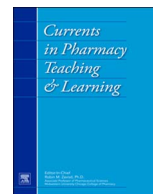




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Commentary

Supporting quality in experiential education through enhanced faculty engagement

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ABSTRACT

Introduction: There are ongoing assessment and improvement activities related to strategies to improve the quality of education in the complex and resource-intensive area of experiential education (EE). One undescribed approach for design and delivery of EE programs for schools and colleges, with reliance on volunteer preceptors, is to utilize clinical practice faculty in formal partnerships with EE leadership to enhance curriculum and assessment.

Commentary and implications: Clinical practice faculty, who possess practice setting expertise, can serve as course directors for advanced pharmacy practice experience (APPE) rotations. In this role, they can collaborate with EE faculty and staff to create more course-specific expectations, learning objectives, and criteria for APPE rotation experiences. This model could increase consistency for students and preceptors, using an approach that is analogous to content experts serving as course directors in didactic curriculum. This commentary explores the potential of this strategy to increase quality and consistency in EE.

Introduction

A significant portion of pharmacy education and training is devoted to pharmacy practice experience, making up approximately one-third of the overall doctor of pharmacy curriculum. High quality experiential education (EE) programs and training sites providing educational experiences are critical to student success, and pharmacy programs continually seek ways to improve the quality of their EE programs. As many pharmacy programs rely on volunteer preceptor models to deliver the majority of EE curriculum, managing and ensuring quality of EE becomes increasingly challenging. One undescribed approach for design and delivery of EE programs for schools and colleges with reliance on volunteer preceptors is clinical practice faculty engaging in collaborative partnerships with EE leadership and faculty to enhance curriculum and assessment.

Through this discussion, we describe challenges in EE programs, opportunities to elevate quality in EE, and propose a model that was recently implemented at our institution as a possible solution. Our use of “clinical practice faculty” refers to full-time faculty members who are actively practicing or have expertise in a patient care area. In this new model, clinical practice faculty are assigned as advanced pharmacy practice experience (APPE) course directors within their area of practice expertise (e.g., acute care and institutional care practitioner as an acute care and institutional APPE course director). We developed the course director role for all required APPE experiences. The purpose of this manuscript is to explain the purpose and benefits of this partnership, and advocate for

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similar roles to be considered by other EE programs.

Commentary

Like the structure and management of didactic courses, course directors promote consistency and quality across rotation sites and experiences. APPE course directors, collaborating with a college or school's office of EE can work together to reimagine rotations to be structurally like didactic courses. Like didactic courses, the course director would be a subject matter expert who, in collaboration with EE, oversees course design, learning objectives, a learning management website with required materials and resources, course syllabus, and serve as a liaison to instructors (in this case, preceptors) delivering course material. Ideally, this may facilitate a more seamless transition from the classroom into practice. Additionally, the targeted clinical focus supports improved quality and standardized experiential training across learning sites.

Operational and logistical aspects of administering EE programs are extremely complex, involving the recruitment and verification of volunteer preceptors, the training of new preceptors on rotation education requirements, student assessment and evaluation, optimizing systems and communications, and creating and delivering preceptor development opportunities. Other logistical aspects of EE programs, including contracting with sites, student placement, and managing issues across a broad geographic area, make administration of didactic curriculum seem simple in comparison. Because of these additional complexities, EE is sometimes considered an administrative responsibility rather than as a substantial part of the required curricular offering to students enrolled in schools and colleges of pharmacy, limiting the focus on curricular and assessment related issues and innovations. Discussions of improving quality in EE programs in the literature often focus on these administrative strategies.¹

The Accreditation Council for Pharmacy Education (ACPE) outlines quality assurance of EE as one of the key elements of curricular design, delivery, and oversight. Quality assurance systems should: "(1) facilitate achievement of stated course expectations, (2) standardize key components of experiences across all sites offering the same experiential course, and (3) promote consistent assessment of student performance".² Discussion of how to produce quality in EE is ongoing. A 2008 white paper from the American College of Clinical Pharmacy (ACCP) recommended key components to support quality EE.³ These included requirements for practice sites, preceptor roles, qualification, credentialing, and development and assessment of student performance.³ Indeed, these guidelines represent critical components of successful delivery of EE. One aspect that is frequently missing from the discussion of strategies to improve quality in EE is enhancing faculty partnerships. The authors of the ACCP white paper state that "faculty ownership of curricular design and delivery is important given the unique opportunities and resources of each school." They also go on to state that "schools should have a dedicated faculty member (e.g., Director of Experiential Education) who is responsible for oversight of the school's experiential education program." APPE course director roles based on clinical or setting-based expertise remains unexplored.

The 2002–2003 Report of the American Association of Colleges of Pharmacy (AACP) Professional Affairs Committee on Experiential Education describes the breadth and diversity of roles of directors of experiential programs.⁴ Directors must oversee sites, students, volunteer preceptors (in an era in which programs are relying on volunteer faculty for this role), and teaching and learning. Additionally, they must manage resources, personnel, and finances. With such diversity of responsibilities, delegation of teaching and learning could be one mechanism to balancing the director's workload. Furthermore, the 2004–2005 Report of the AACP Professional Affairs Committee states that "contemporary knowledge of one's subject area is paramount in any area of education".⁵ While volunteer preceptors are subject matter experts, the responsibility for learning objectives and assessment remains with EE. Conversely, EE may lack the setting-specific knowledge and expertise needed for all rotation types. Active collaboration with clinical practice faculty in EE course design could close this gap and have a subject matter expert at the helm in the role of course director, as in didactic courses.

In addition to these complexities, there is great variability to the structure of EE administration across pharmacy programs. Some have separate directors for APPE and introductory pharmacy practice experiences (IPPE), some directors are assistant or associate deans, while some are junior faculty with active practice sites. Some EE departments are limited to a director role, while some have multiple staff and faculty within the department, or partner closely with clinical faculty outside of the department. There are also many existing models for working with faculty and preceptors. Some schools and colleges employ EE committee models, including faculty and volunteer preceptors, who are consulted on design and assessment issues by EE administrators. Some consult faculty or teams of faculty as content experts. Each of these approaches have their own strengths and weaknesses that have not been fully described in the literature.

Integration of APPE course directors into the administrative structure of EE programs can support quality through several ways. Providing this support through the lens of the clinical practice faculty member's experience specific to the rotation type could provide more direct, specific, and meaningful support to improve quality. This is through defining clearer and more realistic expectations, creating relevant activities, supporting preceptor development, and supporting site preceptors in managing knowledge base, performance, and/or professionalism related student issues. For preceptors whose primary responsibility is not teaching, this support could be particularly valuable for time-constrained practitioners. In a course director role, faculty with relevant clinical practice experience could focus on required rotations that match their expertise. For example, a practicing ambulatory care faculty course director would work to ensure that objectives, expectations, requirements, and assignments are realistic and appropriate based on contemporary practice. As ACPE requires "experience-specific learning outcomes" defined for APPEs, and experiences provided in community, ambulatory care, general medicine, and health-system pharmacy, faculty with current and direct experience in these settings may be best suited to create these expectations and outcomes. Additionally, by increasing awareness about EE logistics and operations, the course director can serve as a more effective liaison to students and volunteer preceptors. In collaboration with volunteer preceptors and the EE department, having clinical practice faculty define expectations for practice experiences, preceptors,

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