INTEGRATING CO-OPERATIVE EDUCATION AND REGIONAL PATIENT CARE ROTATIONS: A NOVEL APPROACH TO EXPERIENTIAL LEARNING

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LEARNING OBJECTIVES

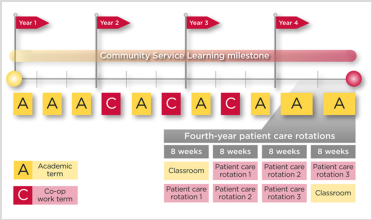
- Understand key lessons learned in implementing sustained late-curricular **Patient Care Rotations** together with an already established **Co-operative Education** program; including:
  - Model Design
  - Faculty/Staff Allocation
  - Student Engagement
  - Recruitment and Retention
  - Quality Assurance

EXPERIENTIAL LEARNING AT WATERLOO

- Community Service Learning *"CSL"*
- Co-operative Education *"Co-op"* – three 4-month work terms (anywhere)
- Patient Care Rotations "*Rotations*" * – three 8 week direct patient care rotations (in 14 regions throughout Ontario)

*NEW – with accreditation of entry-to-practice PharmD Program (effective Class of Rx2015)

SEQUENCE OF TERMS



CO-OP AT A GLANCE

- Waterloo remains the only Co-op pharmacy program in Canada and one of only two in North America
- The School of Pharmacy has benefited from the University of Waterloo's well established Co-op infrastructure
- Students complete three 16-week **paid** work terms in years two and three of the program
- Opportunity for students to gain valuable early-mid curricular practice experience in a wide variety of settings throughout Ontario, nationally, and internationally
- **Co-op ≠ "summer job"** (Inventory of Skills – assessment of specific competencies over the course of three co-op work terms

CO-OP AT A GLANCE


Community Practice

Hospitals


Family Health Teams


Industry
Research, Informatics, etc.


Government & Regulators

THE CHALLENGE

Implementing sustained late-curricular **Patient Care Rotations** together with an already established **Co-operative Education** based program

CHALLENGE #1 – THE MODEL:

Assess

- Waterloo's philosophy of Co-op based work-terms has been very effective and well received by students and employers
- Did the School want to disrupt this?
- Should clinical rotations be structured as simply one more "Co-op"; but direct patient care?

Listen

- What did prospective *Clinical Preceptors* want?
- Tour of Ontario - using every available venue to meet the School's partners in person!

CHALLENGE #1 – THE MODEL:

Lessons Learned:

Themes that emerged in conversation with preceptors and practice sites…

1. Rotation length, flexibility in scheduling (PT or "co"-preceptor)
2. Adequate School support – mainly local support & resources
3. Training, networking, shared learning opportunities

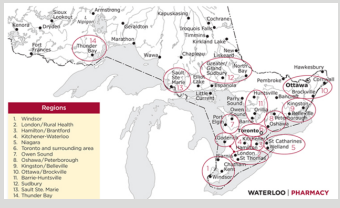
CHALLENGE #1 – THE MODEL:

The *Informed* Plan

- Region based ***Patient Care Rotations***, using the *Community of Practice Model**
- Something **different, yet complementary** to Co-op
- Assessments from Co-op through Rotations building/complementing one another and mapped back to educational outcomes

*To read more about communities of practice try:
Li, L. C., Grimshaw, J. M., Nielsen, C., Judd, M., Coyte, P. C., & Graham, I. D. (2009). Use of communities of practice in business and healthcare sectors: A systematic review. Implementation Science.
Wenger, E. C. & Snyder, W. M. (2000). Communities of practice: The organizational frontier. Harvard Business Review (139-145).

CHALLENGE #1 – THE MODEL:



- Three 8-week direct *Patient Care Rotations* all within the same region
- Learn from and provide care within a region's interconnected health care system
- Opportunity to support a region's *Community of Practice*

CHALLENGE #2 – THE RESOURCES:

- We listened and heard that local support and resources were important to our partners
- We also had to recruit practice sites/preceptors for over 360 Patient Care Rotations (in addition to maintaining Co-op)

What could this look like? Who would we look to?

CHALLENGE #2 – THE RESOURCES:

The ***Regional Clinical Coordinator*** (RCC)

- 14 (one for each region)
- Mix of hospital, community, family health team, and long term care pharmacists
- Adjunct Faculty – *Adjunct Clinical Assistant Professor* (paid 0.2FTE)

Job Description

- Recruit and retain high quality practice sites/preceptors
- Facilitate regional preceptor training and ongoing development
- Act as local point of contact for students in preparation for and throughout Patient Care Rotations
- ??? – novel position, the role continues to develop (research, local support for online courses, etc.)

