SPECIAL ARTICLES

AACP Portfolio of Products and Services Supporting Experiential Education

George E. MacKinnon III, PhD

American Association of Colleges of Pharmacy

We can't solve problems by using the same kind of thinking we used when we created them

-Einstein

INTRODUCTION

The attention to experiential education within the academic pharmacy and professional practice communities has increased dramatically in recent years. Some of the added attention has been in response to changes in accreditation requirements as promulgated by the Accreditation Council on Pharmacy Education (ACPE) in the Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree.¹ There has also been an increased demand for quality experiential education in all practice settings due to the emergence of new academic pharmacy programs, as well as the expansion of existing programs. Recognizing that substantive dialogue was needed the 2005 Summit to Advance Experiential Education, was convened by the American Association of Colleges of Pharmacy (AACP) with the purpose of bringing together stakeholders from the practice, regulatory, and education communities to identify strategies and develop resources to increase the capacity and enhance the quality, efficiency, and effectiveness of experiential education in pharmacy.²

Outputs from the 2005 Summit have included an online annotated library of resources³ and the Advanced Practice Experience Site Profiling System.⁴ The profiling system is a toolkit for experiential directors to identify, document, and profile models of exemplary experiential education practice site partnerships that they use in their professional programs. This profiling system has been further used to nominate and select the 2007 and 2008 recipients of the AACP Crystal APPLE (Academic Practice Partnerships for Learning Excellence) Award, which is presented each year to 8 national academic-practice partnerships in experiential education.

EXPANDING RESOURCES TO SUPPORT EXPERIENTIAL EDUCATION

Recognizing the continual need for activities to enhance experiential education on a national platform, in 2007 the AACP Board of Directors endorsed a broad

portfolio of products and services to support the various stakeholders involved in experiential education. The following are brief summaries of some of the products:

(1) Experiential Education Administrator's Workshop

Goal: to provide essential information and resources to new administrative support personnel for experiential education programs at colleges and schools of pharmacy in a consistent manner and create a support network for such individuals through an ongoing effort.

(2) National Preceptor Profile

Goal: to describe on a national level the characteristics, demographics, and development needs of pharmacy preceptors engaged in experiential education.

(3) Universal Competency Assessment of Pharmacy Practice Experiences (CAPPE)

Goal: to employ an evidenced-based approach to student performance assessment during experiential education that provides useful information about student performance through the use of a psychometrically sound clinical performance assessment tool that is available in an electronic format nationally, supporting the needs of volunteer preceptors and full-time faculty members.

(4) National Pharmacy Preceptor Development Program

Goal: to create a preceptor development program by assisting individuals in their self-improvement/continuing professional development (CPD) in becoming quality clinical instructors and by pooling resources (ie, human, intellectual, technological, financial) within the academy in a cooperative manner.

(5) Universal Documentation System

Goal: to employ a universal approach for documenting and characterizing the contributions that pharmacy students provide in the care of patients in a multitude of practice settings, while imparting the skills, attitudes, and behaviors pharmacy students need to deliver patient-centered care.

These 5 action-oriented programs have been overseen by an advisory group of members of the academy who are actively engaged in managing experiential education programs. The products and services are in various stages of development. The inaugural Experiential Education Administrator's Workshop took place in fall 2007. Individuals representing 23 colleges and schools of pharmacy attended, with the mean level of experience among these administrators being 6 months. Members of the experiential community have been surveyed with respect to the need for programming in 2008, resulting in plans for a workshop this fall.

Benchmarking the number of preceptors and their continuing professional development needs (as required in ACPE Standard 26) is essential. For example, if each of 100 colleges and schools of pharmacy is working with an average of 400 preceptors (which is not uncommon), even if an overlap of 50% (a high projection) with other academic programs is assumed, there may well be 20,000 preceptors supporting pharmacy education. That is approximately 4 times the number of full-time pharmacy faculty members in the United States and 8 times the number of clinical faculty members. Obviously, these are conservative projections and the number of preceptors may be far greater. Irrespective of projections, the academy must have a better sense of this valuable human resource at the local and national levels and how best to engage their interests and talents in pharmacy education. The Preceptor Profile will complement the existing popular profiles assembled by AACP (ie, Profile of Pharmacy Faculty and Profile of Pharmacy Students). It is intended to be a tool for individual colleges and schools of pharmacy to use in enhancing their understanding the individual and aggregate needs of preceptors and not a clearinghouse for experiential education placements.

The need for standardization in experiential education is apparent on many fronts (eg, preceptor training, various types of evaluations, and clinical documentation by students⁵), though none is more noticeable as in the evaluation of students completing advanced pharmacy practice experiences (APPEs). As more students desire to complete experiential rotations that are geographically distant from their respective academic programs and as academic programs access experiential resources that are not located near campuses, a mechanism must be created that demonstrates the integrity of the experiences has not been compromised irrespective of geographic setting, location, or the preceptors involved. A nationally validated instrument also has the utility to allow for reciprocal agreements between state boards of pharmacy to grant internship hours to individuals while demonstrating that programs are meeting the ACPE Standards for APPEs.

The universal approach to assessment is being supported through the activities of the 2007-2008 AACP Brodie Academic Scholar-in-Residence. The System of Universal Clinical Competency Evaluation in the Sunshine State (SUCCESS)⁶ has been used since 2005 and has been embraced by practitioners and educators alike in Florida among 3 academic programs for APPEs. In April 2008, a training program for 10 colleges and schools of pharmacy was conducted to establish a proof-of-concept project for evaluating the existing SUCCESS system for competency assessment of APPEs in the forthcoming academic year.

