

ACCP POSITION STATEMENT

Striving for excellence in experiential education

American College of Clinical Pharmacy

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The American College of Clinical Pharmacy (ACCP) provides this position statement and accompanying white paper to promote excellence in experiential education in Pharm.D. education programs.¹ These updates to the College's 2008 white paper and position statement on quality experiential education were undertaken to support colleges and schools of pharmacy (C/SOPs) in providing high-quality experiential education and to reflect the changes in accreditation standards, core educational outcomes, interprofessional competencies, use of the entrustable professional activities (EPAs), and advances in higher education, pharmacy practice, and health care.²⁻¹¹

OUTCOMES, PREPAREDNESS, AND READINESS

The College endorses the educational outcomes from the 2016 Accreditation Council for Pharmacy Education (ACPE) accreditation standards (2016 ACPE Standards), the four domains of which are Foundational Knowledge, Essentials for Practice and Care, Approach to Practice and Care, and Personal and Professional Development.^{4,6} Additional pertinent outcomes described in the 2016 ACPE Standards include the Pharmacists' Patient Care Process and interprofessional education (IPE). These educational outcomes should be progressively developed, integrated, and applied in the didactic and experiential components of the Pharm.D. curriculum and elements in the co-curriculum, with development culminating during the advanced pharmacy practice experiences (APPEs).

The EPA statements, developed by the American Association of Colleges of Pharmacy (AACCP), describe the essential activities and tasks that a professional must be able to perform without supervision.⁹⁻¹¹ The EPAs provide students with a clear picture of the core responsibilities and activities that pharmacists will be entrusted with, thereby increasing the

relevance of the prerequisite instruction and foundational experiences. The College recommends that C/SOPs adopt the 15 AACP EPA core statements and provide instruction related to the EPAs as a whole throughout the curriculum.⁹⁻¹¹ This should include activities and assessments in both introductory pharmacy practice experiences (IPPEs) and APPEs. Each C/SOP should establish setting-appropriate entrustment milestones and remediation plans for progression. The College recommends that each C/SOP determine the threshold level of entrustment expected before starting the APPEs and after successful completion of each year of the curriculum.

The overarching goal of both the pre-APPE curriculum (didactic courses and IPPEs) and associated co-curricular experiences is to prepare students for APPEs.⁴ C/SOPs should use multiple assessments of knowledge, skills, and behaviors in courses and program-based assessments to determine student preparedness for entering APPEs.^{4,12-17} The College encourages C/SOPs to adopt a Level 2 of entrustment in the core EPAs as part of ensuring APPE readiness.¹²

At graduation, all student pharmacists should be able to demonstrate the abilities (knowledge, skills, behaviors, and attitudes) necessary to be a general practitioner in most contemporary pharmacy practice settings.⁴ These abilities should be developed and assessed through APPEs and APPE capstone projects. All students should meet a minimum threshold that defines their readiness for graduation, regardless of postgraduate career plans. Students not meeting the criteria for graduation readiness should be provided with specific feedback on the improvements needed as well as opportunities for remediation with subsequent performance reevaluation. The College believes that graduates should no longer require direct supervision at the time of graduation for generalist pharmacist practice, and each C/SOP should establish a minimum entrustment level of at least 3 for all required curricular outcomes.¹⁰ Graduation readiness also involves developing career plans. Students should be provided with opportunities

to explore career options, practice interviewing, create and update a curriculum vitae, deliver presentations, and participate in data-driven projects or research.

INTRODUCTORY PHARMACY PRACTICE EXPERIENCES AND ADVANCED PHARMACY PRACTICE EXPERIENCES

Each C/SOP shall develop IPPE and APPE goals that support a continuum of student learning across the curriculum.⁴ Students' abilities should be integrated within the curriculum and developed progressively as students advance through IPPEs. Active student participation in direct patient care during IPPEs is essential. C/SOPs should provide guidelines on appropriate IPPE activities that support this engagement. In addition, C/SOPs should look beyond the required 300 IPPE hours, evaluate students' preparedness for APPEs, and structure IPPEs in order to cultivate APPE-ready students.

