

Citation:

Mulherin K. Canadian Experiential Education Project for Pharmacy. Foundational Information. Windpharm Consulting for the Association of Faculties of Pharmacy (AFPC) 2015.

Acknowledgements:

The reports are made possible only through the dedication and contribution of:

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List of Abbreviations

AACP-American Association of Colleges of Pharmacy
AFPC- Association of Faculties of Pharmacy of Canada
ELPD – Entry Level Doctor of Pharmacy Degree
CanExEd- Canadian Experiential Education Project for Pharmacy
CAPSI – Canadian Association of Pharmacy Students and Interns
CPRB- Canadian Pharmacy Residency Board
CPhA-Canadian Pharmacists Association
CSHP-Canadian Society of Hospital Pharmacists
ExEd – Experiential Education
NAPRA-National Association of Pharmacy Regulatory Authorities
NPAC – Neighbourhood Pharmacy Association of Canada
OEE – Office of Experiential Education
PEP-C – Pharmacy Experiential Programs of Canada
SC-Steering Committee

Universities:

MUN – Memorial University of Newfoundland School of Pharmacy
Dal – Dalhousie University College of Pharmacy
U de M – Université de Montréal Faculté de Pharmacie
U of T – University of Toronto Faculty of Pharmacy
U of W – University of Waterloo School of Pharmacy
U of M – University of Manitoba Faculty of Pharmacy
U of S – University of Saskatchewan College of Pharmacy
U of A – University of Alberta Faculty of Pharmacy
UBC – University of British Columbia Faculty of Pharmaceutical Sciences

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I. Preamble

A. Project Context and Scope

The Canadian Experiential Education (CanExEd) Project for Pharmacy operationalizes the priorities identified in the “Project Detailed Plan to Enhance Pharmacy Experiential Education in Hospitals and Primary Care” (2013). This plan was the product of a 2012 multistakeholder workshop (1) convened by the Associations of Faculties of Pharmacy of Canada (AFPC) in response to the Canadian Blueprint for Pharmacy Initiative(2). The Canadian Blueprint for Pharmacy’s mandate is to, “catalyze, coordinate and facilitate the changes required to align pharmacy practice with the health care needs of Canadians”. Their vision for Pharmacy is described as, “Optimal drug therapy outcomes for Canadians through patient-centered care. The Blueprint for Pharmacy is a collaborative initiative, led by the Canadian Pharmacists Association (CPhA), to develop and achieve this vision for the future of pharmacy in Canada.” The Blueprint identifies five key areas for action, one of which includes, “Education and continuing professional development” and sets out detailed statements concerning experiential education (ExEd):

- Ensure that core pharmacy curricula address the knowledge, skills and values required for future pharmacy practice
- Address challenges that affect the education, recruitment and retention of pharmacy educators and learning facilitators
- Increase the accessibility, quality, quantity and variety of ExEd learning opportunities

The CanExEd project is conducted under the auspices of AFPC. It maintains a national perspective in developing best practices with the aim of developing prototype initiatives facilitating the achievement of each priority. The project includes input and review by stakeholders in ExEd from each province and representatives from national advocacy bodies through the Steering Committee (SC) for the CanExEd Project (see Acknowledgements, page 2 of this report for member listing).

B. Project Objectives

The original priorities identified in the “Project Detailed Plan to Enhance Pharmacy Experiential Education in Hospitals and Primary Care” (2013) (1) were revisited in 2014 to ensure clarity and relevancy given the interval between authorship and the work commencing. The review was undertaken by the Project Manager and the members of Practical Education in Pharmacy in Canada (PEP-C), a special interest group of AFPC as well as the project’s Steering Committee (SC) (see Acknowledgements). The Project Manager updated the priorities incorporating feedback from these consultations.

As a result of these consultations, two of the original priorities were removed. Priority #4: Integration of internship into experiential education program was felt to be out of date, as the majority of provinces had expressed commitment to integrate the internships into Faculty-administered ExEd programs. Priority #6: Improved funding for ExEd was considered to be of a jurisdictional rather than national issue. The remaining 8 were edited for relevancy and clarity.

At the half-way point of the project in July of 2015, the priorities were again reviewed to determine where to best focus resources. At this point, it was decided that the Priority addressing technology may no longer be relevant as many programs had trialed different electronic ExEd Platforms and had come to their own conclusions on which of the limited options in existence best fit their needs. Faculties were either using RxPreceptor or a platform developed within their academic institution for administering student rotations.

Table 1 provides comparison between the current iteration of the priorities and the original expression.

