ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
ASSOCIATION DES FACULTES DE PHARMACIE DU CANADA

The Future of Pharmacy Experiential Education in Canada: A Stakeholder Workshop

Final Report
For Review and Consultation

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EXECUTIVE SUMMARY

Introduction

The Future of Experiential Education workshop[1] was undertaken by Pharmacy Experiential Programs of Canada (a subgroup of the Association of Faculties of Pharmacy of Canada) as the first step of the longer-term process of enhancing capacity and assuring quality of experiential education in pharmacy. The need to enhance the capacity of experiential education was identified by the Blueprint for Pharmacy in 2009. Subsequently, the Association of Deans of Pharmacy of Canada and the Canadian Society of Hospital Pharmacists held a Think Tank on experiential education in 2010. The 2012 workshop built on the work of the Think Tank. The purpose of the 2012 workshop was to identify national strategies that could be undertaken to support experiential education programs in all practice settings.

The multi-stakeholder workshop was held on October 17, 2012 in Winnipeg, Manitoba. It was attended by twenty-one representatives of eight pharmacy stakeholder groups/associations and eight schools of pharmacy. The two main outcomes of the workshop were (1) to achieve agreement on statements describing the desired future of experiential education and (2) the identification of national action priorities to promote achievement of the described future of experiential education.

The results from the workshop will form the basis for consultations and discussions with stakeholders on the selection of the national action priorities that will enable the Association of Faculties of Pharmacy of Canada to best support the enhancement of experiential education in Canada over the next few years.

Desired Future

The characteristics of the desired future for experiential education were identified for each of the five components: student experience, preceptor experience, experiential education sites, program/school and experiential education environment. A summary of this desired future is:

- **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 preceptoring, and preceptors access preceptor development and support networks, feel valued and regularly receive feedback from the program.

[1] The workshop was funded in part by a grant from the Blueprint for Pharmacy.

- **Experiential education sites**: Experiential sites allow for a range of experiences, see value in hosting students, have patient care enhanced, view preceptorship as part of the job, provide adequate space, allow student access to systems and treat students as part of the health care team.

- **Program and school/faculty/college**: Experiential education is integrated into the curriculum, is progressive from the first to the final year, has quality assurance and respects the preceptor-site relationship and the student-program relationship.

- **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.

National Action Priorities

Nineteen strategies were identified by the workshop participants. These were grouped and prioritized by the participants using a voting system. Following the workshop, the strategies were further reviewed by the planning committee resulting in some being combined to form ten national action priorities. Goal statements and strategy statements were drafted using the concepts identified during the workshop. The ten national action priorities identified at the workshop, in priority order, are listed below. Due to time constraints, action ideas were developed for only the first three national action priorities. Action ideas for the remaining priorities will be developed as part of the implementation of the strategy.

The ten priorities were:

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

These priorities are described in greater detail below.

National Action Goal	*National Action Strategy*
National Action Priority 1: Development of a National Preceptor Development Program	
National Action Goal 1: Preceptors have enhanced knowledge and skills due to their	**National Action Strategy 1:** Develop a national preceptor development program that uses

