

## EXPERIENTIAL EDUCATION

### Sharing Ideas in Experiential Education

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Experiential training is a critical component of pharmacy education. At the turn of the 20<sup>th</sup> century there was no required educational degree or experiential training for pharmacists prior to licensure, although many pharmacists chose to complete apprenticeships. Beginning with New York in 1910, the states slowly began requiring pharmacy degrees that ranged from 2 to 6 years.<sup>1</sup> In 2000, all first professional pharmacy degrees became the 6-year doctor of pharmacy (PharmD) degree.

The experiential component of education has also undergone changes. It did not become an academic requirement until the Accreditation Council for Pharmacy Education (ACPE) standards of 1974.<sup>2</sup> Before then, few schools had implemented pharmacy practice experiences as a part of their curriculums; instead, students had to obtain a certain number of internship hours prior to licensure. The quality of these experiences was not primarily regulated by colleges or schools of pharmacy; instead they were under the jurisdiction of organizations (eg, American Society of Health-System Pharmacists) and/or state boards of pharmacy. With the 1974 standards, these experiences became a greater part of pharmacy academic programs. The 2000 ACPE Standards stated that advanced pharmacy practice experiences (APPEs) “should ordinarily be equivalent to one academic year” and that introductory pharmacy practice experiences (IPPEs) “should be offered during early sequencing of the curriculum.” In 2007, the Standards specified that the “IPPEs must make up not less than 5% of curricular length (300 hours) and APPEs not less than 25% of the curricular length (1440 hours).”<sup>3</sup>

Since the 1970s, ACPE has continued to place more responsibility on institutions to develop and monitor experiential education. Internships and externships still contribute to the educational growth of students, but have

become increasingly less important as a requirement for board licensure. With more responsibility on academic programs to regulate both quantity and quality of these experiences, experiential programs offices have become more important. Significant time and resources are needed to successfully deliver these programs which now constitute greater than one-third of most curriculums. Although basic requirements are the same, each institution has implemented its own strategies to meet ACPE standards. Unfortunately, sharing of these strategies has been somewhat limited.

The Experiential Education section membership of the American Association of Colleges of Pharmacy (AACP) expressed interest in developing methods to increase networking between institutions. Consortiums of colleges and schools in common geographic regions have helped to facilitate this process. With scholarship as a core component of the section’s strategic plan, the idea for a theme issue focused on experiential education to be published in the *Journal* was developed. The primary objectives for the issue were to promote and encourage scholarship of members and provide a medium for them to share their experiences.

AACP Experiential Education section members were invited to submit manuscript proposals. Authors submitted an abstract and detailed outline within a predetermined set of themes: (1) assessment of student performance, (2) quality assurance, (3) program management /workload analysis, (4) preceptor development, and (5) innovation or other. There was no limit to the number of proposals an individual could submit. Seventy-two proposals from 44 different colleges and schools of pharmacy, representing 28 states and 3 Canadian provinces were received.

A committee of 11 Experiential Education section members was formed to review the proposals. The committee developed an evaluation rubric that was completed for each proposal by a minimum of 2 members. Because an objective of this process was to enhance scholarly activity within the section, completed rubrics were sent to all corresponding authors whether their proposal was

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selected or not. Only 8 manuscripts were chosen, however a number of other noteworthy proposals were received, and authors were strongly encouraged to seek publication in the future.

The manuscripts in this supplement provide insight into important issues facing experiential education. In the manuscript by Skrabal and colleagues, "Portfolio Use and Practices in US Colleges and Schools of Pharmacy," the authors provide results of a cross-sectional survey of the content, use, resource/training requirements, benefits, and challenges of using portfolios. They found 60% of colleges and schools use portfolios within experiential education, but that considerable differences exist in how they are used or assessed. These findings should encourage individuals to share their experiences to help identify the most appropriate role for portfolios.

Preceptor development is critical to all institutions around the country. Vos and colleagues outline a comprehensive development program that could be used to provide initial and ongoing training to preceptors. Their program includes a combination of live sessions, online presentations, newsletters, and onsite (face-to-face) visits. Although online programming was favored, the authors propose developing a diversity of programs to meet preceptor learning needs.

Related to preceptor training, Burgett and colleagues investigated the perception of onsite visits as a component of their quality assurance program. They surveyed 235 volunteer preceptors, the majority of whom responded favorably to site visits and recommended they be performed monthly rather than every other month or once a year. Considering colleges and schools face challenges in finding time and/or staff members to do these visits, performing them once a month may seem daunting. The manuscript will help stimulate further discussion on the benefits and frequency by which onsite visits should occur.

Scheduling of IPPEs and APPEs is a major responsibility of experiential administrators. Schedules distributed to students and preceptors at the start of a year inevitably undergo multiple changes. Modifications can be initiated by preceptor, student, site, and/or school. Duke and colleagues performed a study to determine the annual number of APPE changes that were made to student schedules at 5 institutions over a single academic year. The number of changes ranged from 14%-53% and most were initiated by site and/or preceptor (57%). Institutions estimated between 50 to 370 hours were spent dealing with schedule modifications throughout the year. Developing policies and procedures to limit the number of changes could prove beneficial to experiential offices.

Colleges and schools have found innovative ways to meet ACPE standards. Four manuscripts in this issue provide insight into unique strategies that have been implemented. In papers by Nuffer and colleagues and Law and colleagues, the authors describe programs they have established to allow students to gain experience in the delivery of medication therapy management (MTM) in community pharmacy. Each manuscript provides data on the effectiveness of their programs and the perceived impact they had on student confidence and patient outcomes related to MTM services. The authors suggest that other colleges and schools of pharmacy consider establishing similar programs within the constraints of their institution and state board of pharmacy regulations.

In the manuscript, "Integration of an Introductory Pharmacy Practice Experience With an Advanced Pharmacy Practice Experience in Adult Internal Medicine," Smith and colleagues describe the development, implementation, and assessment of an internal medicine IPPE that was integrated with an existing APPE. They provide insight into how integration of IPPEs and APPEs can provide beneficial experiences for students and suggest their model could be implemented in diverse practice environments. Finally, Cox and colleagues discuss partnerships established between a university and institutional practice sites through development of a clinical teaching unit model for precepting students. They describe the positive impact collaboration has had on their APPE curricular sequence.

Experiential education is a major component of pharmacy curriculums. The area has gained more attention from ACPE over the past several decades and figures only to gain greater significance. As colleges and schools are required to develop more IPPEs and APPEs, the focus should remain on the *quality* of experiences delivered to our students. To make this happen, pharmacy educators must continue to find new ways to network and share ideas. Hopefully, this theme issue on experiential education will help toward accomplishing this goal.

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