Table 1: Priorities of the CanExEd Project

Current Priority	Original Priority
1. National approach to learning outcomes and corresponding assessments at each stage of experiential education	8. Development of a guide for year-by-year learning outcomes
2. Integration of the full spectrum of learner-preceptor models in experiential education	2. Development of models of experiential education
3. Best practice in preceptor development to establish/augment best qualities/abilities in preceptors	1. Development of a national preceptor development program
4. Description and promotion of the value learners add to host organisations and their mandate	7. Improved recruitment and retention of preceptors
5. Optimisation of preceptor recruitment and retention	3. Identification and promotion of how learners add value to host organizations
6. Characterisation of exceptional experiential education sites' best practices	9. Promotion of experiential education and precepting
7. Promotion of experiential education to stakeholders (organisations, preceptors, colleges)	10. Development of best practices for exceptional experiential education sites
Removed	5. Enhance capacity and quality through technology
Removed	4. Integration of internship into experiential education program
Removed	6. Improved funding for experiential education

C. Audience and Intended Use

Each of the 7 Priority Reports are reference documents for further development, implementation and evaluation of initiatives undertaken by all (individually or in national collaborations) Canadian university Faculties and Schools of Pharmacy and their stakeholders in ExEd. Canadian pharmacy programs are at varying stages of implementing entry-level Doctor of Pharmacy (ELPD) degree programs. Those learning institutions already transitioned may place greater value on aspects of this report pertaining to measuring and benchmarking quality indicators and consultation on best practice as their programs evolve. Programs on the verge of initiating major changes to curricula may find value in the reports in their entirety.

Other professions and international pharmacy organisations may find instruction in the collaborative and research approaches employed in the project.

The reports are the centerpiece of the project. Further dissemination is expected in the form of research papers, conference presentations and multimedia products.

II. Methods

The CanExEd Project is a quality improvement initiative that uses systematic literature review and borrows methodology from the qualitative research realm. Findings from literature review (peer-reviewed and grey*) are integrated with combined deductive and inductive thematic analysis of stakeholder (ExEd faculty, learner, preceptor and site administrators) data.

1. Data Sources

- Peer-reviewed literature
- Grey literature
- Semi-structured interviews with ExEd faculty at Canadian Faculties/Schools of Pharmacy and SC members
- Learner and preceptor focus groups
- Surveys to cross-section of Canadian ExEd preceptors and current learners
- Stakeholder feedback from advisory committees (SC and PEP-C) and end users of prototype products

2. Data Collection

Peer-reviewed literature

Searches for relevant literature from were conducted using established educational, science and health professions databases. In addition to these searches, interviewees were invited to provide citations germane to preceptor-learner configurations.

Grey literature

Stakeholder referral and general internet search were used to identify pertinent documents.

Semi-structured interviews

The Interview protocol was developed to explore research questions related to each priority. The interview used semi-structured interview questions to guide discussion which are available in the Appendices of individual Priority Reports. Interviews were iterative and emergent.

Interviews with key informants were conducted at the interviewee's convenience using audio and/or video capture technology. Informants were identified through AFPC's PEP-C group and the CanExEd steering committee. Interviewees consented to being recorded by signing, "Informed Consent for Interview Recording". [Appendix A](#) contains content of the consent form.

Learner and preceptor focus groups

Focus groups will be held at strategic points throughout the project. Results will be reported within this document as soon as they become available.

Surveys of learners and preceptors

The final report will include survey data from learners and preceptors on certain aspects of learner-preceptor models.

Stakeholder feedback

Iterations of the report will be provided to the Project Steering Committee (SC) as well as the Practical Experiential Programs-Canada (PEP-C), a special interest group of AFPC and feedback and further data will be integrated into the data and subsequent results of the final reports.

3. Data Analysis

Peer-reviewed literature

All abstracts were reviewed for relevancy to each Priority. Relevant articles were retrieved, reviewed in detail, analysed using a structured data extraction guide ([Appendix B](#)) and appraised using the QUESTS criteria (Table 2) as developed by the Best Evidence for Medical Education Collaboration (3). Quality was appraised according to the number of QUESTS criteria satisfied (Table 3).

Table 2: Quests Criteria

Letter	Criteria
Q	Quality of the evidence from a design standpoint
U	Utility or the degree a method can be transferred and adopted
E	Extent or amount of evidence
S	Strength of the evidence statistically
T	Target or question addressed and how it was measured
S	Setting of the evidence in both context and population

Table 3: Appraisal Guide

Grade	QUESTS Criteria Satisfied
High	5-6
Medium	3-4
Low	0-2

Grey literature

Grey literature was analysed in entirety for commonality and divergence.