National Action Goal	*National Action Strategy*
access to and use of online, classroom and blended learning modules and workshops in preceptorship and mentorship, experiential learning supervision and assessment, and pharmacy program content.	face-to-face and distance technologies to meet the common training needs of all preceptors and the unique training needs associated with individual programs/schools of pharmacy.
National Action Priority 2: Development of Models of Experiential Education	
National Action Priority Goal 2: Schools of pharmacy are able to optimize their pharmacy students' experiential education experiences through the appropriate use of various models of experiential education.	**National Action Strategy 2:** Develop an experiential education guidance document for schools of pharmacy that identifies current and potential models for experiential education used in health education, assesses the benefits and limitations of each model and identifies the requirements and appropriate applications of each model for different students, sites, preceptors and learning outcomes.
National Action Priority 3: Identification and promotion of how students add value to host organizations	
National Action Goal 3: The workplace culture of each experiential education site views and treats the student pharmacists at their site as members of their overall patient care service delivery team.	**National Action Strategy 3.1:** Conduct research to identify and document the contributions of student pharmacists to the enhancement of service delivery and patient care in organizations that host students for experiential education.
	National Action Strategy 3.2: Develop a promotion plan to increase the awareness and understanding of the contributions of student pharmacists to patient care and the acceptance of students as part of the health care team.
National Priority 4: Integration of Internship into the Experiential Education Program	
National Action Goal 4: Practice experience required of new graduates by regulatory authorities is streamlined by consolidating all pre-licensure practice requirements into the responsibility of the undergraduate pharmacy programs.	**National Action Strategy 4:** Schools, sites and provincial regulatory authorities collaborate to develop an experiential education program for pharmacy students that integrates the pre-licensure internship requirement and the experiential education component of the degree program.
National Priority 5: Enhance Capacity and Quality through Technology	
National Action Goal 5: Pharmacy experiential education programs improve administrative efficiency, improve site utilization, enhance	**National Action Strategy 5:** Identify, assess and share information on the application of technologies that support site selection,

National Action Goal	*National Action Strategy*
participant (preceptors, students, faculty, etc.) access to information, improve sharing information and communications among participants, and facilitate report generation and submission through the adoption of appropriate technologies.	student scheduling, preceptor-student and school-preceptor communications, and student records and assessment.
National Priority 6: Improved Funding for Experiential Education	
National Action Goal 6: Program and student funding provides stability for programs and allows students to experience a variety of experiential education approaches in a range of service and geographic settings.	**National Action Strategy 6:** Develop a funding strategy for experiential education 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.
National Priority 7: Improved Recruitment and Retention of Preceptors	
National Action Goal 7: Pharmacy schools are able to match students with quality preceptors to meet their core, advanced and specialty learning needs due to the ready attraction and high retention of the best pharmacists to the experiential education team.	**National Action Strategy 7:** Develop a model for preceptor recruitment and retention strategy that is based on best practices in preceptorship programs and human resource management in health.
National Priority 8: Development of a guide for year-by-year learning outcomes	
National Action Goal 8: All bachelor programs and all entry-to-practice PharmD programs, a standardized set of core experiential education outcomes that are to be achieved during each year of the program.	**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.
National Priority 9: Promotion of Pharmacy Experiential Education	
National Action Goal 9: Pharmacists and health care stakeholders have a high level of awareness and knowledge of, and engagement in, pharmacy experiential education.	**National Action Strategy 9:** Develop and implement a promotion plan for experiential education.
National Priority 10: Development of best practices for exceptional experiential education sites	
National Action Goal 10: Schools of pharmacy collaborate with an increased number of quality experiential education sites to provide student rotations in an increased number of sectors and locations.	**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.

INTRODUCTION

The purpose of this report is to present the results of the workshop on the Future of Experiential Education held on October 17, 2012 in Winnipeg, Manitoba. A number of potential national action priorities were identified. These will form the basis for consultation with stakeholders on the identification of national priority actions for the Association of Faculties of Pharmacy of Canada (AFPC) and the Pharmacy Experiential Program of Canada (PEP-C).

The development and delivery of the workshop was overseen by the Workshop Steering Committee composed of Ann Thompson (Chair, PEP-C), Angela Kim-Sing (Chair Elect, PEP-C), Andrea Cameron (Past Chair, PEP-C) and Harold Lopatka (Executive Director, AFPC). The Steering Committee will lead the discussion and consultations for the finalization of the development of the national action priorities.

The organizers thank the Blueprint for Pharmacy for its financial support. The workshop was made possible through a grant from the Blueprint for Pharmacy.

2012 Workshop

Experiential education discussion has become of greater interest to multiple stakeholders. The Blueprint for Pharmacy[2] identified the need to "Increase the accessibility, quality, quantity and variety of experiential learning opportunities to prepare pharmacy professionals, including students, to practise in expanded and innovative roles." The Association of Deans of Pharmacy (ADPC) and the Canadian Society for Hospital Pharmacists (CSHP) held a workshop (Think Tank) on experiential education in 2010.

