

LETTER

Response to Further Research Needed for Virtual Quality Assurance Experiential Site Visits

To the Editor: We thank Dr. Howe for her letter providing further discussion on our manuscript evaluating the perceptions of preceptors participating in virtual quality assurance experiential site visits.¹ We also agree that further research is needed related to alternative methods for fostering quality in experiential education. Our manuscript was submitted as a research brief, defined as “small scale studies or pilot works of interest to others with limited outcomes data.”² Hence, our manuscript was intended to encourage this discussion and ongoing exploration.

Our study’s goal was to determine preceptor perceptions of alternative site visit methods. We did not compare differences in effectiveness of site visits based on delivery method. We recognized in our manuscript that “positive preceptor perceptions may not equal quality of the site visit from the view of experiential programs.”¹ As such, we stated, “Further examination of ongoing site quality or improvement would determine if quality of the site visit varies with method of delivery.”¹ We recognize that examining the quality of various methods is necessary and agree with Dr. Howe as she described how experiential site visits and relationships with preceptors and sites are complex and multifactorial processes. We encourage ongoing exploration of various options to enable multiple methods of contact with preceptors along with ongoing research on strategies to ensure quality while recognizing the capacity limitations of experiential programs.

Dr. Howe suggests that some individuals, particularly younger participants, may be more receptive to virtual meetings than others. Dr. Howe noted that our results might have been influenced by the age of participant since approximately 45% of our respondents had been preceptors for Drake University for 5 years or less. Data collected but not published included the number of years of precepting for any college or school of pharmacy. These

data showed approximately 25% of the respondents had been preceptors less than 5 years; with only two preceptors with less than 5 years of precepting experience receiving a virtual site visit. However, we do agree that comfort with this type of meeting has the potential to influence findings. We recognized this possibility and updated our research protocol in July 2017 to enable analysis of this factor. Therefore, our most recent survey data collection process requests a self-assessment by the participant of their comfort level with accessing and attending online meetings and/or webinars.

While our primary study focus was remote experiential sites, Dr. Howe provides an excellent suggestion that alternative site visit methods may have a role with sites closer to campus to help promote site-college collaboration. For the purposes of the study, virtual site visits were conducted with a convenience sample of APPE sites located at least 200 miles from campus. This strategy was utilized to minimize the chance that participants may have relationships other than the experiential affiliation with the experiential education program or team members.

In conclusion, we thank Dr. Howe for the ongoing dialogue on this important issue. We agree further research is needed to examine alternative methods for experiential site visits. In our pilot study, preceptors were receptive to alternative methods. We continue our research and encourage other scholarly efforts in this area.

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