


CanExEd-Pharmacy PROJECT

OPERC
June 2016

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 **AFPC** ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
 ASSOCIATION DES FACULTÉS DE PHARMACIE DU CANADA

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GETTING TO KNOW THE AUDIENCE

- My primary role in Pharmacy academia is:
 - Pharmacy practice instructor
 - Pharmaceutical sciences instructor
 - ExEd faculty
 - Clinician-Educator (preceptor or education coordinator)
 - Other
- How familiar are you with ExEd?
 - I work in/with ExEd
 - ExEd is discussed regularly in my organisation
 - I know there's an ExEd office in my Faculty
 - What exactly is ExEd?
- What level of engagement did you have with the CanExEd Project?
 - Co-author
 - Contributed/Reviewed Priority Reports
 - Attended CanExEd presentation
 - Steering Committee participant
 - Isn't CanExEd a ligand-receptor complex?

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GENERAL QUERIES

- What is the most important initiative to increase capacity of rotations?
 - Include preceptor role in job descriptions
 - Recognising preceptors (e.g. Awards, events, continuing education units (CEUs) for taking student
 - Assign 2 students to a preceptor
 - Promote supporting evidence for benefits of hosting students
 - All the above
 - Other
- What is the most effective way to augment the quality of ExEd?
 - Apply best practice in developing student assessments
 - Incorporate student feedback into QI
 - Consistent, continual, effective preceptor development
 - Site visits evaluating learning environment and preceptors
 - Detailed and structured syllabus
 - Other

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OVERVIEW: CanExEd Priorities

- National approach to learning outcomes and corresponding assessments at each stage of ExEd
- Integration of the full spectrum of learner-preceptor models in ExEd
- Best practice in preceptor development to establish/augment qualities/abilities in preceptors
- Description & promotion of the value learners add to host organisations and their mandate
- Optimisation of preceptor recruitment & retention
- Characterisation of exceptional ExEd sites' best practices
- Promotion of ExEd to stakeholders

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Canadian Experiential Education Project for Pharmacy
 Operational Information

Priority 1: National Approach to Corresponding Assessments

Priority 2: Integration of the full spectrum of precepting models in experiential education

Priority 3: Best practice in preceptor development and implementation of best practices in preceptors

Priority 4: Optimisation of Preceptor Recruitment & Retention

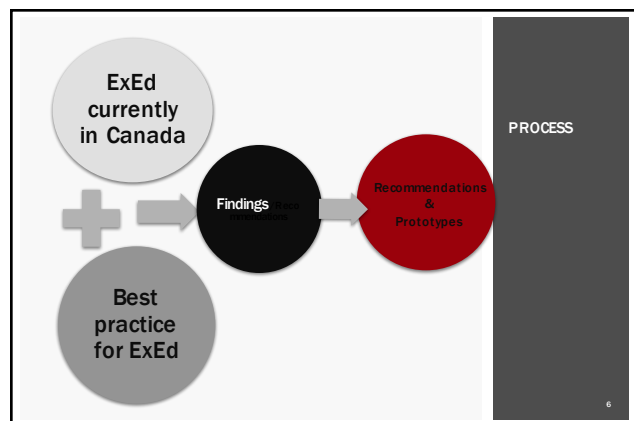
Priority 5: Characterisation of exceptional ExEd sites' best practices

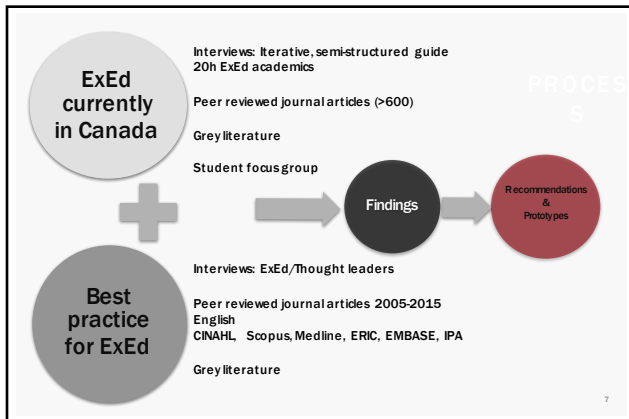
Priority 6: Promotion of ExEd to stakeholders

