

The Future of Pharmacy Experiential Education in Canada: A Stakeholder Workshop “Identifying Priorities Together”



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- Steering Committee –Ann Thompson, Angela Kim-Sing, Andrea Cameron (PEP-C) and Harold Lopatka (AFPC)
- Facilitation—Arthur Whetstone, Whetstone Consulting Inc.
- Stakeholder organizations (CSHP, CPhA, CACDS, CCAPP, NAPRA, ADPC, AFPC, CAPSI)

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Agenda

- Background/Overview
- Desired Future
- National Action Priorities and Strategies
- Action Ideas (priority strategies)
- Next Steps

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What are major recommendations of the Blueprint for Pharmacy related to Experiential Learning?

- Secure funding to design, evaluate and disseminate best practices of experiential learning
- Create an inventory of best practices and examples of exemplary models in experiential learning
- Create, evaluate and disseminate new learning models
- Support mechanisms for practitioners to offer experiential learning opportunities

Add blueprint link

CCAPP Standards

Core Curriculum - Practice Experiences

- If first professional degree is the Doctor of Pharmacy degree, 40 weeks of practice experiences are required
 - 8 weeks must be early (ie: prior to 4th year)
 - 24 weeks must be late/advanced (4th year)
 - 8 weeks can be placed early or late
- Must have practice experiences where students are exposed to managing acute and chronic dx
- Inter-professional component now required
- Preceptors must be trained
 - Preceptors should be offered academic appointments
- Adequate resources in experiential office to run program

http://www.ccapp-accredit.ca/obtaining_accreditation/degree/standards/

Current Landscape of Experiential Programs across Canada

- 10 schools/faculties/colleges
- 6 offer BScPharm
- 2 Ontario programs received Provincial approval to offer Entry to Practice PharmD
- 2 Quebec programs offer Entry to Practice PharmD
- UBC, UT offer Post-Baccalaureate PharmD
- UA will offer post-professional PharmD starting 2013

Workshop Goals

<p>Contextual</p> <ul style="list-style-type: none"> • Experiential education discussion has become of greater interest to <u>multiple stakeholders</u> • Maintain the perspective as to <u>what can actually be done from national perspective</u> to make improvements in experiential education 	<p>Outputs</p> <ul style="list-style-type: none"> • Achieve <u>common understanding</u> about stakeholder perspectives and issues related experiential education • Develop achievable national <u>long term plan (tools / aides / etc) to improve capacity and quality</u> of experiential education
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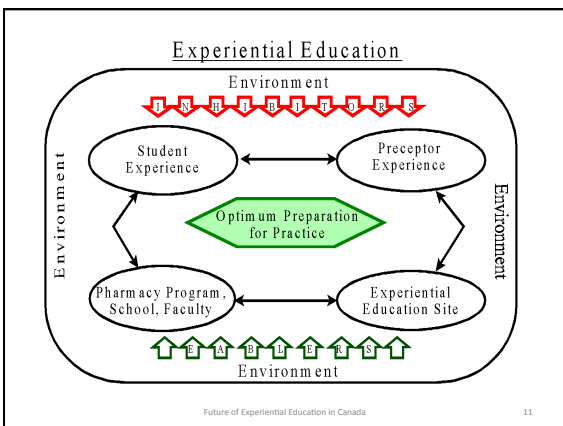
Planning Process

- Workshop
 - Pre-workshop survey
 - Pre-workshop readings
 - Post-workshop report
- Consultation
 - Draft report – stakeholder feedback
 - Final report located on AFPC website at: <http://www.afpc.info/downloads/1/Report-experiential-education-workshop.pdf>

Workshop

- One day – October 17, 2012 – Winnipeg
- 21 representatives - 18 pharmacy organizations
 - schools/faculties of pharmacy, national and provincial pharmacy associations and regulatory authorities, health/hospital authorities, and pharmacy students
- Three parts
 - Desired Future
 - National Action Priorities and Strategies
 - Action Ideas

DESIRED FUTURE OF PHARMACY EXPERIENTIAL EDUCATION IN CANADA



Desired Future

- Reviewed in pre-workshop questionnaire
- Reviewed and affirmed at workshop
- Used to guide strategy development
- Five components:
 - student experience
 - preceptor experience
 - experiential education sites
 - program/school
 - experiential education environment.

Desired Future

- **Student experience**
 - Students gain confidence in clinical decision making, provide direct patient care, collaborate with other health providers, accept responsibility, are held accountable, participate in peer learning and experience a variety of practice settings.
- **Preceptor experience**
 - A range of flexible preceptorship models are used, including multiple students with one preceptor and team precepting, and preceptors access preceptor development and support networks, feel valued and regularly receive feedback from the program.

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Desired Future

- **Experiential education sites**
 - Allow for various practice contexts, see value in hosting students, deliver exemplary patient care, view preceptorship as part of the job, provide adequate space, allow student access to systems and integrate students into the health care team.
- **Program and school/faculty/college**
 - Integrated throughout curriculum, progressive from 1st to final years, has clear learning outcomes, quality assurance mechanism, and collaborative, mutually-supportive relationship between program and site/preceptor
- **Experiential education environment**
 - Standards and regulations support flexible experiential models and direct patient care while assuring safety, and there are multiple sources of stable funding for experiential education.