The Pharmacy Experiential Education project, as perceived by the Blueprint for Pharmacy, is a multi-year project to identify national priorities for pharmacy experiential education[3] from a multi-stakeholder perspective. It includes the development and implementation of collaborative strategies to develop concepts, systems and tools that will enhance the capacity for experiential learning and add value to faculties, preceptors, students and practice sites.

The October 2012 workshop builds on the work of the ADPC and CSHP sponsored Think Tank in February 2010. The goal of the workshop was to define and prioritize national strategies to achieve the desired future for pharmacy experiential education and develop action

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[2] Canadian Pharmacists Association. 2009. Implementation Plan: Blueprint for Pharmacy. www.blueprintforpharmacy.ca.

[3] 'Experiential Education' is used in this document to refer to structured practice education experiences that are included in pharmacy faculties/schools as part of the curriculum. The experiences may occur in a variety of practice settings, and at various points throughout the curriculum. Faculties are guided by the Canadian Council for Accreditation of Pharmacy Programs: *Accreditation Standards and Guidelines for the First Professional Degree in Pharmacy Programs*.

commitments to move forward on the priority strategies. The critical question was: what can be achieved nationally to make improvements in experiential education?

The two main outputs for the workshop were:

- To achieve a common understanding about stakeholder perspectives and issues related to experiential education; and
- To develop an achievable national long-term plan to improve capacity and quality of experiential education in Canada.

The overall project consisted of a one-day workshop held on October 17, 2012, a pre-workshop survey and pre-workshop readings. Invitations to the workshop were sent to twenty one faculties and/or organizations. Twenty-one representatives from eighteen pharmacy stakeholder organizations participated in the workshop – schools/faculties of pharmacy, national and provincial pharmacy associations, health/hospital authorities, pharmacy practitioners and pharmacy students. Please see participant list in Appendix A.

Pre-Workshop Survey

Prior to the workshop a pre-workshop survey was conducted of participants. Eighteen participants completed the survey. This asked them about the outcomes of the workshop, the components of a desired future for experiential education in Canada, enablers and inhibitors of this desired future and innovations and strategies to achieve the desired future. The results of the survey were used in the workshop.

Pre-Workshop Readings

Participants were also provided with a set of readings to provide background on experiential education in Canada as context for the workshop. The requested readings were:

- AFPC. 2010. *Think Tank: Student Pharmacist Experiential Education, Final Proceedings*, February, 2010
- AFPC/PEP-C. 2010. *Follow-up Meeting to Think Tank*, May 2010
- PEP-C. 2012. *Canadian University Experiential Programs Summary Table* (prepared by PEP-Canada)
- Canadian Council for Accreditation of Pharmacy Programs (CCAPP). 2012. *Accreditation Standards (updated)*.

The optional readings were:

- AFPC. 2010. Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada.

- Hospital Pharmacy in Canada Editorial Board. 2010. Hospital Pharmacy in Canada Report 2009/2010 Report. www.lillyhospitalsurvey.ca.

- Hall K, Musing E, Miller DA, et al. Experiential training for pharmacy students: time for a new approach. *Canadian Journal of Hospital Pharmacy,* 2012, 65(4):285-93.

Components of Experiential Education

A five-component model of experiential education was used to organize the discussion of experiential education: student experience, preceptor experience, experiential education sites, programs and schools of pharmacy and experiential education environment. These five components do not exist in isolation. Rather they interact with each other. This interaction may enhance or inhibit the optimization of one or more components.

