

Research

# Differences between residency- and non-residency-trained preceptors on student perceptions and activities of community practice advanced pharmacy practice experiences (APPEs)

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## Abstract

**Background:** Advanced pharmacy practice experiences (APPEs) in community pharmacy are a critical component in the training of student pharmacists. The Accreditation Council for Pharmacy Education (ACPE) has developed guidelines on what activities should be completed on APPEs. The activities for community pharmacy are very specific and most of these activities go beyond dispensing and aim to teach the students to practice at an advanced level. Currently, it is unknown whether the residency training of the preceptor modifies the quality of students' community APPE. The aims of the study were to (1) characterize the perceptions of students regarding the quality of their required community APPE, (2) compare the perceptions of students at community pharmacy APPE sites who either did or did not have a residency-trained preceptor, and (3) estimate and compare the amount of time spent in various activities within these two settings.

**Methods:** An 18-item questionnaire was developed by the authors that concentrated on student responsibilities and satisfaction during their community APPE. The survey was sent to graduates of the class of 2009.

**Results:** Overall, 85% of graduates responded to the survey. Students who had RTPs were more likely to rate the experience as beneficial ( $p = 0.031$ ), have a better perception of the experience ( $p = 0.039$ ), state that the preceptor was a positive role model ( $p = 0.004$ ), and report that the preceptor was active clinically ( $p = 0.001$ ).

**Conclusions:** Residency-trained preceptors may provide an enhanced experience for student pharmacists in community practice. More research in this area is required to confirm our findings.

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## Background

Advanced pharmacy practice experiences (APPEs) are the capstone of contemporary professional pharmacy education. The purpose of APPEs is to “integrate, apply, reinforce, and advance the knowledge, skills, attitudes and

values developed through the other components of the curriculum.”<sup>1</sup> These experiences should be designed to provide student pharmacists the opportunity to refine their competencies such that they have the requisite skills to practice direct patient care in an entry level setting. Required experiences include community pharmacy, health-system pharmacy, ambulatory care, and inpatient/acute care general medicine.<sup>1</sup> Specifically, the community pharmacy APPEs should be considered as a critical part of the APPE program since, in the United States, 54% of actively practicing pharmacists work in the community

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setting<sup>2</sup> and the majority of recent U.S. graduates reported that they planned to enter community pharmacy practice upon graduation.<sup>3</sup>

The Accreditation Council for Pharmacy Education (ACPE) has developed guidelines for schools of pharmacy on what activities should be completed on APPEs.<sup>1</sup> Accreditation standards state that the pharmacy practice experiences should “require active participation and patient care responsibilities, in a progressive fashion, designed to develop the practice skills, judgment, professional behavior, attitudes and values, confidence, and personal responsibility needed for each student to embark on an independent and collaborative practice.”<sup>1</sup>

Accreditation guidelines further delineate specific activities that should be accomplished during APPEs. The activities for community pharmacy are very specific and, in many cases, the activities require student placement at sites that have pharmacists who practice at an advanced level. While these activities are certainly appropriate, some learning experiences, such as participating in the development of new patient services, will realistically be very difficult to encounter in many community practice settings since very few pharmacies are practicing at levels that include collaborative care or disease state management.

There is very little data in the literature that attempt to delineate what learning activities students are experiencing on community pharmacy APPEs or on the outcomes achieved in this setting. A survey of community APPE preceptors by Zaremski et al.<sup>4</sup> indicated that the activities in which student pharmacists were most frequently engaged in were related to the traditional role of dispensing medications. The preceptor respondents reported that student pharmacists were less likely to be involved in high-level activities such as designing and implementing drug-therapy plans or using physical assessment techniques. It is noteworthy that this study was an assessment of preceptor perceptions of the frequency of activities and may be quite different from student perceptions (or the reality of what students are actually doing). Despite the limited information available, we believe that it is a fair assumption that most students spend an excessive amount of their time in traditional dispensing roles as opposed to direct patient care activities, which will limit the ability of students and programs to meet stated outcomes and standards.

The quality of a required community pharmacy APPE is directly related to certain characteristics of the site as well as those of the preceptor. The research by Zaremski et al.<sup>4</sup> also included a survey of experiential directors that found that, although schools and colleges may prefer certain characteristics of a site consistent with high-quality patient care activities (such as a private counseling area, health screenings, or disease management offerings), these are often not a requirement. The same survey found that freedom from misconduct, minimum duration as a pharmacist, and degree earned were the most common characteristics cited as criteria to identify community pharmacy APPE

preceptors. Only 43% of experiential directors “preferred” that community APPE preceptors have post-graduate training (presumably residency). Not surprisingly, no experiential directors in the country required residency training for their community pharmacy APPE preceptors.<sup>4</sup>

The effect of residency-trained preceptors (RTPs) on the quality of the APPE experience in community pharmacy is the focus of this study. At Wilkes University, we have attempted to improve our focus and commitment to community pharmacy practice by investing in full-time community pharmacy practice faculty, creating and supporting community pharmacy residencies, and partnering with advanced community pharmacy practice sites. We currently have two full-time, residency-trained, tenured faculty members in community pharmacy practice, who teach in our didactic curriculum as well as maintain clinical practices in local pharmacies. In addition, two other community pharmacies in our area employ residency-trained pharmacists who serve as APPE preceptors. Of the four sites, two have a community pharmacy residency program also, which is offered in conjunction with Wilkes University. Consequently, in the 2008–2009 academic year, almost 50% of our students were taught by residency-trained preceptors (RTPs) during their required community pharmacy APPE. To our knowledge, there has been no research to date that examines the educational benefits of RTPs in community practice. The objectives of this study were to (1) characterize the perceptions of students regarding the quality of their required community APPE under the direction of a RTP, (2) compare this to the perceptions of students at community pharmacy APPE sites who did not have a RTP, and (3) estimate and compare the amount of time spent in various activities within these two settings.

## Methods

The APPE curriculum at Wilkes University consists of the required four APPEs (community, health-system, ambulatory care, and inpatient/acute care) and three elective rotations. There are eight rotation blocks in an academic year so students have one block vacation. Students complete six 5-week rotations and one 6-week rotation. During the rotation selection process, students rank their top choices for each APPE (required or elective). Students base their ranking on a number of factors including, but not limited to, distance to site, environment at the site, and preference for a certain preceptor. All community practice APPEs use the same basic syllabus with the same outcomes, although preceptors are allowed to adapt their rotations based on variations in opportunities. The full-time faculty generally takes two students per rotation, whereas most other community practice APPEs have just one student at a time.

To achieve the stated objectives of this study we developed an 18-item questionnaire that was sent to the 2009 graduating class in the spring of 2010. Prior to distribution, the survey was piloted with two full-time faculty, five recent

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