



COMPLETED GRANT SYNOPSIS

Establishing measures of quality for community-based pharmacy practice experiential education

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| Objectives | |
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| <p>The objectives of this project are:</p> <ol style="list-style-type: none"> 1) Define criteria for “high quality” community-based pharmacy experiential education sites, 2) Map best practice experiential activities for community-based pharmacy to Curriculum Outcomes and Entrustable Professional Activities (COEPA) standards, 3) Create resources to implement adoption of “high quality” community-based pharmacy experiential education criteria for colleges and schools of pharmacy and community-based pharmacy experiential education sites. | |
| Methods | |
| Design | <ul style="list-style-type: none"> • This study used a Modified Delphi Process to create a consensus definition of a “high-quality” community pharmacy practice experiential education site. • Subject matter experts invited to apply included experiential education faculty, student pharmacists, non-faculty community pharmacy preceptors, and community pharmacy administrators. • Predetermined criteria to define “expert” was utilized to invite the most highly qualified respondents to participate. • Participants were chosen using blinded data through consensus from all investigators with a goal of diversifying the group of experts. • Participants were asked to complete three surveys. <ul style="list-style-type: none"> ○ The first survey used open-ended prompts to describe the ideal community pharmacy site, learning experience structure, and preceptor. ○ The second survey used the descriptions from the first survey to form discrete characteristics, and participants were asked to rate the importance of each characteristic. ○ The third survey asked participants to rank the highest rated characteristics from the second survey in order of importance. • From the survey data, investigators drafted a definition using the words and ideas of the participants. • Participants then discussed the draft definition in a series of focus groups, and investigators used the feedback to finalize the definition of “high quality” for a community pharmacy practice experiential education site. • The Exploration, Preparation, Implementation, Sustainment (EPIS) framework was used to analyze information gathered in focus groups. • The finalized definition was presented at the American Pharmacists Association (APhA) Annual Meeting as a poster presentation, and a Qualtrics survey was used to collect comments. • Focus group feedback led to the development of the assessment and guidance document which was then presented for feedback at the American Association of Colleges of Pharmacy (AACP) Annual meeting as a 90-minute interactive session. The participants were split into three parts of the definition to provide feedback on the tool as well as any recommendations to consider for the implementation resources. • |

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| Study endpoints | <ul style="list-style-type: none"> Definition of “high quality” for a community pharmacy practice experiential education site Implementation resources for adoption of the definition at schools and colleges of pharmacy |
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Results

- A group of 45 experts were chosen from a pool of 195 applicants. See tables below for participant characteristics.
- The response rates for Survey 1, Survey 2, and Survey 3 were 91%, 82%, and 67%, respectively.
- 23 experts participated in a focus group (51%)
- A consensus definition was finalized and mapped to the EPIS framework.
- Implementation tools created included:
 - Map of characteristics in the definition to Curriculum Outcomes and Entrustable Professional Activities (COEPA) standards
 - Model syllabus template based on the definition customizable to the community pharmacy site and preceptor
 - Assessment and Guidance Tool for use by schools and colleges of pharmacy to set objective criteria
 - The session at the AACP Annual meeting was attended by approximately 90 participants. While the session generated positive feedback on the definition, the discussion suggested a need for further investigation of implementation strategies to maximize the impact of the definition and tools.

Overall Demographics

| | | n | % |
|--|--------------------------------|----|-------|
| Role | Preceptor | 13 | 28.9% |
| | Owner/administrator | 11 | 24.4% |
| | Experiential education faculty | 11 | 24.4% |
| | Student | 10 | 22.2% |
| Race/Ethnicity* | White/European American | 34 | 75.6% |
| | African/Black/African American | 5 | 11.1% |
| | Asian/Asian American | 5 | 11.1% |
| | Hispanic/Latin(a)/Chican(a) | 3 | 6.7% |
| | Middle Eastern/Southwest Asian | 1 | 2.2% |
| | American Indian/Native | 1 | 2.2% |
| Gender | Female | 36 | 80.0% |
| | Male | 9 | 20.0% |
| Geographic Region | Midwest | 13 | 28.9% |
| | Mountain | 4 | 8.9% |
| | Northeast | 5 | 11.1% |
| | Pacific | 4 | 8.9% |
| | South | 19 | 42.2% |
| Years of Experience** | 1-5 years | 4 | 11.4% |
| | 6-10 years | 6 | 17.1% |
| | 11-15 years | 8 | 22.9% |
| | 16-20 years | 9 | 25.7% |
| | 21-30 years | 5 | 14.3% |
| | More than 20 years | 3 | 8.6% |
| *Percentages add up to >100% as participants chose multiple categories | | | |
| **Excludes students | | | |

