

AACP REPORTS

AACP Council of Sections Report, June 2013

COS, COD, and COF combined efforts to convene three taskforces, develop charges for those taskforces and assign membership. We took great care to nominate membership from different types of institutions from a variety of disciplines and levels in their career.

Each Council took responsibility for one of the Taskforces. COS has the responsibility for the Accountable Care Organization/Medical Home Taskforce. COD will report on Federal Funding Taskforce. COF will report on Mentoring Taskforce.

AACP Task Force on Patient-Centered Medical Homes/Accountable Care Organizations

Task Force Members

Alex Adams (NACDS), Dave Clark (Regis), Gary DeLander (Oregon State), George Mackinnon (Roosevelt), Michael Malloy (Massachusetts College of Pharmacy – Worcester), Cary Mobley (Florida), Wesley Nuffer (Colorado), Paige Parsons (New England), Andrea Smesny (Houston), Marie Smith (Connecticut), Timothy Ives (UNC-Chapel Hill), Chair

Task Force Charges

1. Provide a rationale for colleges/schools of pharmacy to engage in accountable care organizations (ACO) and patient centered medical homes (PCMH), including a list of recommended articles and sites that could help members become informed about such organizations, corresponding professional association, regulatory bodies and government agencies.
2. Through formal or informal data collection methods, describe model partnerships of colleges of pharmacy with ACOs/Medical homes.
3. Disseminate information gathered above in a form of a white paper as a call to arms for colleges of pharmacy.

The charges were addressed and a report was submitted to the Board of Directors in November 2012. The task force report and an accompanying Viewpoint were published in the *American Journal of Pharmaceutical Education* (Karen: please insert the links to them here).

Council of Sections Preceptor Development

Task Force

2012-2013 Charges.

1. Determine a more systematic mechanism for the provision of preceptor development programs through AACP.

2. Disseminate recommendations for preceptor development that can be standardized across member institutions.
3. Gather perceptions of preceptors and other key stakeholders on development issues facing faculty and staff in the delivery of experiential education.

Chairs.

- Maryann Skrabal, Co-Chair (Creighton University)
- Nora Stelter, Co-Chair (Drake University)

Members.

- Liz Cardello (American Pharmacists Association)
- James Colbert (University of California-San Diego)
- Meri Hix (Southwestern Oklahoma State University)
- Mara Kieser (University of Wisconsin)
- Christina Seeger (University of the Incarnate Word)
- Robert Talbert (University of Texas)
- Kristin Weitzel (University of Florida)

COS Facilitator.

- Denise Soltis (COS Chair, Drake University)

Report.

The Preceptor Development Task Force met during the fall of 2012 to finalize the Stakeholder (Preceptor) survey, which addresses Charge #3. The Preceptor Survey project was approved by the Creighton IRB during the summer of 2012 and subsequently by the Drake IRB.

After the 29 question preceptor survey was developed, it was piloted, peer-reviewed, and edited prior to administration. Experiential Administrators were emailed a link to an online, web-based questionnaire and asked to forward the link to their preceptors during the late fall 2012 (November/December).

4,800 responses were received and data is currently being recoded, validated, and checked prior to final analysis. Once analysis is complete, the results will be compared to the results of the Experiential Administrator Survey, which was conducted by the Task Force in 2010.

A poster will be presented at the AACP Annual Meeting this summer where the preceptor survey data will be disseminated and the information will also be included in subsequent reports to the COS.

Regarding Charge #1, the Co-Chairs of the Preceptor Development Task Force have been in discussions with the Experiential Education Leadership as well as Task Force Members regarding utilization of the AACP Experiential Education Section Website to provide information and resources related to preceptor development. This would centralize resources and enhance access to programs for Schools and Colleges to utilize. We plan to follow-up with Section Leadership to discuss website guidelines regarding implementation and maintenance of the information.

The Task Force asks the COS to extend the Task Force over to 2013-2014 to complete their work of analyzing and comparing the data from the 2 surveys, which is currently in progress.

Summary of Preceptor Survey Data as of June 1, 2013: Final analysis still to be performed and should be finalized this summer

Completion of training. According to preceptor responses, most employers (73.4%) and most states (72.5%) do not require preceptor development/training. 70.6% of preceptors indicated that they had completed preceptor development/training.

