



ELSEVIER



CrossMark

Available online at www.sciencedirect.com

ScienceDirect

Currents in Pharmacy Teaching and Learning 8 (2016) 429–436

<http://www.pharmacyteaching.com>

*Currents
in Pharmacy
Teaching
& Learning*

Experiences in Teaching and Learning

Strategies to grow an experiential learning program—The role of administrators

Toyin Tofade, MS, PharmD, BCPS, CPCC^{a,*}, Mehrnoosh Samimi-Gharai, PharmD^b,
Magaly Rodriguez de Bittner, PharmD, BCPS^a

^a Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy, Baltimore, MD

^b PGY-1 Pharmacy Resident, Frederick Memorial Hospital, Frederick, MD

Abstract

With the newly released ACPE standards, challenges exist in growing experiential learning programs at many schools. The role of administrators in the experiential learning office, practice department, and the dean's office is critical for success. This article provides practical tips and strategies to help grow an experiential learning program by emphasizing the role of administrators. In 2012, the administrators of the University of Maryland School of Pharmacy brainstormed and came up with a list of challenges faced by its experiential learning program, provided suggested solutions to each challenge, and began a process of implementing solutions to help grow the program. As of fall 2014, we were able to document increases in the numbers of preceptors and different rotation types, growth in the clinical track program, changes in our learning management system to better accommodate our needs, and increases in satisfaction rates among our preceptors, sites, and students. This article summarizes the challenges faced by University of Maryland Experiential Learning Program, the practical solutions implemented, and the role of leadership in growing the program. Many of the suggestions and lessons learned here can benefit many programs with similar challenges.

© 2016 Elsevier Inc. All rights reserved.

Keywords: Experiential education; Rotations; Advanced pharmacy practice experiences; Partnerships; Capacity; Sites

Introduction

Over the past two decades, pharmacy practice and the role of pharmacists have changed significantly. Pharmacy is becoming more patient centered, and pharmacists are usually the most accessible health care providers with whom patients may share their concerns.

According to a 1992 recommendation by the American Association of Colleges of Pharmacy (AACP), pharmaceutical care should be the main mission of pharmacists. Shortly thereafter, the Accreditation Council for Pharmacy Education (ACPE) adopted this recommendation and implemented it in

the standards and guidelines for pharmacy schools to introduce a new framework to prepare pharmacy students for their new role in an interprofessional team.¹

In 2007 and now 2016, ACPE implemented the guidelines and standards and presented the new set of requirements to pharmacy schools focusing on the best practice strategies to make pharmacy students confident and competent in their future career. All standard revisions are aimed at integrating experiential training with didactic pharmaceutical sciences, clinical sciences, and the affective domain, to challenge students to gain more skills, and more importantly, expose them to interdisciplinary collaboration. The ultimate goal is to help pharmacy graduates be practice ready by designing an evidence-based therapeutic plan in collaboration with other health care professionals.^{2–4}

* Corresponding author: Toyin Tofade, MS, PharmD, BCPS, CPCC, University of Maryland School of Pharmacy, 20 North Pine Street, Suite S730A, Baltimore, MD 21201.

E-mail: ttofade@rx.umaryland.edu

Generally, pharmacy schools face implementation challenges with the launch of guidelines. ACPE put its main emphasis on the importance of early direct patient encounters in community, institutional, and long-term care. Creation of an Introductory Pharmacy Practice Experience (IPPE) in 2000 was an example of requirements aimed at ensuring progressive strengthening of student professionalism and ethical behavior. Hence, all accredited pharmacy schools were expected to facilitate opportunities for students to be exposed to direct patient care activities early in the curriculum. In addition, revisions to the standards and guidelines, with incorporation of recommendations from the Center for Advancement of Pharmacy Education (CAPE), asked for a more effective strategic plan to improve pharmacy practice experiences, incorporate inter-professional education, and assess outcomes that guarantee students' ability to achieve desired objectives.^{2–4}