Table 2: Organizational Demographics

| | | n | % |
|--|---------------------------------------|----|-------|
| Student and Faculty College Type* | Public | 14 | 66.7% |
| | Private | 6 | 28.6% |
| | Accelerated | 2 | 9.5% |
| Administrator and Preceptor Pharmacy Type** | Independent, single-store operation | 8 | 33.3% |
| | Independent, multiple-store operation | 5 | 20.8% |
| | Supermarket Chain | 4 | 16.7% |
| | Health-system outpatient pharmacy | 3 | 12.5% |
| | National Chain | 4 | 16.7% |
| *Adds to more than 100% due to institutions in multiple categories | | | |
| **Excludes students | | | |

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Definition of high-quality community pharmacy experiential education

Preamble:

- The intent of this definition is to guide pharmacy leaders and colleges and schools of pharmacy in making improvements in community pharmacy experiential education sites.
- The site, preceptor, school, and student all play a critical role in ensuring a successful rotation experience.
- This definition assumes all minimum experiential education requirements are met by pharmacy sites and preceptors.
- A high-quality community pharmacy experiential site is not required to meet all of these criteria, but may use this as a best practice.

Pharmacy Site

The pharmacy site has a variety of direct patient care services, including non-dispensing clinical services, that are incorporated into normal pharmacy operational workflow and are supported by all pharmacy staff. The pharmacy demonstrates commitment to quality patient care through seeking patient feedback and conducting continuous quality improvement.

The pharmacy site has a positive culture with high team morale that provides a warm, welcoming, and inclusive learning environment for staff, students, and patients. Defined roles with shared responsibility and clear communication among all who interact inside and outside the pharmacy (e.g., patients, other healthcare providers, pharmacy staff, etc.) facilitates exceptional patient care.

The pharmacy site has a strong operational workflow with sufficient staffing, technology, and resources to support student learning, has support from leadership to have learners on site, and has staff who value lifelong learning and are supportive of teaching and mentoring students.

Learning Experience

The preceptor has leadership support to implement a structured learning experience. The learning experience includes a structured orientation with overall expectations and training on pharmacy processes. The learning experience has activities with clear, specific, measurable expectations that facilitate achievement of learning objectives. Activities and expectations are customizable based on each student's prior experiences, knowledge, skills, and interests to facilitate appropriate progression. The learning experience includes a structure for timely, specific, formal, and informal feedback.

The learning experience includes integration of dispensing and direct involvement in patient care activities (e.g., counseling, immunizations, disease state management, ensuring medication access) both in person and virtually. Activities allow for increasing responsibilities and autonomy throughout the experience, allowing students to move from observation to active participation even if for a portion of a complex task (including tasks reserved for pharmacists).

The learning experience affords students the opportunities to problem-solve independently on projects at all stages of pharmacy service implementation, participate in various pharmacy operations, management, and business activities, and learn how to follow all regulatory policies/procedures.

Preceptor

The preceptor is inclusive, approachable, shows enthusiasm for teaching, and creates a positive, respectful, and conducive learning environment by demonstrating a genuine interest in student growth. The preceptor has a positive attitude toward and passion for the profession. The preceptor is committed to lifelong learning

to best serve patients in the community with exceptional patient care and with strong understanding of pharmacy operations to advance practice efforts.

The preceptor demonstrates effective organization skills to maintain structure of the learning experience and provide thorough evaluations and fair assessments. To ensure all requirements and expectations are met for the learning experience, the preceptor maintains a positive and open relationship with the Experiential Learning Department at the College/School of Pharmacy.

The preceptor has sufficient time for direct interaction with and observation of students and engages in coaching and instruction, including offering guidance during activities and taking the time to explain processes in detail.

The preceptor is flexible in teaching methods to adapt to the level of student performance and learning style and maintains high, but reasonable, expectations and standards to appropriately challenge students.

The preceptor provides frequent, quality formal and informal feedback that is timely and specific, highlighting strengths and areas for improvement and encouraging innovative thinking and problem-solving in students. The preceptor demonstrates clear, effective and honest communication to facilitate self-reflection in students. The preceptor solicits and incorporates student feedback.

Conclusion

A consensus definition of “high quality” for a community pharmacy practice experiential education site was created with tools to facilitate its implementation. Initial feedback suggests that this definition will help to streamline expectations for community pharmacy experiential education sites, helping to improve quality of learning experiences for student pharmacists. Future investigation is needed to determine adaptable implementation strategies for the definition due to the diverse nature of pharmacy practice and education. Considerations will need to be made to reduce burdens across all settings and contexts.