Reports contain:

- Most thorough description of the state of ExEd in Canada
- Most comprehensive, rigorous systematic literature review, appraisal & synthesis of ExEd topic in 10-15 years
- Jumping-off point: Ambitious plans and prototypes for achieving best practice in ExEd on a national scale

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

GENERAL FINDINGS: QUANTITATIVE

- 16 interviews
- ≈ 12 meetings w experts
- appraisal
 - ≈3500 abstracts reviewed
 - >600 appraised/included
- 20 stakeholder meetings
- >80 recommendations
- Medicine>Nursing>Rx

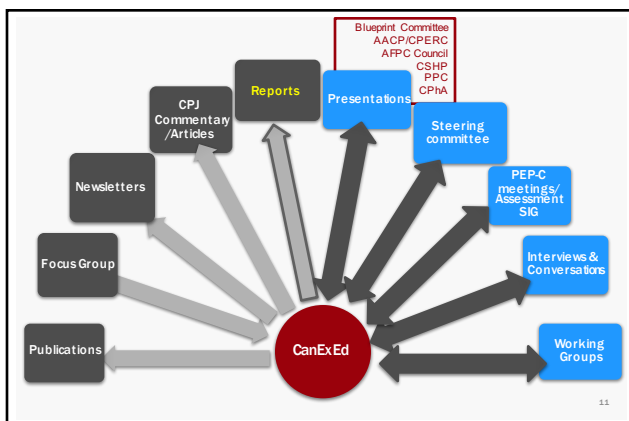
GENERAL FINDINGS: QUALITATIVE

Interviews:

- Interviewees open
- Divergent thought/opinion < congruence
- Nodes of disagreement b/t stakeholders & academics

Literature:

- Medium quality
- Multi & interprofessional
- Applicable to pharmacy
- ExEd authorship under represented
- 'Superior' evidence-based interventions
- Australian grey literature was well-focused



STEERING COMMITTEE MEMBERSHIP	
Organization	Representative
Neighbourhood Pharmacy Association of Canada (formerly CACDS)	Parveen Mangat
NAPRA	Margot Priddle/Ray Joubert
CPhA	Phil Emberley
Canadian Pharmacy Residency Board	Maira Wilson
Canadian Association of Pharmacy Student Interns	Amber-lee Carriere
CSHP	Jason Howoko
Project Manager	Katrina Mulherin
AFPC (Executive Director)	Harold Lopatka
AFPC (Council)	Ann Thompson
AFPC (Deans Group)	Chantal Phaland
AFPC (PEP-C)	Harriet Davies/Kelly Drummond
International AACPC Member (Texas Tech)	Craig Cox

PRIORITY #1: NATIONAL APPROACH TO LEARNING OUTCOMES & ASSESSMENTS

Key Recommendations

1. Common student assessment strategy for all ExEd courses/levels :
 - Learning outcomes
 - Central assessment form (criterion-referenced)
 - Reflection component
 - Supplementary assessments
 - Remediation modules
 - Formative 360° feedback
 - Longitudinal performance dashboard
2. Apply 10 key criteria for best assessment (Poster at CPERC 2015)
3. Establish validity and reliability of the assessment strategy components

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PRIORITY #1: NATIONAL APPROACH TO LEARNING OUTCOMES & ASSESSMENTS

Prototypes

- Student learning outcomes
- Summative central assessment form
- Reflection tools & feedback rubric
- Supplementary assessments
- 360°Formative feedback e-form
- Feedback dashboard

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PRIORITY #1: NATIONAL APPROACH TO LEARNING OUTCOMES & ASSESSMENTS

HAND-OVER

- Working Group (lead K Drummond, U of M) remains distinct
- AFPC's Assessment SIG review
- 4 (UofA, UofS, UofM, Dal) ExEd faculties collaborating
- Early Practice Experience pilot 2017 (?)

