The Well Designed Experience
Utilizing Student Experiential Learning to Meet Your Pharmacy Practice Goals

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Objectives
1. Explain the importance of balancing student educational needs with the goals of the existing pharmacy practice.
2. Identify several examples for the successful incorporation of students into activities that benefit an existing pharmacy practice.
3. Identify key aspects of student engagement through understanding student and preceptor perceptions and goals.

Diversity of Needs
- Student as "learner"
- Preceptor as "educator"
- Pharmacist as "manager"
- Site as "server"
- Patient as "customer"

Student as Learner
- Historically – Passive
  - Observational or limited patient involvement
  - Often seen as burdensome
- Today – Active student engagement
  - Patient centered and outcomes focused
    - Skills and experience
    - Professionalism and integrity
    - Personal responsibility and accountability

Student as Learner
- Experiential training is essential
  - ACPE Standards for 2007
    - Multiple practice environments
      - Predominance of community and institutional settings
    - Direct patient interaction with diverse populations
      - Defined as face-to-face interactions between students, patients, and health care providers

Student as Learner
- Experiential training is significant
  - Levels of experience
    - Introductory Pharmacy Practice Experiences (IPPEs)
      - No less than 5% curriculum (300 hours)
    - Advanced Pharmacy Practice Experiences (APPEs)
      - At least 25% of curriculum (1440 hours)
      - Minimum on 24 weeks in direct patient care
    - Residents – post-graduation
Preceptor as Educator

- Real teaching in the Real world
- Direct applicability to patient care
- Specialist in pharmacy practice
- Mentor through experience and skill

Pharmacist as Manager

- Facility needs
  - Core Measures
  - Division of care
- Department performance
  - Staffing and morale
  - Technology and automation
  - Budgeting and cost justification

Dual Role of Preceptor

- Concern of imbalanced patient care responsibilities with educational activities
  - Time management and “burn out”
  - Jeopardized clinical productivity
  - Lack of positive student contribution
  - Reduced institutional commitment to students

Site as Server

- Committed to patient care
- Bound by quality assessment
  - Accreditation
  - Core measures
- Responsible for associate performance

Patient as Customer

The Reason for it all!

Balance of Need

- Student
- Pharmacy Practice
- Educate
- Manage Services
- Patient Accountability
THE NEED?

A better way of integrating students into the delivery of direct patient care—Including responsibility for drug therapy outcomes.

How Students Benefit from Active Patient Care Integration

• Gain proficiency and confidence
  – Develop a true sense of purpose
  – Feel a part of the team
• Refine critical thinking and problem-solving skills
  – Practice outcomes-based decisions
• Deepen clinical disease and pharmacotherapy knowledge
  – Understand the impact of knowledge deficits

How Students Benefit from Active Patient Care Integration

• Accept accountability and mature professionally
  – Recognize the value of their contributions
  – Assume responsibility for patient outcomes
• Prepare for post-graduate training (residency)
  – Develop a desire to serve patients
  – Create a vision for the future

How Experiential Sites Benefit from Active Student Integration

• Support pharmacy operations
  – Introductory experiences
  – Components of advanced experiences (e.g., advanced hospital—pharmacy practice management)
• Support of current patient care services
  – Components of IPPEs
  – APPEs (e.g., acute care/general medicine)

How Experiential Sites Benefit from Active Student Integration

• Support of potential patient care services
  – Extending patient care to underserved or non-existent areas
  • Medical team integration, quality assurance, medication histories, drug information, discharge counseling, etc.

Barriers to Student Integration

• Physical space
• Limited time for training
• Educational requirements (orientation, evaluations, etc.)
• Differing educational needs (IPPE/APPE)
• Lack of engagement (student, staff, site)
SOLUTION FOR TODAY?
INTEGRATE!

Integrate students into existing operational and clinical services

Integrating Current Students TODAY!

- Take the human approach
  - Make the student feel welcome and needed
  - Explain important activities and rationale
- Utilize “walk on” tasks for building confidence
- Take time to debrief (seek student input and reflection on tasks)

Student Integration in Operations Support

- Students need the full picture
  - Receiving and interpreting orders
  - Order processing, dispensing and control
  - Patient care
  - Management and administration

Student Integration in Clinical Services

- Inpatient medical teams
  - Pharmacotherapy evaluation and monitoring
  - Medication histories, drug information questions, discharge counseling
- Core measures (e.g. pneumonia, anticoagulation, etc.)
- IV to PO and/or therapeutic interchange

Student Integration in Clinical Services

- Drug monographs
- Patient education/counseling
- Teaching (CE programs, newsletters, in-services)
- P&T Committee preparation/presenting

Recent Preceptor Comment

“All of the above examples* are services that were not consistently being offered by the pharmacy department due to lack of staffing and time to complete the tasks. With students doing the leg work, we are able to expand our services in these areas.”

* “examples” refer to student practice models of discharge call center, IV to PO conversion, patient education, and core measures
A PLAN FOR THE FUTURE?
INNOVATE!