In 2008, a new module to a comprehensive online interdisciplinary faculty development program, *Education Scholar*,⁷ which was specifically designed for health professions educators seeking to upgrade teaching skills and develop a scholarly approach to teaching, will be introduced. This new module, *Learning in the Experiential Setting*, is intended for health science preceptors, including postgraduate residents, and can be used to augment the current continuing professional development of preceptors that is currently undertaken by colleges and schools of pharmacy.

ASSOCIATION INFLUENCE IN EXPERIENTIAL EDUCATION

In 2007, the AACP House of Delegates approved the transition of the Professional Experience Programs Special Interest Group (PEPSIG) to the Experiential Education Section, conferring additional recognition within the Association's organizational structure. It is through an association's membership and governance structure that pertinent and vital issues of interest are brought to the attention of vested members and external constituents. The movement to a Section in AACP affords experiential educators with opportunities for greater contributions to the governance of the Association as well as leadership development of members.

Lastly the needs for experiential education have not gone unnoticed by various professional pharmacy organizations. In fall 2007, AACP and the American Society of Health-System Pharmacists (ASHP) collaborated on a survey of ASHP members to investigate current and projected capacity for experiential education for PharmD students in hospitals and health systems, the status of these learning experiences, factors influencing participation, the type of investment and support from academic partners, and perceived benefits to the hospitals and health systems. The publication of these results in the *American Journal of Pharmaceutical Education* and the *American Journal of Health-System Pharmacy* is forthcoming in 2008.

The recent actions of the American Pharmacists Association (APhA) House of Delegates support the past, present, and future goals of academic pharmacy to develop resources to increase the capacity and enhance the quality, efficiency, and effectiveness of experiential education for pharmacy students and preceptors alike. The relevant actions related to experiential education from the 2008 APhA House of Delegates are as follows⁸:

1. APhA urges state boards of pharmacy, the Accreditation Council for Pharmacy Education (ACPE), the American Association of Colleges of Pharmacy (AACP) and other professional associations; employers, and other stakeholders to collaborate in the development of a blueprint that evaluates, streamlines, and consolidates all student pharmacists' experiential education requirements.
2. APhA encourages the American Association of Colleges of Pharmacy (AACP), in collaboration with state boards of pharmacy, practitioner organizations and other stakeholders, to develop national standardization among schools and colleges of pharmacy to improve the quality of student pharmacists' experiential education. This standardization should be adopted by all schools and colleges of pharmacy and should include:
 - a. A preceptor training program
 - b. A model instrument for preceptors to evaluate student pharmacist performance in required pharmacy practice experiences
 - c. A set of quality indicators for each required pharmacy practice experience
 - d. A report of quality indicator outcomes made available to all schools and colleges of pharmacy, faculty, and current and prospective students.
3. APhA urges schools and colleges of pharmacy to dedicate adequate and equitable financial and human resources to experiential education.

CONCLUSION

As evident in these actions and the profile of products and services described above, much has been accomplished recently in the area of experiential learning in

pharmacy education. The AACP (members and staff), colleges and schools of pharmacy, and other professional stakeholders recognize and have been developing and allocating resources to an important aspect of pharmacy education: experiential education. All parties interested in supporting and advancing the preceptor community must continue to engage in ongoing dialogue to understand preceptor needs (and limitations) and have a commitment to standardize various aspects of experiential education such that preceptors are not overwhelmed with multiple products and services intended to accomplish the same outcomes. Given the importance of the volunteer preceptor base to experiential education, and the known overlap of preceptors among academic pharmacy programs, colleges and schools of pharmacy must work collaboratively at the local, state, regional, and national levels to standardize approaches that support and enhance experiential learning for all.

REFERENCES

1. Accreditation Council for Pharmacy Education. Accreditation standards and guidelines for the professional program in pharmacy leading to the doctor of pharmacy degree. Available at <http://www.acpe-accredit.org/standards/default.asp> Accessed May 7, 2008.
2. American Association of Colleges of Pharmacy. Academic practice partnership initiative. Summit to advance experiential education in pharmacy. Final report and proceedings, June 17–18, 2005. Available at: http://aacp.org/Docs/MainNavigation/Resources/7048_SummitFinalReport.pdf Accessed May 7, 2008.
3. Professional Experience Program (PEP) Library of Resources. Virginia Commonwealth University. Available at: <http://www.pubinfo.vcu.edu/pharmacy/peplibrary/index.html> Accessed June 10, 2008.
4. Advanced Practice Experience Site Profiling System (APESPS). American Association of Colleges of Pharmacy, Alexandria, VA. Available at: <http://www.aacp.org/site/page.asp?TRACKID=&VID=1&CID=1226&DID=7043> Accessed on June 10, 2008.
5. MacKinnon III GE. Documentation: a value proposition for pharmacy education and the pharmacy profession. *Am J Pharm Educ.* 2007;71:Article 73.
6. Ried LD, Nemire R, Doty R, et al. An automated competency-based student performance assessment. *Am J Pharm Educ.* 2007;71:Article 128.
7. Education Scholar Program, 2008. Available at: <http://www.educationscholar.org/index.htm>
8. Final Report of the 2008 APhA House of Delegates. Available at: http://www.pharmacist.com/Content/NavigationMenu3/AboutAPha/HouseofDelegates/APhA_House_of_Delega.htm Accessed May 15, 2008.