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NATIONAL ACTION PRIORITIES AND STRATEGIES

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National Action Priorities/Strategies

- Focus - national vs. regional or local/school
- 19 national strategies identified
- Strategies prioritized
- Combined into 10 national priorities
- For each National Priority
 - Goal and Strategies developed for top 3
- Time frame (short, medium, long) assigned

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National Action Priorities

(In order of priority)

1. Development of a national preceptor development program
2. Development of models of experiential education
3. Identification and promotion of how students add value to host organizations
4. Integration of internship into the experiential education program
5. Enhance capacity and quality through technology
6. Improved funding for experiential education
7. Improved recruitment and retention of preceptors
8. Development of a guide for year-by-year learning outcomes
9. Promotion of experiential education and precepting
10. Development of best practices for exceptional experiential education sites.

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National Action Priorities: post workshop

- PEP-C members reviewed and indicated relative priority from each of their school's perspective; priorities 1,2,3 and 7 were rated high/medium by most schools

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National Action Strategies

Priority 1: National Preceptor Development Program

- **Strategy 1:**
 - Considers face-to-face and distance technologies
 - Meet common training needs of all preceptors and unique training needs associated with individual programs
 - Time frame: Short – 1 year

Priority 2: Models of Experiential Education

- **Strategy 2:**
 - Develop guidance document that identifies current and potential models for experiential education
 - Assesses the benefits, limitations and requirements of each model for different students/sites/preceptors
 - Time frame: Short – 1 year

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National Action Strategies

Priority 3: Students Add Value

- **Strategy 3.1:** Conduct research to identify/document the contributions of student pharmacists to the enhancement of patient care delivery in organizations that host students (Time frame: Medium – 2-3 years)
- **Strategy 3.2:** Develop a promotion plan to increase awareness and understanding of the contributions of student pharmacists to patient care and the acceptance of students as part of the health care team (Time frame: Medium – 2-3 years)

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National Action Strategies

Priority 4: Integration of Internship into the Experiential Education Program

- **Strategy 4:** Schools, sites and provincial regulatory authorities collaborate to integrate the pre-licensure internship requirement and the experiential education component of the degree program

Priority 5: Enhance Capacity and Quality through Technology

- **Strategy 5:** Identify, assess and share information on the application of technologies that support site selection, student scheduling, preceptor-student and school-preceptor communications, and student records and assessment

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National Action Strategies

Priority 6: Funding of Experiential Education

- **National Action Strategy 6:** Develop a funding strategy by determining the funding requirements for fully implemented experiential education, identifying alternative sources of funding and developing an advocacy strategy to secure the requisite funding for programs and students

Priority 7: Recruitment and Retention of Preceptors

- **National Action Strategy 7:** Develop a model for preceptor recruitment and retention that is based on best practices

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National Action Strategies

Priority 8: Educational Outcomes Guide

- **National Action Strategy 8:** Develop a guidance document which identifies the educational outcomes (knowledge, skills and abilities) that are ideally achieved during each year of pharmacy education

Priority 9: Promotion of Pharmacy Experiential Education

- **National Action Strategy 9:** Develop and implement a promotion plan for experiential education

Priority 10: Site development

- **National Action Strategy 10:** Conduct a best-practice study to determine (1) the different types of sites needed to provide a rich experiential education for students, and (2) the criteria of excellence for each different type of site

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Action Ideas

- During workshop
 - “Action Ideas” developed for National Action Priorities 1, 2 and 3
- Following workshop
 - Draft Action Ideas developed for other strategies

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Action Ideas – Strategy 1
(National Preceptor Development Program)

Key Action Ideas	Who
1. Multi-stakeholder task-group	AFPC (lead)
2. Preliminary descriptive list of topics/modules (competencies)	Task group
3. Training needs assessment	Task group
4. Consensus on the topics/modules (competencies)	Task group
5. Descriptive list of current preceptor development	AFPC, School (TBD)
6. Endorsement of schools of pharmacy.	AFPC

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Action Ideas – Strategy 1
(National Preceptor Development Program)

Key Action Areas	Who
7. Delivery mode(s) for each program modules	Task group
8. Hosting platform for on-line programs	AFPC
9. Collaborative delivery agreement	AFPC
10. Phased development and delivery	Task group, Schools
11. Credential for preceptor development program.	AFPC, Schools
12. Quality assurance system	AFPC

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Next Steps

- 1) Submission to Blueprint for Pharmacy for funding of priorities identified in the Workshop Report
 - Having project coordinator is key for this work to be coordinated and completed
 - \$42 750 was preliminarily awarded, contingent upon a commitment of funding being secured from other sources (including in-kind contributions) AND receipt of a detailed project work plan and budget.
- 2) AFPC – developing implementation/resource plan
 - PEP-C Executive – identify items faculties can implement without external resources and items which require external resources to implement
- 3) Council Deans/Faculty – identify implications for AFPC

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