioral indicators, and setting limits and rules of engagement to avoid anxiety and unintended impressions during an undercover inspection. The coach is present in the pharmacy to observe the pharmacy staff, record real-life encounters according to predetermined criteria, checklists, and brief descriptions of specific interactions. The coach does not need to intervene except when necessary. The second part of the assessment episode is the discussion after the direct observation when the pharmacist gives their self-assessment of their strengths and weaknesses, followed by feedback from the mentor, which is accompanied by examples and a rationale for the assessment. To avoid

demotivating the participant with excessive evaluation, the focus is kept to the few areas that require development. The session concludes with a development plan covering the behavioral goals to be implemented, the context in which they will occur, potential problems that may arise, and approaches to overcoming them. The follow-up and progress assessment are agreed. In this way, the coaching cycle comes to an end, and the isolated incidents of observation and discussion have turned into a coherent growth trajectory.

Field coaching has the most significant effect in areas where pharmacist behavior depends on fine, situationally conditioned decisions. This applies primarily to the communicative and customer-oriented domain: the structure of dialogue, tone and language of explanations, the ability to ask clarifying questions, and the capacity to maintain a balance between professional confidence and respect for the patient's experience. Expertise in the product range is also essential, but not in the form of a mechanical listing of items. Instead, it involves aligning product characteristics with the specific situation, taking into account safety, potential interactions, and the person standing at the counter's real needs. Through the analysis of live consultations, skills in appropriate additional recommendations are developed, whereby the pharmacist offers related products not as a formal fulfillment of a sales plan, but as a logical extension of concern for therapeutic outcomes. Finally, field coaching enables gentle yet consistent reinforcement of adherence to service standards and regulatory requirements, illustrating how they are implemented in everyday actions rather than solely in written instructions. Taken together, this transforms the previously described competencies from a set of declarative formulations into a stable behavioral profile of the pharmacist, maintained not only by external control but also by an internal sense of professional responsibility. Achieving Sustainable Behavioral Change in Pharmacy is shown in Figure 2.

International Journal of Research in Commerce and Management Studies

ISSN 2582-2292

Vol. 8, No. 01 Jan-Feb; 2026 Page. No. 303-315

Fig. 2. Achieving Sustainable Behavioral Change in Pharmacy

3.4. Formats and tools of post-training support

A system of post-training support acquires substantive meaning only when it is populated with a variety of formats that are nonetheless coherent in their underlying logic. One of its pillars is short digital modules: concise in volume, they allow pharmacists to return to key topics literally in the intervals between customer flows. In combination with repetitive assignments, such materials function as a training ground for memory and clinical reasoning, where the pharmacist repeatedly encounters variations of familiar situations and progressively more complex questions. This work gains additional depth through webinars and online discussion sessions, in which live analysis of clinical cases and typical counseling errors connect individual experience with collective knowledge, expose different strategies for solving the same problem, and enable specialists to align their own approaches with professional standards.

Alongside digital formats, tangible aids that remain with the pharmacist in daily practice play an

essential role. Pocket guides, workbooks, and checklists, carefully integrated into the pharmacy space and workflows, help keep key algorithms in focus: the sequence of questions for information gathering, criteria for safe recommendations, and rules for explaining dosing regimens. They serve not only as reminders but also as supports for self-monitoring: the specialist can literally compare his or her behavior with the prescribed scheme and identify the point at which a breakdown occurs. Over time, such tools become part of the professional environment, where the appropriate model of action is no longer an abstract requirement but a familiar background supporting the necessary quality level. Relationships and feedback mechanisms supporting this environment are essential. Mentorship, in which a more senior pharmacist deliberately shapes the professional identity of a novice pharmacist, links formal education to the tacit rules of the profession and helps interpret the professional model to fill in the gaps between regulations, professional ethics, and the competing interests of patients and organizations. Communities of practice within a pharmacy chain, whether in-person or online, create a space for sharing solutions, discussing controversial cases, and jointly analyzing changes in product assortment and regulatory frameworks. This configuration is complemented by regular assessment of knowledge and skills through testing, certification, and analysis of real consultations. Here, the emphasis shifts from the punitive function of evaluation to its diagnostic role: results indicate which aspects require reinforced support, which topics the specialist has already achieved stable competence in, and where additional work formats remain necessary. In this combination, tools of post-training support operate as an interconnected system that sustains and refines the pharmacist's professional growth trajectory. The pharmacist's professional growth timeline is shown in Figure 3.
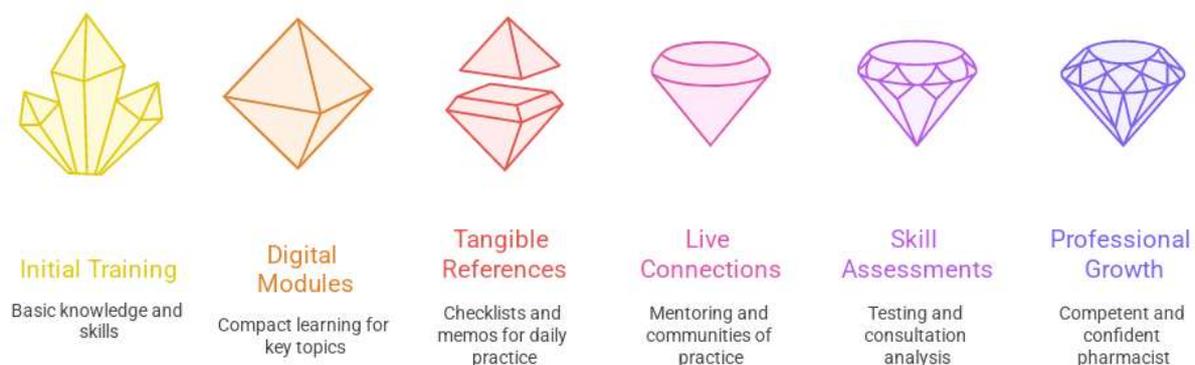