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WONDERING ABOUT...

1. Of the assessment prototypes slated for further development nationally, which should we prioritise?
 - a. 360°Formative feedback e-form
 - b. Supplementary assessments for sub-par performance
 - c. Common central assessment form
 - d. Tools for assessing student capacity for reflection in practice
 - e. Other

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PRIORITY #2: INTEGRATION OF THE FULL SPECTRUM OF LEARNER- PRECEPTOR MODELS IN ExEd

Key Recommendations

1. Focus on 3 'novel' models:
 - Peer Assisted Learning (PAL) - 2 or more students at same level
 - Near Peer Learning (NP) - senior + junior student
 - Co Precepting - more than one preceptor with 1 or more students
- NOTE: Other models to be explored in future (ie: interprofessional precepting)
2. Implementation considerations:
 1. faculty presence,
 2. preceptor support groups,
 3. leadership support,
 4. research expertise to study impacts
 5. Sites decide (with ExEd Program support) which models can be tailored to their varied environments
3. Promotion: education sessions, highlight champions and early adopters

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PRIORITY #2: INTEGRATION OF THE FULL SPECTRUM OF LEARNER- PRECEPTOR MODELS IN ExEd

Prototypes

- Education:
 - Preceptor & Student Handbooks
 - Preceptor support sessions
- Promotional materials:
 - Champion stories
 - Supporting research
 - Invitations to participate
- QA protocol and tools
 - Site visits/evaluations

A. The Co-Precepting Model

I. What is it?

Co-precepting is a learner-preceptor model that may be employed due to logistics at the site, scheduling, enhancement of learning for the learner, preceptor preference or as a support system for new preceptors. It involves having one preceptor that includes more than one preceptor supporting one or more learners that offer a variety of preceptor and a learner. However, the preceptor can be signed out by the number of learners are present. A majority of preceptors felt that the maximum number of preceptors for a 1 week position should be 3. This being said, with good communication having in mind preceptors a completely flexible conversation in the key things to make this model effective and this will be discussed in detail below, with the guideline we have to make some advantages, provide strategies to overcome potential barriers, and outline ways for effective communication in making this model a success in your practice.

II. Alternate styles of co-precepting

1. Sequential

Sequential precepting involves the handing off of learners from one preceptor to another. Usually in this case, neither preceptor is the main preceptor. Instead it is split evenly between preceptors. One preceptor may preceptor for the first half of the shift, the second half, or alternating between, or a different one for each week and so on. The preceptors who were covered and experienced about Canada provided some tips for success when utilizing this type of co-precepting. These are summarized below.

2. Simultaneous co-precepting

Make time for good communication about the learner's progress and what has been done. This is important to avoid hand over, the learner should be able to continue making progress rather than moving backwards.

Whenever possible choose someone to co-precept with whom you trust and can have good communication.

Even if the learner is not directly under your supervision, it can be beneficial to sit in on presentations to provide feedback on precepting.

When the learner is handed over to the other preceptor, he or she takes over for that time. The learner should approach that preceptor if there are any issues.

Handing over a learner reflects the reality of handing over information to other preceptors in clinical practice.

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PRIORITY #2: INTEGRATION OF THE FULL SPECTRUM OF LEARNER- PRECEPTOR MODELS IN ExEd Handover

- Working Group led by A Thompson & M MacDonald
- Thanks to UBC-Mike Legal & Marianna Leung's work
- Final draft stages for first 3 preceptor guidebooks
- Student versions to be tackled next
- PPC presentation well-received (to expose models to institutional pharmacists)
- Future frontiers per province: community buy-in/piloting

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WONDERING ABOUT...

Ann, insert 1-2 polling questions perhaps?