Training format and venue. 66.9% indicated they had completed web-based (online) development training, followed by 63.5% live training, and 25.7% paper/hard copy training. When asked to rank what they would prefer, 43.5% ranked web-based (online) as number one, followed by 29% ranking live in person training as their first choice.

Over half of the preceptors indicated they had participated in preceptor development training programs that were provided 'live' by the college/school of pharmacy they precept for (58.4%) and/or the Pharmacist's Letter Preceptor Training and Resource Network (52.2%). Over one-third indicated that they completed development programming that was web-based through the college/school of pharmacy (35.6%) and/or live programming at professional meetings (35.3%). These were followed by 9.9% completing training through the Collaborative Education Institute (CEI) and 6.9% completing the NACDS Foundation/APhA Community Pharmacist Preceptor Education Program. Other training listed by preceptors included training provided by employers (4.8%), boards of pharmacy (2.1%), and national and state organizations other than live at the meeting (1.4%).

Topics. When asked what topics the preceptor *had completed* training in, the most frequently cited topic was How to Give Feedback (84.2%), followed by How to Evaluate/Grade Students (70.5%), Professional Communication Skills (56.8%), Conflict Management (53.6%),

School-Specific Information Training (48.7%), How to Develop IPPE/APPE (31.9%), Practice Management (30.3%), How to Develop a Syllabus (25.9%), and Evaluating Primary Literature (23.3%).

This is similar to what topics the preceptors stated were most important for training/development: How to Give Feedback (82.9%), followed by How to Evaluate/Grade Students (78.8%), Professional Communication Skills (63.5%), Practice Management (52.6%), How to Manage Conflict (49.8%), How to Develop IPPE/APPE (45.9%), School-Specific Information (44.4%), and How to Develop a Syllabus and Evaluating Primary Literature (both 38.9%).

Barriers to training. When asked to list the primary barrier to completing preceptor development/training, 55.1% cited time, followed by 17.7% citing access to programs, and 17.7% citing no barriers. In addition, there were another 14 preceptors who mentioned scheduling as a barrier in the other category, which could be included in either the time or access categories depending on interpretation.

Recommended improvements to training. Only 29.1% of preceptors indicated that no improvements were needed. When asked about improvements needed, the following were selected in order: topics offered (36.0%), followed by delivery method (30.1%), length of programming available/time to complete each session (27.9%) and quality of content offered (21.2%). Approximately 10% listed an improvement in other, with most commonly stated recommendations being: access to programs (1.8%) and/or lack of awareness or advertising of programs (1.1%).

Preferred length of time for training topic or module. Preceptors were asked what length of time for completion they would prefer if training was available through modules by specific topic of interest or need. 48.3% stated 30 minutes was preferable, followed by 60 minutes (27.2%), 45 minutes (12.8%), and 15 minutes (9.9%)

Reasonable CE requirement time. Recoding to numeric format and will be reported once complete

CE Credit. 92% of preceptors either strongly agreed (71.7%) or agreed (20.3%) that they were more likely to complete preceptor development training if Continuing Education Credit (CE) was offered with it. 6.6% were neutral and only 1.4% strongly disagreed or disagreed.

Reasons for precepting. 85.0% indicate that they precept because it is a professional obligation and they want to give back, 78.5% enjoy teaching students, 60.0% indicate that students push them to keep learning, 36.3% to attract future employees, 16.9% to access the college/

school's resources (DI center, library resources, . . .), and 12.5% because it is required with their position.

Demographics. Statistics are being calculated to determine if the population surveyed is representative of the preceptor population by comparing the demographics to the demographics of the 2012 AACP Preceptor Survey. This information will be reported once analysis is complete.

Gender.

- 42.9% male vs 57.1% female

Licensed pharmacist.

- Yes (98.9%) vs No (1.1%)

Number of years as licensed pharmacist

- Recoding to numeric format and will be reported once complete

Practice Setting.

- Health System or Hospital Pharmacy (32.2%), Acute Care (20%), Chain Community (19.9%), Ambulatory Care (14.7%), Independent Community (11.6%), Management (8.3%), Academia (6.7%), Government or Military Facility (5.4%), Drug Information (3.1%), Pharmaceutical Industry (1.6%), and Other (11.4%). From the other category, Long Term Care was listed most frequently at 1.6%.

Degree/Postgraduate Training.