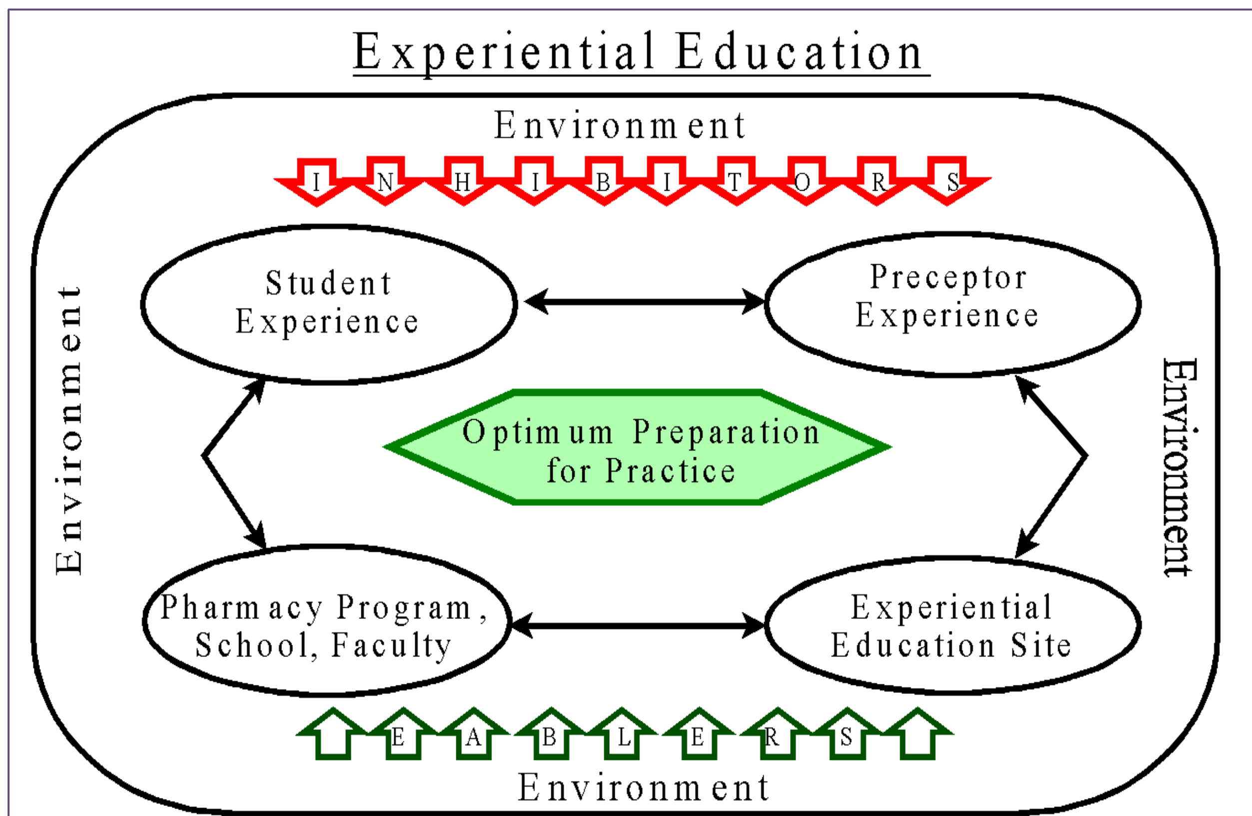

Figure 1: Five Components of Experiential Education

DESIRED FUTURE FOR EXPERIENTIAL EDUCATION

Introduction to Desired Future

The 2010 Think Tank Meeting hosted by the Canadian Society of Hospital Pharmacists and Association of Deans of Pharmacy of Canada identified a number of characteristics of a quality pharmacy experiential program that should be included in the desired future for pharmacy entry-to-practice experiential education. A list of characteristics, built upon the 2010 ones, was presented to respondents for their review. The characteristics were grouped into the five categories: student experience, preceptor experience, experiential education sites, pharmacy program and faculty/school/college and experiential education environment.

In the pre-workshop survey, the respondents were asked to indicate the importance of including the characteristic in the description of the desired future for pharmacy experiential education. If they felt there were gaps or items missing in the list of concepts, they were asked to add them. In the workshop, the participants voted on the final set of descriptors of the desired future for experiential education. To be included, a characteristic had to be endorsed by a majority of participants. Most characteristics were unanimously endorsed by the participants.

