ACCP Position Statement

Ensuring Quality Experiential Education

American College of Clinical Pharmacy

Krystal K. Haase, Pharm.D., FCCP, Maureen A. Smythe, Pharm.D., FCCP, Patricia L. Orlando, Pharm.D., FCCP, Beth H. Resman-Targoff, Pharm.D., FCCP, and Lisa S. Smith, Pharm.D.

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The American College of Clinical Pharmacy (ACCP) supports measures to define and enhance experiential education training programs within pharmacy school curricula. The ACCP believes that a consistent level of high-quality, outcomes-focused experiential education should be established. This education must encompass the knowledge, skills, and attitudes necessary for graduates to enter pharmacy practice in any setting. Schools of pharmacy should be accountable for the educational outcomes of their graduates.

The ACCP acknowledges the benefit of curricular autonomy, with pharmacy faculty maintaining ownership of curricular design and implementation. This autonomy allows for innovation in the development of unique educational models that will, in turn, further advance the practice of pharmacy. Accountability and autonomy must coexist for the optimal development of experiential education training programs. The ACCP believes that the following are essential tenets of quality experiential education.

Quantitative and Qualitative Factors

Quantity of Experience

The ACCP supports the inclusion of quantitative requirements for experiential education and provides the following guidance for interpretation of the Accreditation Council for Pharmacy Education standards. Introductory pharmacy practice experiences should encompass no less than 5% of curricular content, or the equivalent of 300 hours of structured experiential activities. Advanced pharmacy practice experiences should encompass a minimum of 25% of a 4-academic-year program calculated as, at minimum, 36 weeks of advanced practice experiences.

Breadth of Experience

Experiences should be structured to ensure that each student who completes the program is proficient as an entry-level practitioner in all of the following areas: community practice management, health systems practice management, and direct patient care for inpatient, ambulatory, and community care patients. Candidates should have a minimum of 24 weeks of advanced practice experiences in direct patient care, including acute care, ambulatory or primary care, community care, and career-focused electives. In addition, students should have documented experience in the care of both

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Address reprint requests to the American College of Clinical Pharmacy, 13000 West 87th Street Parkway, Suite 100, Lenexa, KS 66215; e-mail: accp@accp.com, or download from http://www.accp.com.

geriatric and pediatric patient populations. Remaining experiences should meet expectations for quality as defined in the next paragraph but should otherwise be flexible to allow students to explore or pursue different career paths. A wide range of structured elective opportunities should be available to students for this purpose.

Quality of Experience

All experiences should be well-planned, outcomes-focused training experiences with adequate supervision and assessment by a qualified preceptor within a learning-rich practice environment. Experiential education should begin in the first professional year of the curriculum and should be structured so that experiences build on one another, culminating with advanced pharmacy practice experiences. Experiential activities, including introductory pharmacy practice experiences, should involve actual practice experiences with direct involvement of the student in patient care activities. The experiential curriculum and its individual components should each have clearly defined learning objectives, activities, and assessments, so that certain minimum outcomes (skills, knowledge, and attitudes or beliefs) are consistent for all students within an individual school.

Depth of Experience

Key outcomes should be standardized for experiences across all schools of pharmacy. Students should have documented proficiency in interprofessional communication with both physicians and other health care practitioners, patient communication, and the use of evidence-based medicine to support comprehensive drug therapy management. In addition, distributive and management experiences within both hospital and community pharmacy settings should be documented. Direct patient care experiences should integrate the student into the health care team with a defined, active role in the care of patients. All experiences should have well-defined outcomes that lead to the primary aim of optimizing the educational experience for the student.

Practice Site Requirements

Site Qualifications

Practice sites should be licensed and accredited, as appropriate. Sites should allow the opportunity for students to engage in the direct care of a diverse population of patients and should provide opportunities to interact with other health care professionals on a daily basis. Other essential site requirements include routine access to patient medical records and adequate drug information and technologic resources. Site-specific deficiencies (e.g., narrow patient population) should be compensated for through selection of other experiences for a given student.

Program Oversight

Each school should appoint a faculty member(s) who is responsible for oversight of the experiential program (i.e., director of experiential education). This individual, along with adequate support staff, should ensure that an adequate number of qualified practice sites and preceptors are available to implement and sustain the experiential curriculum. In addition, this individual should implement quality assessment and improvement processes and establish an adequate communication network for preceptors.

