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Experiences in Teaching and Learning

Implementation of a longitudinal early immersion student pharmacist health system internship program



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ABSTRACT

Purpose: The initiation, implementation, and benefits of a longitudinal early immersion student pharmacist health system internship are described.

Educational activity: A two-year longitudinal internship experience was implemented to provide exposure into distributional operations, direct patient care activities, and health-system pharmacy administration. The intent of the program was to create an opportunity for student pharmacists to enhance the quality of their education with practical experience by immersing them early in their careers within the healthcare system. Early in their academic training the student interns were exposed to a broad range of services and programs while contributing longitudinally to the service line through quality improvement projects and distributional operations. The first year primarily focuses on distributional operations with direct patient care shadowing, while the second year targets intern involvement in hematology/oncology direct patient care activities. In this role, they are able to serve as pharmacist extenders.

Summary: Our comprehensive, longitudinal two-year health-system pharmacy internship program offers student pharmacists a unique early immersion experience that builds upon itself throughout their didactic training but is outside of the academic requirements. Students are exposed to distributional operations, direct patient care activities, and health system pharmacy administration prior to APPE rotations.

Background and purpose

Early immersion is a term to describe providing learners with an opportunity for real-world, practical, hands-on knowledge to supplement didactic learning. Early immersion programs include student pharmacist internships and introductory pharmacy practice experiences (IPPE), which have been described in the literature.^{1–5} Clark¹ describes a summer internship as a shadowing experience to expose students to a wide variety of practice settings. Another internship details a structured program focused in distributions, but

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with the ability to shadow pharmacists in specialty areas. This internship program's goal was to retain the interns as hospital pharmacists following pharmacy school graduation.² A survey of hospitals in New York found paid pharmacy interns primarily participated in distributional activities (e.g., 91% answering telephone calls and 82% preparing medications) while some hospitals had interns complete clinical activities (e.g., 51% answering drug information queries and 33% performing clinical activities such as medication reconciliation).³ Another IPPE experience focused on medication history acquisition; however, students did not gain hands-on distributional experience.⁴ Each of these programs had a narrowed and specific focus. Dennis et al.⁵ describe assigning students to the same institution for both IPPE and advanced pharmacy practice experiences (APPE) experiences. This was done within the aspects of the academic curriculum. However, no program outside of the IPPE and academic curriculum described in the literature is a comprehensive, longitudinal early immersion experience that builds upon itself throughout the student curricula. Our internship program at the University of North Carolina (UNC) Medical Center fills this void in the literature. Our program's goal is to have interns become well-prepared practitioners beyond their APPE who are well positioned for future opportunities in post-graduate education and health-system pharmacy.

Prior to the summer of 2011, UNC Medical Center did not have a formalized internship program for student pharmacists. While student pharmacists worked for the pharmacy department, they functioned as pharmacy technicians on weekends throughout the school year without a formalized internship structure beyond the staffing component. To enhance the foundation of other internship programs described above, our goal was to design a two-year longitudinal experience which built upon itself in the areas of distributional operations, direct patient care activities, and health-system pharmacy administration.

Educational activity and setting

The North Carolina Cancer Hospital (Cancer Hospital) is located within the 804-bed UNC Medical Center. The Department of Pharmacy operates the Cancer Hospital Infusion/Inpatient Pharmacy (CHIP) through distributional operations and direct patient care for inpatient and outpatient Hematology/Oncology patients. The CHIP dispenses approximately 175 chemotherapy preparations daily for inpatient and outpatient use. Direct patient care is provided by clinical pharmacist specialists and generalists on the inpatient services and clinical pharmacist practitioners in the outpatient clinics.

The internship program at UNC Medical Center was implemented in June 2011 in the Cancer Hospital with two interns and was built on three experiential pillars: distributional operations, direct patient care activities, and health-system pharmacy administration. Uniquely, this internship incorporates a two-year longitudinal design of students participating and advancing over the course of their academic career, rather than as a closed-ended summer experience. Students apply to the program while in their first year of pharmacy school and commit to the internship the summer following the first year. The application required a *curriculum vitae*, transcripts, two professional references, and essay questions. When applying to the program, the students have only completed one semester of pharmacy school, so there is often not enough differentiation between grades and extracurricular involvement. No restriction exists for who the professional references are written by since the majority will ask individuals to modify a reference they wrote for them when they applied to pharmacy school. Therefore, the differentiation is primarily determined through the two essay questions. An internship selection committee of current interns (since program has existed), clinical manager, pharmacists, and technicians review all applications and rank them based on a developed rubric (Appendix A). The internship is overseen by the Clinical Manager for Hematology/Oncology and lasts through the next two didactic years, ending once the intern begins fourth year advanced pharmacy practice experiences. Full-time positions are scheduled around the interns' required IPPEs during the summers following their first and second years of pharmacy school. The interns continue to work throughout the school year rotating through weekend shifts as both pharmacy technicians and special project interns. The first year primarily focuses on distributional operations with direct patient care shadowing, while the second year targets intern involvement in hematology/oncology direct patient care activities (Table 1). The internship is paid for the duration the student is involved in the program.

First year internship

Of note, the state of North Carolina does not require summer or longitudinal internships, nor does the affiliated UNC Eshelman School of Pharmacy. Internships are limited in our area so students have to seek experiences solely as a pharmacy technician or complete a summer internship out-of-state.

The first year internship begins with a standard hospital orientation for all new hospital employees. Hospital online learning

Table 1
Intern responsibilities per year.

	1st Year	2nd Year
Distributional Operations	<ul style="list-style-type: none"> • Train 4 weeks as technician • Then cover open technician shifts 	<ul style="list-style-type: none"> • Already trained as technician, so cover open shifts
Direct Patient Care	Shadow pharmacists and administrators for 2–3 days each	Spend 5 days with each pharmacist and administrator designed as “mini-rotations”
Longitudinal Project	Complete over course of year with guidance from one of the preceptors	Complete different project – scope of project is more advanced, student receives guidance but is more independent than first year
Supervisor	Clinical Manager	Clinical Manager

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