While participants recognized that the student experience needs to be consistent with the provincial regulations and legislation, it was also felt that the current regulations may need to be reviewed to ensure that they enable some models of experiential education and the full range of desired student experiences. It was felt that schools of pharmacy and experiential education sites need to work with the provincial regulatory authorities to ensure that the regulatory environment enabled optimal experiential education while maintaining patient safety.

Desired Future of Experiential Education

The desired future for experiential education in Canada includes:

Student experience:

1. Students gain confidence to engage in clinical decision-making.
2. Students are expected to provide health services, including direct patient care.
3. Students collaborate with health care providers.
4. Students accept responsibility and are held accountable for the patient care they provide.
5. Students document their workload and patient care contributions at the practice site.
6. Students participate in student-to-student peer assisted learning and mentoring.
7. Students obtain experiences in a variety of practice settings.

Preceptor experience

8. Preceptorship supervisory models include options for more than one student to be assigned to a preceptor during a rotation.
9. The models of experiential education are flexible and adaptable to different types of sites.
10. Preceptors can access training in a timely manner through multiple delivery options (e.g., on-line, workshops).
11. Preceptors feel valued through meaningful reward, recognition and incentive options.
12. A team preceptorship option (i.e., a student, or group of students, assigned to two more preceptors during a rotation) is available.
13. Preceptors have access to and use preceptor support networks.
14. Preceptors regularly receive constructive feedback on their work as a preceptor in a timely and respectful manner.

Experiential Education Sites

15. There is a diverse mix of sites (e.g., hospital, long-term care, community, ambulatory) participating in experiential education.
16. Site pharmacy managers, owners and personnel see value in hosting students.
17. Quality of care is enhanced at experiential education sites.
18. Position descriptions include the expectation of and recognition for being a preceptor, and work schedules consider the teaching role.
19. Sites provide adequate space, equipment and access to operating systems to facilitate experiential education.
20. A number of preceptorship models (such as multiple rotations at same site, multiple students, preceptor teams) are available in order to have the best fit between the model and the site.

Program and School

21. Experiential education is integrated across all years of the curriculum.
22. The amount of experiential education in early and middle years allows students to function relatively independently in final year rotations.
23. Quality assurance program for experiential education that supports practice improvements in all components.
24. The core experiential learning outcomes are generally consistent among all programs.
25. There is a collaborative, mutually-supportive relationship between the school and the sites that ensures the delivery of quality experiential education experiences to students.

26. The experiential education participants and processes respect the relationship between preceptor and the employer, and between the student and the school.

Experiential Education Environment

27. Program accreditation standards support flexible delivery models for experiential education.
28. Provincial pharmacy regulations enable patient care in experiential education while ensuring patient and student safety.
29. Multiple approaches and sources of funding for experiential education assure stable, sustainable and quality experiential education.

NATIONAL ACTION PRIORITIES

Strategies Identified at Workshop

Nineteen (19) strategies were identified during the workshop. These strategies were then prioritized by the participants using a weighted voting system. The priority ranking of the ten national strategies presented below is based on the priority ranking of the workshop participants.

Ten National Action Priorities

The ten national action priorities are based on the nineteen strategies identified in the workshop. Some of the lower priority strategies from the workshop were combined with similar or related higher ranked strategies into a single national action priority. The result is the ten national action priorities outlined in the following table.

Table 1: Ten National Action Priorities

	National Action 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 of 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

Using the concepts and ideas generated in the workshop, a goal statement, strategy statement and key action statements were drafted for each of the national action priorities. Every effort was made to accurately reflect the work and discussions of the workshop participants. Since action ideas were identified for only the three top priorities at the workshop, action ideas were drafted following the workshop for the remaining national action priorities. They are often, but not always, based on information obtained in the pre-workshop work or the discussions at the workshop.

National Action Priority 1: Development of a National Preceptor Development Program

National Action Goal 1: Preceptors have enhanced knowledge and skills due to their access to and use of online, classroom and blended learning modules and workshops in preceptorship and mentorship, experiential learning supervision and assessment, and pharmacy program content.