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PRIORITY #3: BEST PRACTICE IN PRECEPTOR DEVELOPMENT Recommendations

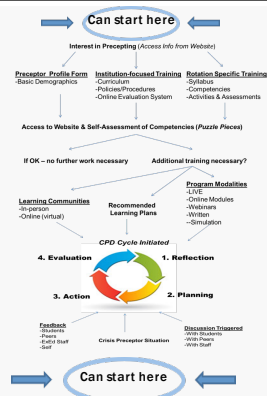
1. Develop Canadian preceptor competencies (and initial preceptor capabilities)
2. Resource and develop a national Preceptor Development Platform (PDP) to provide continuing professional preceptor development (CPPD)
3. PDP qualities:
 - online interactive preceptor self-assessment
 - independently evaluated
 - perpetual updating & monitoring
 - multiple options for attaining a given competency
 - preceptor engagement strategies
 - facilitate educational research & QI
 - CPD approach (reflect, plan, act, evaluate)
 - extract CPPD as an 'artifact'
 - use existing content but organised according to competencies
 - curate content & eventually develop content

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PRIORITY #3: BEST PRACTICE IN PRECEPTOR DEVELOPMENT Prototypes



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DRAFT COMPETENCIES (S WALTER)

1. Demonstrate a commitment to teaching as a means for growth & skill development for each learner
2. Create practice-based learning opportunities by promoting active inter and intraprofessional collaboration in client care
3. Engage in continuous reflection, self assessment & life long learning to improve their effectiveness as educators
4. Demonstrate effective communication skills
5. Create professional relationships with students
6. Adapt to students' learning needs
7. Model best educational & clinical practices to facilitate development of clinical skills
8. Facilitate student development of critical thinking, problem solving & decision making skills
9. Assess and document student pharmacist performance

PRIORITY #3: BEST PRACTICE IN PRECEPTOR DEVELOPMENT Handover

- Initial set of preceptor competencies (Sheila Walter, Ann Thompson, Craig Cox, Harriet Davies, Katrina Mulherin)
- Competency Delphi
- Self-Assessment tool
- Formal National PDP funding proposal drafted & parked
- Interprofessional vs. pharmacy scope
- International vs. domestic scope
- Dovetails with Priority #6: Characterisation of ExEd sites' best practices

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WONDERING ABOUT...

1. If there are researchers interested in applying a Delphi method to the competencies, please text/e-mail stating your interest.
2. What aspect of a PDP platform is most important?
 - a. Facilitation of preceptor learning communities
 - b. Gamification (FUNness) of electronic interface
 - c. Easy transfer of CPPD 'artifacts' to CPD (licensing) portfolio
 - d. Self-assessment of strong and weak aspects of educational competencies
 - e. Multiple options (e.g. journal review/live session/electronic module) to achieve a given competency
3. What aspects of the PDP platform are important for educational research?
 - a. Up front informed consent upon enrolment
 - b. Ability to analyse data nationally and provincially
 - c. Ability to maintain a control group and an intervention group
 - d. Integration with other research software
 - e. Ability to integrate with learning management system to link student performance
 - f. Other: please describe _____

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PRIORITY #4: DESCRIPTION & PROMOTION OF THE VALUE STUDENTS BRING TO HOST ORGANISATIONS & THEIR MANDATE Recommendations

1. Piggyback on established patient care indicators (like hospital KPIs)
2. Develop national set of participant survey items
3. Establishment of jurisdictional mutually beneficial activities (MBAs)
4. Measure both early and intermediate student rotation benefit
5. Evidence & QA data informs recruitment & retention content (priority #5) & promotional materials (Priority #7)
6. Clear statements pertaining to supervision of students should be pursued nationally with ExEd and PRAs
7. Student ability guides (Priority #1) convey realistic performance ability

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PRIORITY #4: DESCRIPTION & PROMOTION OF THE VALUE STUDENTS BRING TO HOST ORGANISATIONS & THEIR MANDATE Handover

The Priority 4 report provides multiple strategies that will result in Canadian evidence of benefits via continual measurement of outcomes to patients, preceptors and their organisations they practice within.