Almost a decade after implementing the 2007 recommendations, pharmacy schools have tested many innovative strategies to enhance experiential education. Fortunately, these strategies showed very promising results and can be utilized to design best practice approaches aimed at advancing experiential opportunities in order to overcome challenges.⁷ Examples of these innovative strategies include (1) introducing experiential hours earlier in the pharmacy program's curricula, (2) utilizing senior students to mentor junior students, (3) encouraging extracurricular pharmacy volunteerism or work experience, and (4) creating a “shared learning program.”⁷ A shared learning program is one in which students of different class years are paired in experiential rotations and share the learning experiences together. On some small group work, mentoring may occur for third-year students by the fourth-year students.⁷ Improvement in students' clinical performance as well as better communication and teamwork are some of the positive outcomes of these strategies. These skills and abilities are crucial for pharmacy students to be successful as contributing members of interprofessional teams. Students can accomplish this by getting acclimated to their practice site faster and practicing pharmaceutical care more efficiently.^{5–8} Collaboration between the student's advisor and preceptor can be helpful in specific academic APPEs by providing an exceptional experiential learning experience.⁹ In addition, assigning students to the same practice site for both IPPE and APPE rotations has been shown to improve the APPE experience by saving students the time and energy needed to adapt to a new environment.¹⁰ This allows students to build upon the knowledge acquired from one rotation to the next, thereby increasing the confidence and comfort levels for independent work.¹⁰

With implementation of the 2016 ACPE standards, schools will need to consider interprofessional experiences in addition to maintaining the minimum expectations for all required rotations. Since experiential learning should comprise at least 30% of a pharmacy school's curriculum, finding adequate and reliable practice sites for IPPE and APPE rotations for pharmacy schools is critically important

in achieving this goal.¹¹ Therefore, in order to avoid sending pharmacy students to inadequate practice sites, “simulations programs” and “online modules” have been proposed by Stevenson et al., among others, as logical partial substitutions for IPPE. It is important to note that simulation has a precise role in the standards, specified limitations, and requirements for accreditation. If used, simulations are only an option for IPPE, not APPEs. Benefits of a simulation program include a safe learning environment where students can be easily trained for different health-related scenarios, a similar strategy having been used in nursing and medical schools for years and showing effective results, as well as repetitive practice capabilities enabling students to build confidence more quickly and decrease anxiety in future patient encounters.¹² Despite the benefits, simulation may not be optimal in improving students' communication skills and practical assessment capabilities. Therefore, combining both direct patient encounters and simulation for IPPE courses, where possible, would optimize the learning experience and maximize knowledge retention and competence in future direct patient care situations and APPE courses.^{12–15}

In the last decade, several new pharmacy schools have emerged and ACPE changes in standards over the years have required many schools to evaluate how to better utilize available preceptors and sites to maintain the quality of learning and opportunities for individualized student mentorship. Practice faculty, experiential administrators, practice chairpersons, and deans of schools are faced with the challenging responsibility of sustaining lasting relationships with existing preceptors, partners, and stakeholders, while attracting new high-quality clinicians to coach future pharmacists. In addition, the school or college has a pivotal role in recognizing and supporting current preceptors, while providing a quality teaching environment for student pharmacists.^{2,3}

Maintaining a strong and dynamic rapport between all stakeholders is key to optimizing practice outcomes in experiential learning. Therefore, establishing ongoing communication and transparent partnerships between the experiential learning office and preceptors plays a crucial role in quality assurance for any experiential learning program. It is the responsibility of the experiential learning office to inform preceptors of future changes in the curriculum, new standards, and students' level of knowledge in different academic years. This information helps the preceptor frame realistic expectations for students.^{1,16,17}

Moreover, maintaining the high quality of experiential sites and addressing student and preceptor concerns requires consistent on-site visits by experiential learning faculty and staff members. Based on regular assessment tools such as preceptor surveys and student evaluations, experiential learning staff and faculty members can determine the frequency of communication with sites, including e-mails, phone conversations, and required on-site visits to ensure optimal learning environments for students while showing appreciation for preceptors' roles.¹⁶

Download English Version:

<https://daneshyari.com/en/article/10313291>

Download Persian Version:

<https://daneshyari.com/article/10313291>

[Daneshyari.com](https://daneshyari.com)