National Action Strategy 1: Develop a national preceptor development program that uses face-to-face and distance technologies to meet the common training needs of all preceptors and the unique training needs associated with individual programs/schools of pharmacy.

Time Frame: Short (1 year)

Table 2: Priority 1 (Preceptor Development) Enablers and Barriers

Enablers	Barriers/Inhibitors
A number of preceptor training programs currently exist, either by the current schools of pharmacy or other health organizations.	Preceptors are located across the country in communities of different sizes and often have limited access to technology.
Some schools have received funds for new programs and will be developing training programs that could be shared with other schools.	There is a lack of standardization of preceptor requirements, pharmacy program curricula and provincial regulations, which must be accommodated in a national program.
There is a high potential for collaborative development of preceptor training, both between the schools of pharmacy and with other health professions.	Program needs to be bilingual. Programs and preceptors use either English or French language. Some preceptors are bilingual.

Table 3: Priority 1 (Preceptor Development) Key Action Ideas

Key Action Ideas	Who	Resources
1.1. Form a multi-stakeholder task-group to guide the development of the national preceptor training program. [Suggested membership: PEP-C, CSHP, CPhA, CACDS, CAPSI,	AFPC (lead)	To be determined

Key Action Ideas	Who	Resources
NAPRA, CCCEP]		
1.2. Develop a preliminary descriptive list of topics/modules (competencies) for the national preceptor development program for preceptorship, student supervision, peer learning, team precepting, common program content/learning outcomes, etc.	Task group	To be determined
1.3. Conduct a training needs assessment of preceptors, program contacts and site supervisors.	Task group	To be determined
1.4. Develop consensus on the topics/modules (competencies) for the national preceptor development program.	Task group	To be determined
1.5. Develop descriptive list of preceptor development programs by doing literature and program search, both within pharmacy and other health professions.	AFPC School (TBD)	Research grant for student research project
1.6. Obtain endorsement of the schools of pharmacy.	AFPC	To be determined
1.7. Identify the delivery mode(s) for each of the program modules (on-line, live and blended).	Task group	To be determined
1.8. Identify hosting platform for on-line programs by conducting study of options.	AFPC	To be determined
1.9. Develop a collaborative delivery agreement among the schools of pharmacy for the development and delivery of the national preceptor development program.	AFPC	To be determined
1.10. Begin the phased development and delivery of the national preceptor development program.	Task group Schools	To be determined
1.11. Establish a credential for the national preceptor development program.	AFPC Schools	To be determined
1.12. Establish a quality assurance system to ensure the ongoing quality of the preceptor training program.	AFPC	To be determined

National Action Priority 2: Development of Models of Experiential Education

National Action Priority Goal 2: Schools of pharmacy are able to optimize their pharmacy students' experiential education experiences through the appropriate use of an array of approaches, and models of, experiential education.

National Action Strategy 2: Develop an experiential education guidance document for schools of pharmacy that identifies current and potential models for experiential education used in health education, assesses the benefits and limitations of each model and identifies

the requirements and appropriate applications of each model for different students, sites, preceptors and learning outcomes.

Experiential models to consider include:

- Multiple students per preceptor
- Preceptor teams – multiple preceptors for a student
- Student learning teams
- Peer-learning (pyramid model with senior students, residents)
- Co-op model
- Multiple rotations at a site
- Service learning (community engagement) model
- Interprovincial placements
- Interprofessional precepting
- Faculty on-site instruction/guidance

Time Frame: Short (1 year)

Table 4: Priority 2 (Experiential Education Models) Enablers and Barriers

Enablers	Barriers/Inhibitors
Attitudes and resistance to change among sites, preceptors and faculties.	Too many preceptors per rotation may result in confusion by students and by preceptor of their specific role.
Social media and communications technology can enable communication and collaboration among students and preceptors, even when not in the same place.	Limitations of current regulations in some provinces for some of the proposed models.
	Limitations of some sites to accommodate multiple students (e.g., due to lack of space or inadequate access to computers) or provide multiple preceptors.