- PharmD (65.4%), BSP Pharm (43.8%), Residency (25.9%), Masters (12.1%), Fellowship (2.1%), PhD (1.0%)

Position as it relates to your primary role regarding precepting pharmacy students.

- Staff or Clinical Pharmacist (46.2%), Pharmacy Manager or Director (34.2%), Pharmacist in Charge or Lead Pharmacist (17.4%), Clinical or Education Coordinator (9.0%), Administrative/Executive (5.6%), Academic/Campus-Based (5.3%), and Other (5.0%)

Number of years as preceptor.

- Recoding to numeric format and will be reported once complete

Who they precept.

- Advanced Pharmacy Practice Experiences (APPE) (91.7%), Introductory Pharmacy Practice Experiences (IPPE) (75.7%), Pharmacy Residents (41%), None (0.8%)

Number of colleges/schools they actively precept students from.

- Calculating statistics

Number of IPPE students, APPE students, and residents precepted in last calendar year.

- Recoding to numeric format and will be reported once complete

Number of schools precepted for in last 2 years.

- Recoding to numeric format and will be reported once complete

**FACULTY PRIMER TASK FORCE
Report for 2012-2013 Academic Year**

Charges:

- Continue development of materials relevant to assist new faculty trained outside of pharmacy schools to assist in their orientation to the profession.
- Identify the best mechanisms for packaging, housing, and disseminating this information to the appropriate stakeholders, including authorship of a special reports paper submitted to AJPE

Members:

William Beck, Ph.D. – University of Illinois at Chicago

James Culhane, Ph.D. – Notre Dame of Maryland University

Gerard D'Souza, Ph.D. – Massachusetts College of & Health Sciences – Boston

Marc Harrold, Ph.D. – Duquesne University

Peter Hurd, Ph.D. – St. Louis College of Pharmacy

Robin Zavod, Ph.D. – Midwestern University Chicago College of Pharmacy (Chair)

The AACP COS Faculty Primer Task Force was initiated in the Fall of 2009 and had a sluggish start. A reasonably well-developed template of ideas was produced and passed onto subsequent Task Force chairs. New leadership and reinvigorated members lead to a revitalized effort during the 2011-2012 year. Feedback from the Board of Directors in July 2012 was very positive and we were encouraged to continue working on this toolbox. We were also reminded that while our original charge was for non-pharmacist faculty, that the contents of the toolbox would likely benefit all types of new faculty. There was a lively discussion about how best to make this work visible to AACP members. It was recommended that a Special Session proposal be submitted for the 2013 Annual Meeting. There was also discussion about these materials being included in a Learning Management System (new) so that the toolbox could remain a living, breathing work.

The Task Force was informed of the support received from the Board of Directors and set about to complete individual assignments originally identified in May 2012. A few members submitted their materials within a couple of months. Phone conversations with other Task Force members were conducted to better establish the expectations for the written narrative components of the toolbox. A

proposal was developed, submitted and accepted for a Special Session at the 2012 AACP Annual meeting. The Task Force conducted a conference call in May 2013 to review which assignments remained, to plan the details for the Special Session and to agree that each Task Force member who has not already submitted narratives will submit bullet-type narratives for their section/question by the Annual Meeting in July 2013. It was noted during this conference call that Task Force members had identified additional resources over the course of this academic year, as well as additional topics (e.g., resources that explain TBL, PBL, flipped classroom) that should be included. A robust discussion related to making sure that the toolbox does not become too general yielded agreement that our primary audience will be non-pharmacist faculty, with the knowledge that the verbiage used in the toolbox should not preclude use by any type of new faculty.

From a dissemination perspective, the Task Force members continue to feel that their work would not fit under the category “research article” and therefore will identify a different submission route for AJPE. If a Learning Management System is in fact being brought on line, then perhaps there is no need for an AJPE publication.

The members of this Task Force kindly request that the COS leadership allow us to continue to finish our work with the existing members and leadership. We anticipate that with the feedback that we receive during the Special Session at the Annual AACP meeting that we should be able to deliver Toolbox 1.0 by the end of the summer 2013, as well as a potential proposal to continue to develop and deliver Toolbox 2.0 (within academic year 2013-2014).

To view the section reports, please visit the AACP Website at <http://www.aacp.org/governance/councilsections/Pages/CouncilofSectionsCommitteeReports.aspx>