Precepting Requirements

Level of Student Interaction

Preceptors should interact with pharmacy students on a daily basis. The knowledge and skill level of the student and the nature of the practice site should determine the level of preceptor supervision. Methods of interaction should be site specific in order to meet educational goals and outcomes and should be tailored to meet the needs of the student. Interactions should challenge the student, encourage self-directed learning, and provide ongoing constructive feedback.

Student:Preceptor Ratio

The student:preceptor ratio at a practice site should be carefully considered to ensure adequate individualized instruction, guidance, supervision, and assessment of the student. Practice site demographics, including patient volume and the presence of supportive clinicians (physicians and residents), should also factor into student assignment. A 2:1 student:preceptor ratio is optimal for most advanced pharmacy practice experiences and should generally not be exceeded for non–full-time faculty preceptors who have other demands on their time. The scheduling of two students concurrently with one preceptor can enhance the learning experience. For full-time faculty whose primary

time commitment is practice-based precepting, a ratio as high as 4:1 may be justified as long as no other resource constraints exist. Because preceptors often educate not only students but also other learners such as residents, trainees, or nonpharmacy health-profession students, the total learner:preceptor ratio should not exceed 4:1 at a given time. Where higher ratios are used, documentation should be maintained and reviewed to ensure that all learners are achieving the desired outcomes for the experience.

The annual cumulative number of students per preceptor should be assessed. Infrequent (once or twice/year) or excessive precepting of students may result in less than optimal preceptor performance. Faculty time for scholarship, development, and service endeavors should be protected.

Preceptor Qualifications, Training or Credentialing, and Development

Preceptor Qualifications

Schools should establish a formal process for the appointment and reappointment of preceptors. Preceptors should, in most cases, be licensed pharmacists and should meet precepting requirements set by boards of pharmacy when applicable. Preceptors should have appropriate credentials for their respective type of practice. Preceptors of direct patient care advanced practice experiences should have a minimum of 1 year of residency training and 2 years as appropriate for specialty practice. In addition, certification by the Board of Pharmaceutical Specialties in the most relevant area of specialization (pharmacotherapy, oncology, psychiatry, nutrition, nuclear, or others if available) is strongly encouraged. The individual school should assess and justify equivalent experiences for preceptors who do not meet these requirements. Preceptors who provide direct patient care experiences should maintain an active patient care practice. Other intangible preceptor attributes should also be considered, including effective mentorship, professionalism, and care and empathy for patients. Student and peer evaluations of teaching should be reviewed on an ongoing basis both for preceptor development and for academic reappointment.

Preceptor Training Program

Schools must develop widely accessible preceptor training programs. Programs should include in-depth training for new preceptors and annual or biennial training for current preceptors. Preceptor training requirements must be completed before assignment of students. The ACCP endorses the development of a national training program for preceptors. In addition, program-specific training is still essential and should address the individual school's educational philosophy, curriculum, preceptor expectations, assessment requirements, important policies and procedures, key contacts, and resources.

Preceptor Support and Recognition

Schools should provide incentives to adjunct faculty who provide experiential education. Incentives may include formal teaching appointments, recognitions, access to technology or library resources, provision of ongoing training and development programs, and other resources such as travel support or payment of professional membership dues. Preceptors, regardless of academic appointment, should be given the opportunity to play an active role in the ongoing development and improvement of experiential education training programs.

Assessment of Student Outcomes

Types of Assessments

Assessment of student performance should include evaluation of knowledge, skills, and attitudes. Knowledge assessments should be objective and based on student performance in predefined content areas for each experience. Skills and attitudes may be assessed through observation during the experience and/or through targeted skill assessments.

Consistent Assessment of Students

Assessments should be standardized to ensure that all students who are completing a specific experience are assessed in the same fashion, regardless of experiential site. In addition, schools of pharmacy that share precepting sites may consider development of uniform assessment tools to promote consistency for preceptors. Assessments should include frequent formative feedback as well as summative feedback. Student self-assessment is strongly encouraged.

Longitudinal Assessment

Assessment tools and methods should be based on the goals and objectives of both specific

experiences and the experiential program as a whole. Assessments should be structured to assess student performance across a continuum of introductory and advanced practice experiences. In other words, student performance from previous experiences should be used to tailor certain aspects of subsequent experiences. Portfolio systems may be helpful as both an assessment tool and a planning tool. Portfolio systems provide documentation of completion of specific objectives across all clerkships and even prior didactic curriculum activities. They provide support for planning additional experiences and activities to ensure that curricular outcomes are met through the sum of practice experiences.