Table 5: Priority 2 (Experiential Education Models) Key Action Ideas

Key Action Ideas	Who	Resources
2.1. Establish a task group on models of experiential education.	AFPC PEP-C	To be determined
2.2. Develop descriptive list of models of experiential education	Task group	To be determined
2.3. Conduct literature search – identify and critically assess different models.	Task group Assigned lead per model	Potential for student research project
2.4. Identify and obtain information on current use of	Task group	To be determined

Key Action Ideas	Who	Resources
different models by schools of pharmacy, and other health organizations. Interview key program leaders.		
2.5. Develop preliminary guidance document on models on experiential education.	Task group	To be determined
2.6. Use the preliminary guidance document to consult with community and pharmacy stakeholders on the models and their application.	Task group Schools	To be determined
2.7. Draft final guidance document on models of experiential education by revising the preliminary document based on consultation feedback and add information on application of models in different types of sites.	Task group	To be determined
2.8. Select priority models and identify pilots for each priority model.	Task group Schools	To be determined
2.9. Conduct review of pilot, update guidance document and share information.	Task group Schools	To be determined
2.10. Repeat 2.8 and 2.9 for second set of priorities.	Task group Schools	To be determined
2.11. Promote awareness and adoption of different models.	PEP-C AFPC	To be determined
2.12. Maintain guidance document and share information on ongoing basis.	PEP-C AFPC	To be determined

National Action Priority 3: Identification and Promotion of How Students Add Value to Host Organizations

National Action Goal 3: The workplace culture of each experiential education site views and treats the student pharmacists at their site as members of their overall patient care service delivery team.

National Action Strategy 3.1: Conduct research to identify and document the contributions of student pharmacists to the enhancement of service delivery and patient care in organizations that host students for experiential education.

Time Frame: Medium (2-3 years)

National Action Strategy 3.2: Develop a promotion plan to increase the 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)

Table 6: Priority 3 (Students Add Value) Enablers and Barriers

Enablers	Barriers/Inhibitors
Year-round student placements at a site.	Students are only assigned to lower level tasks regardless of rotation. Sites don't utilize students to their full potential.
Regulations and supervision model that allows students to deliver patient care services under general or indirect supervision.	Curriculum design: the short-term and periodic nature (i.e., not year round) of student rotations.
Program flexibility in placement sites.	Preceptor confidence
	Limitations of some provincial regulations, e.g., on supervision.
	Lack of student preparation for patient care provision.

Table 7: Priority 3 (Students Add Value) Key Action Ideas

Key Action Ideas	Who	Resources
Strategy 3.1 Research Student Value Add		
3.1.1. Develop task group to lead project.	AFPC	To be determined
3.1.2. Conduct literature search re: the value added by students to the experiential site. [Build on work of the student project at Dalhousie. Assist to publish information.]	Task Group TBD	To be determined
3.1.3. Conduct review of missions, visions and strategic plans to show how organizations value students, either implicitly or explicitly, in service delivery and patient care.	Task group TBD	To be determined
3.1.4. Conduct review of student rotations in current programs and develop model for year-round student rotations for different types of programs.	Task group TBD	To be determined
3.1.5. Prepare report for the review and approval of schools of pharmacy on year-round student rotations.	Task group AFPC-Deans	To be determined
3.1.6. Develop a business case and value proposition for the contribution and value of adding pharmacy students to the pharmacy service delivery of an organization for different types of organizations. [Draw on Uof S Pilot Project.]	Task Group TBD	To be determined
3.1.7. Identify additional pilot schools and sites for implementation of year-round placement and involvement of students in patient care.	AFPC Schools Task group	To be determined
3.1.8. Develop a partnership model that is supportive of student patient care delivery with an action guide for how	AFPC-Deans Faculties	To be determined