- Pharmacy student contributions to KPIs to be used to quantify this benefit as one component (patient benefit) of CQI within ExEd.
- A National tool for describing value, measuring preceptor satisfaction and skill augmentation and extension of professional services, using:
 - preceptor, supervisor/manager and student surveys,
 - interviews and focus groups
- Prototypes are pending
- Working group leadership and membership in progress (#4-#5-#7)

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WONDERING ABOUT...

Thinking of your practice facility, how would you rank the value of the student (Intern) to the organization:

- a) Participation in Medication Safety initiatives: such as antimicrobial stewardship, and/or Medication Reconciliation, etc.
- b) Extending Pharmacy services to underserved areas of practice
- c) Perform Risk assessment/management for identified chronic illness
- d) Provide discharge and/or transfer education to the patient
- e) Other (please explain)

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PRIORITY #5: OPTIMISATION OF PRECEPTOR RECRUITMENT & RETENTION

Recommendations

Microscopic/Individual:

1. Students as future preceptors
2. Maintain alumni relationships
3. Ongoing regular communication & support
4. Create advisory board of preceptors
5. Invite to teach and admissions
6. Awards/titles
7. Broaden to site training/info sessions

Macroscopic/Organisational:

1. Network with professional organisations (communication conduits)
2. Partner with other Faculties to educate jointly
3. Data management tools to evaluate & predict
4. Standardised national Preceptor Development Platform (PDP)
5. Precepting or Continuing Professional Preceptor Development (CPPD) toward licensure requirements
6. National agreement on remuneration
7. National approach to student assessments (P1)



Site-based ExEd Facilitators

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PRIORITY #5: OPTIMISATION OF PRECEPTOR RECRUITMENT & RETENTION

Prototypes

1. National survey items for preceptor benefit report (aggregate and jurisdictional) (Priority #4)
2. Annual reporting template of recruitment and attrition rates
3. Canadian preceptor recruitment/selection criteria
4. Traffic light system (UK) provide live preceptor status
5. Annual schedule of communications to alumni, students, organisations and active preceptors (Priority #7)
6. National PDP (Priority #3)
7. Student abilities guides and common assessments (Priority #1)
8. Criteria for national preceptor of the year award/s
9. Plan for Provincial regulators to cue members that preceptoring skills are included in CPD plan

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WONDERING ABOUT...

Please indicate your level of agreement with the following statement:

Any pharmacist who is currently in good standing with the provincial regulatory authority and agreeable to being an educator should be offered the role of preceptor

- a. Strongly agree
- b. Somewhat agree
- c. Neutral
- d. Disagree
- e. Strongly disagree

To view and engage students as future preceptors:

- a. Conveys the concept that pharmacists have an obligation in their role to teach learners in the field
- b. Provides the student opportunity for leadership and collaboration
- c. Will contribute to achieving capacity of preceptors required for increased Experiential placements
- d. Supports the Near Peer preceptor model
- e. All of the above

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PRIORITY #6: CHARACTERISATION OF EXCEPTIONAL EXED SITES' BEST PRACTICES

Recommendations

Back (invisible to student) End

1. Faculty-site relationships
2. Delineate ID of sites meeting baseline criteria
3. "Vision of excellence" progression maps
4. Assist sites in stating educational mission
5. Facilitate unique plans for achievement
6. Co-fund cross appointments
7. Educational research/CQI

Front (direct student interaction) End

1. Standard student onboarding process
2. Infrastructure: IT, space
3. Support for isolated/rural/underserved assignments
4. Intelligent implementation of novel models
5. IP collaboration opportunities

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PRIORITY #6: CHARACTERISATION OF EXCEPTIONAL EXED SITES' BEST PRACTICE

Prototypes

Back End (≈12)