CHALLENGE #2 – THE RESOURCES:

Lessons Learned:

- Must still maintain an adequately resourced administrative office to support the RCCs
- Unique allocation of faculty resources – support and flexibility of senior administration and well rounded/collaborative experiential leaders is a must

CHALLENGE #3 – THE STUDENT:

- In transitioning to ELPD, cohorts already in the program had the choice of remaining in the BScPhm stream or pursuing a PharmD
- ALL students opted to go the route of PharmD; with the most significant curricular change being within experiential learning – 24 weeks of sustained, full-time direct patient care student placements at the end of the program

How did we achieve this 100% buy in?

CHALLENGE #3 – THE STUDENT:

- Transparency throughout the process
- Involve students to the greatest extent possible – *Student Experiential Advisory Committee* (SEAC)
- Regional Showcase - RCC led event at the School, promote clinical rotation opportunities within their region
- Region ranking system and "lottery" clearly defined – no surprises!

CHALLENGE #3 – THE STUDENT:

Lessons Learned:

- Open process = Flaws Exposed
- Be prepared to answer questions (many!) and adjust the process when appropriate
- Giving students an opportunity to learn about different regions (RCC Showcase), plan, and ask questions, yielded the following*:
  - **50% of students were matched to their first choice**
  - **80% of students were matched to their top three**
  - **Less than 25% of students ranked Greater Toronto Area as their first choice**

RCCs and the "power of the sell" – students genuinely interested in unique experiences (rural, northern, etc.) under the guidance of a locally-based RCC

*Results based on Class of Rx2016 student ranking

CHALLENGE #4 – THE NUMBERS:

- Would the transition to a PharmD (first professional degree program) and the addition of sustained late curricular Patient Care Rotations (**unpaid**) impact access to high quality Co-op (**paid**) work term practice sites?
- Would the School be at risk of putting two experiential learning programs (Co-op vs. Rotations) in direct "competition"?

PATIENT CARE ROTATIONS

Practice type	Number of available rotations (as per preceptor availability)	Matched rotations (% of total rotations matched)
Institution total	208	124 (36%)
Hospital	188	
Long-term Care	20	
Primary care total	563	221 (64%)
Community pharmacy	494	
Family health team	37	
Outpatient pharmacy	32	
TOTAL	771	345 (100%)

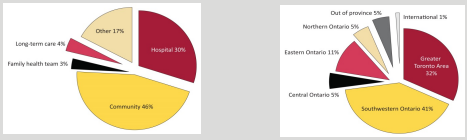
Figures based on Rx2016 cohort

CHALLENGE #4 – THE NUMBERS:

Excellent numbers for Patient Care Rotations; BUT, what about Co-op?

CO-OP PLACEMENT STATISTICS

- Recruited an average of 1.4* jobs per student
- 100% employment rate for students



*2015-2016 Co-op statistics (after inception of Patient Care Rotations)

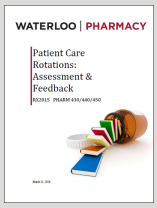
CHALLENGE #4 – THE NUMBERS:

Lessons Learned:

- In some instances past Co-op partners decided that Patient Care Rotations were a better fit for their practice site
- Many remained committed to the early-mid curricular Co-op philosophy, and decided to take on late curricular Patient Care Rotation students **in addition** to Co-op
- Ultimately "competition" between Co-op and Rotations was non-existent; in fact, School was able to leverage already existing Co-op partnerships in securing Patient Care Rotation practice sites/preceptors
- Unique mentorship models / near peer teaching – opportunity to explore and research this further with our dual Co-op & Patient Care Rotation partners

CHALLENGE #5 – THE MEASURE:

- After first iteration of Patient Care Rotations how did we measure success and areas for improvement?
- Built a formal quality assurance process
- Collection and analysis of data has already informed program modifications (student & preceptor surveys)



CHALLENGE #5 – THE MEASURE:

Lessons Learned:

- New model…recurring themes:
  - guidelines & structure
  - assessment tools
  - student living arrangements, etc.
- What worked well:
  - the Regional Model – opportunity for students to gain an intimate understanding of a region's unique interconnected health care system
  - RCC support
  - progressive preceptors and practice sites, opportunities to practise with a high degree of independence (with high level RPh supervision)

CONCLUSIONS

1. Get on the road, listen, and deliver – what conversations are taking place at the practice site level?
2. Experiment with how staff/faculty resourcing needs are met. The RCC model isn't perfect, and we're still exploring the potential of these individuals (RCC-driven)
3. Involve students; but be prepared to listen and accommodate when appropriate
4. Take some risks, stay true to the above…..the numbers will come
5. Gather feedback (lots of feedback!), analyze, and modify

Co-op and Patient Care Rotations can co-exist; and complement each other to the benefit of the School, students, and external partners

Anytime …
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Thank you!