Key Action Ideas	Who	Resources
to engage sites, supervisor models and training, role of school and site, and student guide.	Sites (Employers)	
3.1.9. Share the experiences of the pilot programs/sites.	Task group AFPC CSHP/CPhA CACDS	To be determined
Strategy 3.2: Promotion Plan		
3.2.1. Develop promotion plan that identifies the target audiences, the key messages for each audience and the tactics to be used to engage the audience.	Task Group	To be determined
3.2.2. Develop a learning culture assessment tool that identifies the Student Friendliness Index (SFI).	Students Experiential Faculty Sites	To be determined
3.2.3. Identify best practice sites and share student stories where the students provided value (e.g., conferences, on-line and other media).	Task Group AFPC CPhA CSHP	To be determined
3.2.4. Create a package to help students sell their skill levels to sites so that they are used to their full potential.	CAPSI AFPC CSHP/CPhA	To be determined

National Priority 4: Integration of Internship into the Experiential Education Program

National Action Goal 4: Partners in experiential education (schools, sites and regulatory authorities) experience, overall, improved utilization of sites, enhanced student experiences and administrative efficiencies through the consolidation of all pre-licensure experiential education.

National Action Strategy 4: Schools, sites and provincial regulatory authorities collaborate to develop an experiential education program for pharmacy students that integrates the pre-licensure internship requirement and the experiential education component of the degree program.

National Priority 5: Enhance Capacity and Quality through Technology

National Action Goal 5: Pharmacy experiential education programs improve administrative efficiency, improve site utilization, enhance participant (preceptors, students, faculty, etc.) access to information, improve sharing information and communications among

participants, and facilitate report generation and submission through the adoption of appropriate technologies.

National Action 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.

National Priority 6: Improved Funding of Experiential Education

National Action Goal 6: Program and student funding provides stability for programs and allows students to experience a variety of experiential education approaches in a range of service and geographic settings.

National Action Strategy 6: Develop a funding strategy for experiential education 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.

National Priority 7: Improved Recruitment and Retention of Preceptors

National Action Goal 7: Pharmacy schools are able to match students with quality preceptors to meet their core, advanced and specialty learning needs due to the ready attraction and high retention of the best pharmacists to the experiential education team.

National Action Strategy 7: Develop a model for preceptor recruitment and retention strategy that is based on best practices in preceptorship programs and human resource management in health.

National Priority 8: Development of a guide for year-by-year learning outcomes

National Action Goal 8: All bachelor programs and all entry-to-practice PharmD programs share, with other bachelor or PharmD programs, a standardized set of core experiential education outcomes that are to be achieved during each year of the program.

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.

National Priority 9: Promotion of Experiential Education

National Action Goal 9: Pharmacists and health care stakeholders have a high level of awareness, knowledge of, and engagement in, pharmacy experiential education.

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

National Priority 10: Development of best practices for exceptional experiential education sites

National Action Goal 10: Schools of pharmacy collaborate with an increased number of quality experiential education sites to provide student rotations in an increased number of sectors and locations.

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.

APPENDIX A: LIST OF PARTICIPANTS

ORGANIZATION	REPRESENTATIVE(S)
AFPC	Dr. Harold Lopatka
AFPC - COUNCIL OF DEANS	Dr. Neal Davies
AFPC - COUNCIL OF FACULTIES	Dr. Silvia Alessi-Severini
CACDS	No delegate
CAPSI	Ms. Ashley Ewasiuk
CCAAP	Dr. Linda Suveges (unable to attend workshop)
CPhA	Dr. Phil Emberley
CPhA	Ms. Kristine Petrasko
CSHP	Mr. Doug Sellinger
CSHP	Ms. Cathy Lyder
Dalhousie University	Ms. Harriet Davies
Manitoba Society of Pharmacists	Ms. Amy Oliver
Memorial University of Newfoundland	No delegate
NAPRA	Mr. Ron Guse
Université de Montréal	Dr. Ema Ferreira
Université Laval	No delegate
University of Alberta	Dr. Ann Thompson
University of British Columbia	Dr. Angela Kim-Sing
University of Manitoba	Ms. Kelly Brink
University of Manitoba	Ms. Nancy Kleiman
University of Saskatchewan	Ms. Shauna Gerwing
University of Toronto	Ms. Andrea Cameron
University of Waterloo	Mr. Anson Tang
Winnipeg Regional Health Authority	Dr. Donna Woloschuk