Initial Training	Digital Modules	Tangible References	Live Connections	Skill Assessments	Professional Growth
Basic knowledge and skills	Compact learning for key topics	Checklists and memos for daily practice	Mentoring and communities of practice	Testing and consultation analysis	Competent and confident pharmacist

Fig. 3. Pharmacist Professional Growth

3.5. Effectiveness evaluation, leadership roles, and implementation errors

The evaluation of the effectiveness of post-training support and field coaching is a central condition for their meaningful application, since in the absence of clear feedback, it is easy to either overestimate the impact of these practices or, conversely, to abandon them prematurely. At the most superficial level, it is essential to monitor pharmacists' reactions and engagement: the extent to which they regard support formats as practical and applicable; how willingly they participate in sessions, case

discussions, and field visits; and whether they are prepared to discuss their own difficulties and propose topics for review. However, the recording of staff attitudes provides only the outermost layer of data. The evaluation of knowledge and skill development is based on a comparison between the pre-course test and post-course test and the knowledge base dynamics are determined by the competency matrix of the key areas: product assortment, basic pharmacotherapy, counseling algorithms, and compliance with professional ethics and standards for professional behavior.

Progress beyond the declarative level will likely involve some change in actual job performance behavior. This requires manager and mentor observations, the use of checklists, analysis of consultation recordings, and mystery shopping data. It is important not to reduce this work to a formal tally of ticks, but to view it as a living description of how the pharmacist applies standards and tools acquired through support and field coaching. Only after this is it appropriate to proceed to an analysis of the impact on pharmacy performance outcomes: dynamics of sales in trained categories, changes in average transaction value, and the proportion of professional recommendations that conform to standards are correlated with the frequency of complaints and commendations, the nature of patient grievances, and the number of detected errors and regulatory violations. At the same time, business indicators in themselves cannot serve as the sole criterion of success: revenue and sales structure are inextricably linked to assortment policy, marketing activities, and the external environment. Thus, interpretation is a dialogical process between the manager and the learning specialist, linking the quantitative indicators with qualitative observations.

It is up to managers and trainers to ensure that support becomes part of a management philosophy. The pharmacy manager and the regional manager integrate development work into the unit's daily life: field sessions are scheduled, conditions are created to use the new methods, and the tone is set for discussing the quality of work at the first counter. The responsibility for the methods lies with the learning and development specialist, who is involved in planning learning paths, defining post-training task formats, training managers in development-oriented conversations, and helping to define clear criteria for evaluating performance. It allows the mentor to load the system with current resources and the manager to use those resources to make development conversations a natural part of working life, like scheduling staff or taking stock. However, in addition to the learner's skills, the mentor and manager need to learn to provide behavior-specific, respectful feedback, set field development goals, analyze data, and avoid the trap of trading formal reports for honest development conversations.

In practice, implementing post-training support and field coaching often encounters recurring errors that undermine even well-designed programs. One of the most visible is the substitution of developmental interaction for rigid control, in which observation and discussion during consultations are perceived as a search for violations, followed by punishment. In such an atmosphere, pharmacists

International Journal of Research in Commerce and Management Studies

ISSN 2582-2292

Vol. 8, No. 01 Jan-Feb; 2026 Page. No. 303-315

begin to conceal their difficulties and strive to present a correct picture rather than their real challenges. Another form of inefficiency is a non-systematic approach; if coaching sessions take place very irregularly, without any frequency or underlying logic, they do not become an established part of the job, as a project clearly ending at some point. Another trap is the risk of losing focus. If programs try to include too many competencies, they risk diluting their approach and giving the impression that nothing gets really accomplished. A substantial risk arises from insufficient preparation of coaches and managers who lack basic dialogue and behavioral analysis techniques; in such cases, even genuine intentions to help often turn into moralizing and criticism. Finally, a serious problem is the disconnect between development and the reward system: if participation in support activities is not linked to opportunities for professional growth, changes in responsibility, or recognition within the team, it eventually comes to be perceived as an additional burden. Awareness of, and targeted efforts to overcome, these typical errors transform the system of post-training support and field coaching from a formal attribute into a genuine instrument for strengthening the competencies of pharmaceutical specialists and improving the quality of patient care.

