LETTERS

Comment on “An Advanced Clinical Track Within a Doctor of Pharmacy Program”

To the Editor. We would like to comment on the American Journal of Pharmaceutical Education article entitled “An Advanced Clinical Track Within a Doctor of Pharmacy Program.”¹ In 2011, Nova Southeastern University (NSU) College of Pharmacy and Jackson Memorial Hospital (JMH) pilot tested an Advanced Clinical Experience Program (ACEP), in which 6 advanced pharmacy practice experience (APPE) students spent the first 6 of their 10 APPEs at JMH. As codirectors of this pilot program, we have a unique perspective on this topic and while New and colleagues do succeed in providing outcomes data which is lacking in this area, we feel the authors failed to capture an essential piece of the equation in the discussion section, which is the possible diversity and incredible untapped potential of “track” programs.

We are intrigued by the prospect of new similar programs, but also novel ambulatory care, administration, community pharmacy, or other area-specific track programs. A program could be a 2-month administration-focused program managed by 2 separate collaborating institutions supporting 1 APPE student, or something as extensive as a year-long internal medicine-focused program at 1 institution supporting 25 APPE students. Additionally, required activities such as the completion of extra electives, practice experiences, or projects can be tailored to the capacity of the program, incorporating numerous requirements or just a select few.

Existing programs at colleges and schools of pharmacy such as University of North Carolina, University of Kentucky, University of Florida, or South Carolina College of Pharmacy (SCCP) may be mirrored when creating a “track” program. However, using their criteria as a skeleton and implementing a novel type of program may be a better approach.

The NSU ACEP can be used as an example to highlight potential program similarities and innovations. This program incorporates completion of a clinical skills checklist as well as participation in a clinical skills competition, which was taken from the SCCP model. Alternatively the ACEP incorporates numerous program-specific activities. An application and selection process exists and APPEs are purposely scheduled so ACEP students start with internal medicine and encounter more specialized experiences as the program progresses. Also, ACEP students are asked to complete 2 NSU-specific electives. The “Rounds with Pharmacy Residents” elective takes place once weekly during the last academic semester and is a case-based elective led by pharmacy residents from nearby institutions. The “Residency Interview Preparatory Seminar” elective takes place once weekly during the fall semester of APPEs and is described in a previous publication.² In addition, ACEP students are paired and assigned a clinical pharmacist mentor to design and complete a drug use evaluation aimed at either generating cost savings or enhancing patient safety at the JMH. Project results are presented at an applicable hospital committee meeting and subsequent creation of formal write-up is required. Last, a preceptor communication tool, amended from the JMH post-graduate year-1 residency program tool, assists in communicating student strengths and weaknesses.

As colleges of pharmacy and institutions look to provide unique opportunities and train future pharmacists, key players should consider implementation of a “track” program as done by multiple colleges and schools of pharmacy and as described by New and colleagues. Alternatively, the option and potential exist to establish a novel type of “track” program.

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REFERENCES