In the final professional year, APPEs must continue to assist in developing practice-ready graduates and remain current as the profession continues to advance. APPEs should focus on active student participation and direct patient care and should build on the IPE introduced in the IPPE setting.^{18,19} Using the EPAs as an outcome-based assessment measure is an innovative way to guide students through their APPEs and represents an important shift in experiential education.¹¹

The College supports the incorporation of innovative, yet realistic experiential instructional methods that focus on pertinent practice-based activities (e.g., layered learning practice model [LLPM], intentional IPE, simulation).^{18,20,21} Active learning methods, repetition, and assessment and guidance from preceptors should be emphasized to develop core outcomes and abilities with minimal focus on observation and shadowing. Integrating students into patient

care activities may also add value by extending and enhancing pharmacy services. The College encourages the incorporation of students into practice settings in a manner that supports pharmacy practice while enriching student learning in a structured, developmental manner. Pharmacy services that students can support include medication reconciliation, discharge counseling, anticoagulation dosing and monitoring, antimicrobial stewardship, and therapeutic drug monitoring.²² In addition, the College recommends that C/SOPs support practice sites wishing to implement these methods by providing appropriate training and development to overcome barriers such as increased preceptor workload.

MANAGEMENT AND ADMINISTRATION OF THE EXPERIENTIAL PROGRAM

A central administrative structure with closely aligned units managing IPPEs and APPEs allows experiential education programs to deliver quality experiences and effectively coordinate program delivery to enhance progressive student development.⁴ Ideally, administrative leaders should be residency-trained associate or full professors with at least 5 years of direct precepting experience. Coordinators and administrative assistants can provide essential support.

Experiential education management systems are recommended for program administration and delivery. Student portfolio use provides opportunities for reflection and self-assessment beneficial in student professional growth.

An experienced, qualified pharmacist should supervise most student activities. Non-pharmacists can be used as long as criteria and support systems are in place.⁴ Pharmacists in postgraduate training programs may serve as co-preceptors using an LLPM. Student-to-preceptor ratios of 3:1 or less (IPPEs) and 2:1 or less (APPEs) should allow for individualized student mentoring and targeted professional development.⁵ Site factors and state regulations may

influence the chosen ratios. Adequate interaction, supervision, and communication with students provide preceptors with the ability to assess, give feedback, and achieve educational outcomes.

Formal criteria for preceptor recruitment and performance evaluation, including an annual review of preceptors to ensure quality student education, are required.⁴ Preceptors should have the proper credentials and sufficient expertise for their practice area. Ideally, preceptors of direct patient care APPE experiences should meet the same criteria as residency preceptors.²³ A mechanism for providing continuous professional development opportunities and recognizing preceptor excellence is recommended.

Practice sites should be licensed and accredited. They should allow active participation of pharmacy students in the delivery of patient care. Highly desirable attributes of patient care sites include an emphasis on shared decision-making, transitions and continuity of care, interprofessional collaboration, adoption of the Pharmacists' Patient Care Process, postgraduate training, and/or emerging practice models. Practice sites should also expose students to diverse patient populations. It is essential that practice sites establish parameters for supervision and clear communication about chains of command, applicable policies and protocols, local norms of practice, and how student learning experiences and patient care contributions fit into the scope of practice and prevailing practice model. Site use can be enhanced through block or sequential scheduling and/or through institutional or clinical track programs.

An experiential education site coordinator can serve as a liaison between the site and the C/SOP regarding student scheduling, onboarding requirements and processes, preceptor training, and affiliation agreements between the C/SOP and the practice site.²⁴⁻²⁶ Geographic region collaboration through a consortium to more tightly coordinate shared preceptors and sites is encouraged.

Experiential education administration should develop quality criteria, standards, and expectations of preceptors and sites and communicate and use these in the initial selection and annual assessment of training locations. IPPE and APPE sites and preceptors should be evaluated by experiential staff before students are placed at the site, no less than once every 3 years, and preferably through on-site visits. Non-faculty preceptors should be evaluated on their ability to facilitate learning, communicate effectively, serve as a professional role model and mentor, and positively represent and advance the profession.⁵

Quality assurance measures should include curricular outcomes and structures, student abilities, site and preceptor quality, and program process improvement.^{4,19,27-29} A comprehensive review of the experiential program every 3–5 years using broad stakeholder input is recommended. Engaging a preceptor advisory panel for ongoing feedback and assessment of the experiential program is helpful.

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