- Triangulation strategy-baseline evaluation
- Detail QI strategy for quality domains
- Housed in PDP
- Site-based workshop kit-onboarding (mission focused) & CQI
- Self-assessment criteria
- Site visit evaluation guide
- Various templates / guides
 - Research pathways
 - Job description faculty liaison

Front End

- Templates:
 - Student onboarding
 - Schedule
 - Orientation guide
- Priority #2 guidebooks

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PRIORITY #6: CHARACTERISATION OF EXCEPTIONAL EXED SITES' BEST PRACTICES

Handover

- Prototypes prioritised
- Form working group
- Dovetails with Priority #3
- Site + Preceptor inextricable
- Focus resources:
 - rotation sites fostering exemplary educationally-focused characteristics
 - establish/build ExEd presence in educational sites
 - applying consistent recruiting criteria and site onboarding process
 - augmenting sites' quality
 - undertaking educational research into ExEd site practices
 - quality assurance triangulation

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WONDERING ABOUT...

Indicate the proportional influence of the preceptor vs. site characteristics on rotation quality

- a. 90% preceptor : 10% rotation site
- b. 70% preceptor : 30% rotation site
- c. 50% preceptor : 50% rotation site
- d. 30% preceptor : 70% rotation site
- e. 10% preceptor : 90% rotation site

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PRIORITY #7: PROMOTION OF EXED TO STAKEHOLDERS Recommendations

- 1. Develop a national ExEd mission statement
- 2. Synthesise a market research survey that can be tailored
- 3. Author marketing plan for short (detailed), intermediate & long term

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PRIORITY #7: PROMOTION OF EXED TO STAKEHOLDERS Prototypes

1. Mission Statement:
To provide high-quality ExEd placements that allow students to integrate existing and develop further knowledge, skills and attitudes in the course of practising pharmacy while providing value to preceptors and the organisations they practice within
2. Market Research Survey: TBD
3. Marketing Plan
2. Marketing Plan Budget

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CHALLENGES

- 1. Daunting scope
- 2. Resourcing in ExEd
- 3. Different points of transition
- 4. Shifting stakeholder priorities
- 5. Jurisdictional health policy
- 6. Ensure end-user consultation

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FINAL WEIGH-IN

1. How can AFPC leverage the work done to date?
2. Are there any suggestions to get research funding to study various aspects of ExEd?
3. How do you anticipate using the results of CanExEd?
 - a. Using and adapting prototypes for ExEd jurisdictionally
 - b. Leveraging resources/budgeting
 - c. Formulating future research proposals
 - d. None of these answers reflect how I might use the reports
 - e. Good heavy doorstop

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CONCLUSION

- 1. Reports = central reference texts ***Inform new initiatives***
- 2. Informs PEP-C mandate
- 3. National approach with flexibility
- 4. Mission statement
- 5. Stakeholder expectations built
- 6. Faculty/Schools - imminent resource decisions
- 7. Commitment by all to move forward
- 8. September - next phase
- 9. Seven priorities interconnect
- 10. 5-10 year plan

<http://www.afpc.info/content/canexed-reports>

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CREDIT

Thanks:

- Alysha Prata, Pharm D Candidate (U of T)
- Nadine Ijaz, PhD Candidate (U of T)
- Wilson Cheng, Pharm D Candidate (U of T)
- Kelly Drummond (U of M) coauthor Priority #1
- Mike Legal (UBC) coauthor Priority #2
- Craig Cox (Tex Tech) coauthor Priority #3 Part 3
- Sheila Walter (U of A) coauthor Priority #3 Part 2
- Jan Coates (U of M) coauthor Priority #4 & 5
- Nancy Kleiman (U of M) coauthor Priority #6
- Jason Perepelkin (U of S), Jimi Galvao (UBC), Jef Etkins (U of T), Roderick Slavcev (U of W) Priority #7
- Doreen Sproule (AFPC)
- Harold Lopatka (AFPC)

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