VIEWPOINTS

A Hand and Glove Approach to Pharmacy Experiential Education and Residency Training

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Neither the Accreditation Council of Pharmacy Education (ACPE) doctor of pharmacy (PharmD) program guidelines¹ nor the American Society of Health-System Pharmacists (ASHP) guidelines for residencies² mandate that training of doctor of pharmacy (PharmD) students and pharmacy residents coincide. As pharmacy moves toward expanded residency training at a minimum or considers mandated residency training for “direct patient care,”³ the profession would be well-served to contemplate requirements that pharmacy students train with pharmacists at all levels of practice and experience. In particular, we feel that postgraduate pharmacy residency training should include direct involvement with PharmD students as well as an exposure to teaching. At present, our medicine colleagues take a tiered approach to experiential education: attending physicians, fellows/residents to medical students is medicine’s approach to clinical education, clerkships, and graduate medical education. The Liaison Committee on Medical Education (LCME) requirements suggest that medical students be exposed to learners of many types, and stress residency experiences in particular for their doctor of medicine program training.⁴ Graduate medical education requirements (from the Accreditation Council for Graduate Medical Education [ACGME] for medicine residency programs) strongly encourage but do not mandate that student learners be involved in these programs. However, ACGME requirements have clearly defined expectations about training residents to teach, essentially requiring understanding of, or participation in, doctor of medicine education.⁵ The LCME and ACGME requirements take the view that education is something in which physicians at each level of practice and experience should participate.

A similar approach of attending pharmacists, residents, and fellows to training advanced and introductory pharmacy practice experience (APPE, IPPE) students would benefit both learners and teachers/preceptors. Instruction by upper-level students and residents can extend teaching by pharmacists, and also begin their process of maturation into eventual preceptors.⁶ This approach provides academic pharmacy an avenue to invest in the next generation of preceptors and reinforce trainee knowledge

base, communication, and other skills required for successful practice-based teaching. Further, with added requirements and needed emphasis on interprofessional education, we should seek to have greater overlap in experiential education in a tiered manner with our medicine colleagues, as well as other health care professionals, allowing pharmacy to learn with and from them, and enabling learning about one another, thus solidifying the importance of team-based approaches to care.

Our reliance on a pharmacy practice model that has evolved little over the past decades is a significant impediment to achieving this educational paradigm. If as a profession we are unable to achieve an approach to practice that more effectively integrates the role of residents and students, these trainees will only be accessories to the health care team. Rather, our goal should be that student and resident pharmacists are considered essential caregivers, such that their absence from the health care team is both noticeable and detrimental. We believe an equilibrium can be achieved such that there is not an over-reliance on students and trainees that hampers their ability to learn, or potentially minimizes the quality of patient care they provide, yet provides sufficient opportunities to meaningfully fulfill their caregiver roles. Though some members of the academy may be opposed to our engagement in practice model development, we assert that academic clinician scientists are well-equipped to marshal scholarly approaches to model development, implementation, and assessment.

Mandating that all students be exposed to residency training may be limited by an inadequate number of residency programs or residency positions. Capacity concerns have been expressed in debates about mandating residencies for pharmacists in “direct patient care.”³ The better approach in relation to residency training and PharmD education may be to mandate that all residencies include PharmD students in their scope of training. Further, as the ACGME guidelines require in medicine, pharmacy residents should continue to be expected to learn to teach. ACPE and ASHP guidelines should take into consideration the view of medicine in education that pharmacists in each

tier of practice should also participate. We do acknowledge that the expansion of existing and growth in new colleges of pharmacy have increased the challenge for institutions to insure a sufficient cadre of well-suited experiential education sites and corresponding preceptors. Indeed, in this era of educational accountability, and greater focus of ACPE on assessment, these pressures are increasing. Thus, our recommendations may be met with further hesitancy. Yet, a shift to tiered engagement in education and training may ease the current supply/demand concerns from both experiential education and residency training perspectives.

Taking the above into consideration, we believe that a closer relationship between pharmacy experiential education and residencies must exist. To enable achievement of this goal, practice, accreditation, and regulatory bodies must collaborate. We suggest that ASHP, ACPE, National Association of Boards of Pharmacy, American Association of Colleges of Pharmacy, and other professional organizations convene a taskforce to bring forth recommendations allowing increased experimentation in experiential and residency training models that will enable this to be brought to fruition. While the example of our medicine colleagues may suggest that this be strongly encouraged, it might be best for the profession of pharmacy to take the lead to mandate these experiences such that these critical training opportunities are inextricably

cably linked similar to the analogy of hand and glove. If this approach is taken, we feel that all tiers of pharmacy practice would benefit.

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