4. CONCLUSION

Consideration of the role of post-training support and field coaching in contemporary pharmacy practice leads to the conclusion that the transition from one-off training to holistic development trajectories for pharmaceutical specialists is not merely desirable but a necessary management strategy. The analysis presented in the article of the limitations of the classical training format, the regularities of forgetting, and the knowledge–action gap demonstrates that, without purposeful post-training interventions, knowledge acquired in the classroom inevitably disintegrates and is only partially converted into behavior at the first counter. In this framework, post-training support and field coaching act as complementary mechanisms that link the clinically oriented pharmacist role embedded in modern competency models to the real work conditions in a pharmacy, thereby setting a sustainable trajectory for changing professional practice.

The systematization of post-training support formats and tools shows that the effectiveness of competency consolidation is determined not by isolated, point interventions, but by their coherent combination. Microlearning digital modules, regular repetition of material, analysis of everyday clinical situations, checklists, and physical aids integrated into the working environment collectively prevent knowledge fragmentation and support the cognitive component of competence. Field coaching, embedded in this system, translates standards and counseling algorithms from the realm of declarations into actual behavior by focusing on observing live consultations, engaging in developmental dialogue, and planning specific behavioral steps. As a result, the cognitive, behavioral, and motivational aspects of the pharmacist's development are not separated but functionally integrated into a single system of post-training support, visualized in the presented models of sustainable

behavioral change and professional growth.

The propositions derived in this work emphasize that the sustainability of the effects of post-training support and field coaching depends directly on the managerial and organizational context. A multi-level evaluation system, from pharmacists' reactions and engagement to changes in knowledge, behavior, and key pharmacy performance indicators, enables these practices to be regarded not as a soft tool but as a manageable resource for improving the quality of pharmaceutical care. At the same time, the typical implementation errors identified (substitution of development for control, lack of systematization, excessive broadening of focus, inadequate coach preparation, and disconnection from recognition systems) indicate that post-training support and field coaching require a professional, methodological design and active managerial involvement. In this configuration, they may be viewed as key elements of a contemporary model for managing the competencies of pharmaceutical specialists, ensuring not only the consolidation of acquired skills but also the gradual formation of a stable, client- and clinically oriented professional identity.

REFERENCES

Amer, F., & Moghrabi, F. (2023). Continuous Education for Pharmacists: Documenting Research Evidence. In *Encyclopedia of Evidence in Pharmaceutical Public Health and Health Services Research in Pharmacy* (pp. 1–15). Springer International Publishing. https://doi.org/10.1007/978-3-030-50247-8_137-1

Ballaram, S., Perumal-Pillay, V., & Suleman, F. (2024). A scoping review of continuing education models and statutory requirements for pharmacists globally. *BMC Medical Education*, *24*(1), 343. https://doi.org/10.1186/s12909-024-05322-4

Blume, B. D., Ford, J. K., & Huang, J. L. (2023). Transferring informal learning: The role of manager support in linking learning to performance. *Business Horizons*, *67*(2), 125–136. https://doi.org/10.1016/j.bushor.2023.12.001

Botke, J. A., Tims, M., Khapova, S. N., & Jansen, P. G. W. (2021). Transfer of Self-Leadership Skills Within the Dutch Police: a Three-Wave Study. *Journal of Police and Criminal Psychology*, *37*, 650–668. https://doi.org/10.1007/s11896-021-09480-9

Cannon-Bowers, J. A., Bowers, C. A., Carlson, C., Doherty, S., Evans, J., & Hall, J. (2023). Workplace coaching: a meta-analysis and Recommendations for Advancing the Science of Coaching. *Frontiers in Psychology*, *14*(14). https://doi.org/10.3389/fpsyg.2023.1204166

Gassas, R. (2021). Sources of the knowledge-practice gap in nursing: Lessons from an integrative review. *Nurse Education Today*, *106*(1), 105095. https://doi.org/10.1016/j.nedt.2021.105095

Kumar, R. (2025). Modeling Memory Retention with Ebbinghaus's Forgetting Curve and Interpretable Machine Learning on Behavioral Factors. *TechRxiv*. https://doi.org/10.36227/techrxiv.174495325.58680708/v1

Mai, N. N., Takahashi, Y., & Oo, M. M. (2020). Testing the Effectiveness of Transfer Interventions Using Solomon Four-Group Designs. *Education Sciences*, *10*(4), 92. https://doi.org/10.3390/educsci10040092

Wang, N., Griggs, J. A., Caskey, C. J., & Bain, J. L. (2025). Navigating the Forgetting Curve: A Longitudinal Study of Knowledge Retention and Confidence Dynamics in Dental Education. *Education Sciences*, *15*(9), 1161. https://doi.org/10.3390/educsci15091161