Semi-structured interviews

A single research assistant transcribed and two researchers reviewed the audio-visual interview data. Qualitative research techniques were used in the analysis. Specifically, interview transcripts were thematically analysed according to pre-determined subject areas to consolidate findings. Some new data-driven thematic areas were inductively identified as the analysis progressed. NVivo software (NVivo qualitative data analysis software; QSR International Pty Ltd. Version 10, 2014) was used to organise and categorise segments of transcription.

Surveys of students and preceptors

Will be conducted in late winter of 2015 and will refer to findings in this report and to the prototype product

Stakeholder feedback

Incorporate upon provision at upcoming meetings

Integrated Analysis of All Data

The research team met to examine data in its entirety with the overarching goal of answering the research

* **Grey Literature** is a field in library and Information science that deals with the production, distribution, and access to multiple document types produced on all levels of government, academics, business, and organization in electronic and print formats not controlled by commercial publishing i.e. where publishing is not the primary activity of the producing body. Definition from Grey Literature Network Service. [Accessed December 1, 2014] Available from: <http://www.greynet.org/greynethome.html>

III. References

- (1) Association of Faculties of Pharmacy of Canada (AFPC). The Future of Pharmacy Experiential Education in Canada: A Stakeholder Workshop. 2013; Available at: http://afpc.info/sites/default/files/Report%20-%20experiential%20education%20workshop%20FINAL%2001-22-2013_0.pdf. Accessed January 13, 2015.
- (2) Canadian Pharmacists Association (CPhA). Task force on a blueprint for Pharmacy. Blueprint for pharmacy: the vision for pharmacy. 2008; Available at: <http://blueprintforpharmacy.ca/docs/pdfs/2011/05/11/BlueprintVision.pdf?Status=Master>. Accessed November 29, 2014.

(3) Poirier T, Behnen E. Where and how to search for evidence in the education literature: the wheel. Am J Pharm Educ 2014 05; 2015/6;78.

IV. Appendices

A. Informed Consent for Recording of Conversations

Title of Project: Canadian Experiential Education (CanExEd) Project

Project Manager: Katrina Mulherin, BSc. Pharm, Pharm D
Organisation: Association of Faculties of Pharmacy of Canada (AFPC)

Introduction: To establish a comprehensive national picture of Canadian Pharmacy Faculties' Experiential Education programs, the CanExEd project is interviewing faculty (Entry level Doctor of Pharmacy transitioned, transitioning and yet-to transition), stakeholders within Pharmacy and experts within other professional domains. You are invited to participate because of your role within one of these categories. Conversations, interviews and meetings will be audio and possibly video-recorded for the purposes of data analysis and eventual presentation of findings in a multimedia format. Your participation is entirely voluntary.

Procedures: The major difference in a recorded session is likely the obviousness of room arrangement and recording equipment (microphones and cameras) in face-to-face interviews and meetings. In phone or remote interviews and meetings, you will be informed when recording of the session has started. If the project team deems a section of your conversation particularly effective at portraying a theme for a larger audience, you will have the opportunity to review that footage/audio for approval before it is used more widely.

Risks, Harms or Inconveniences: Interviews and meetings will be scheduled at your convenience. The ability to approve your footage/audio in the event it is to be further used for consumption of a wider audience minimizes any risk of your words being misrepresented.

Privacy of participants' information: Data will be housed in secure computers and Canadian data platforms. Assistants with access to the multimedia data files will have signed confidentiality agreements. Rough data files will be destroyed within 3 years of project completion. The final multimedia presentations will exist indefinitely as a record of the current and projected state of Canadian Experiential Education in the profession of Pharmacy.

Contact information: At any time, if you require any clarification or further information on this project, you can contact the CanExEd Project Manager, Katrina Mulherin at katrina.mulherin@utoronto.ca or 416.931.4864

Authorisation: I have read the information on this consent form and my questions have been addressed to my satisfaction. I agree to have my conversations recorded and understand that my consent can be withdrawn at any time and that consent does not mean that I lose any legal rights.

Participant's Name:
Participant's Signature:
Date:

Project Manager/Designate Signature:
Date:

B. Structured Data Extraction and Appraisal Guide

Citation: First author last name, Initial; Title; Journal; year	What was the focus?	Research Goals and Objectives (Purpose)vs. Description Vs. Review/OpEd	Protocol or method used to determine value (narrative vs. intervention and control groups)	Setting/ Perspective	Population	Results	Conclusion, Implication to this Priority AND Judgement on quality High/Med/Low