Developing a Student Practice Model

- **Goal** – extend pharmacy services to improve patient care quality
  - Choose a feasible service
    - Develop a plan
    - Outline resources and training
  - Get buy-in from department, facility, and educational institution
  - Consider viability
    - Appropriate for student integration?
    - Sufficient student support
    - Gaps in student availability

Developing a Student Practice Model – Continuity of care services

- Medication Reconciliation
  - Admission, transitions, discharge
- Discharge Call Center
  - Decrease readmissions
- Home Health
  - Drug utilization review and patient counseling

Example Student Practice Model – Medication Reconciliation

- **Student involvement**
  - Daily activity - P3 (IPPE) and P4 (APPE) students
- **Collaboration between pharmacy and nursing**
  - Identified subset of patients
  - Utilize support software for "associating" home meds with current regimen
- **Standardized training and procedures for all students**

Example Student Practice Model – Discharge Call Center

- **Student involvement**
  - Bi-weekly activity – P4 (APPE) students
  - 4 students, supervised by 1 preceptor
- **Verbal verification of patient understanding**
  - Discharge instructions
  - Taking medications correctly
  - Have follow-up appointments set
  - Identify any unaddressed needs
- **Standardized training and procedures for all students**

Example Student Practice Model – Home Health

- **Student involvement**
  - Daily activity
    - Two P3 (IPPE) students (longitudinal afternoons)
    - Two P4 (APPE) students (40 hours per week)
    - One faculty member with resident involvement
- **Collaboration between institution, nursing, and college**
  - Counseling patients, pharmacotherapy optimization
  - Incorporation of Med Action Plan® for patients
- **Standardized training and procedures for all students**
Potential of a Student Practice Model

• Increased student proficiency
  – Real interventions
  – Accountability for patient outcomes
• Consistent preceptor expectations
  – Quantifiable productivity for assessment
  – Greater student appreciation

Potential of Student Practice Model

• Expansion of clinical service offerings
  – Less time constraints on staff
    • Increased morale and retention
    • More time to focus on areas of interest
• Personnel recruitment
  – Student satisfaction may refine career goals
  – Extended review and assessment for hiring

Recent Preceptor Comment

“During a recent meeting with my clinical staff, one of them asked ‘How are we going to get everything done that we do now without a student here in December?’

That is exactly what I was looking for to increase productivity, efficiency, and the clinical ‘foot-print’ of our staff... Although it does create a problem when December rolls around....”

Balance of Need

<table>
<thead>
<tr>
<th>Student</th>
<th>Pharmacy Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn</td>
<td>Educate</td>
</tr>
<tr>
<td>Actively Participate*</td>
<td>Manage Services</td>
</tr>
<tr>
<td>Patient Accountability</td>
<td>Patient Accountability</td>
</tr>
</tbody>
</table>

*Student Practice Model

Active Student Engagement

• Set the student up for success
  – Clear direction and teaching
  – Meaningful integration
  – Appropriate resources (e.g. EMR access)
  – Active participation

AN RX FOR MUTUAL SUCCESS?
ENGAGE!

Student "Buy-in" is essential for successful integration into pharmacy services
Active Student Engagement

• Set up an early assessment of each student’s ability
  – Request student goals for the experience
  – “Walk on” tasks to individually assess competency
  – Reflective self-assessment to determine drive, responsibility and focus
  – Develop realistic expectations, based on early assessments

Misperceptions of Student Engagement

Preceptor
  • Orientation based in hospitality
  • Key form of learning - Observation
  • Preceptor as educator
  • Extrinsic motivation

Student
  • Orientation based in expectation
  • Key form of learning - Integration
  • Preceptor as mentor
  • Intrinsic motivation

Recent Preceptor Comment

“If a student feels welcome and important they will help you meet your goals. They will work much harder and be even more committed if they feel like they are part of the team and have a valuable role.”

Precepting the “Millennial Generation” (Born 1980 – 2000)

• Digital immigrants meet digital natives
  – Analog world meets digital world
  – ‘Net’ generation – all is within Google’s reach!
• Innate multitaskers
  – Texting and social connections often cloud interactions
• Active learners
  – Prefer experiential environment
  – First-person learners

Perceptions vs. Reality – Millennials

Perception
  • Not task oriented
  • Bored and uninterested
  • Unstable in long-term positions
  • Obsessed with technology and the “Net”
  • Not comfortable making isolated decisions

Reality
  • Information oriented
  • Prefer a fast-paced environment
  • Prefer rapid change and continuous challenges
  • View the “Net” like air – it just is
  • Desire team interaction and information-based decisions
Millennials - From Broadcast Learning to Interactive Learning

**Broadcast Learning**
- Broadcast
- Linear acquisition
- Instruction
- Teacher-centered
- Knowing facts
- School
- Teaching to the mean
- School as a requirement
- Teacher as sage

**Interactive Learning**
- Interactive
- Hypermedia learning
- Construction
- Learner-centered
- Learning to learn
- Lifelong
- Customized, individualized
- School as fun
- Teacher as guide

Wrap up

- Goals of student, preceptor and site should balance
- Integrating students into patient care activities offers the potential for optimized and expanded services
- Preceptors who understand and actively engage today's students will experience a more satisfying experience

Select the best answer for each of the following five questions:

**QUESTIONS AND POST-TEST**

1. All of the following are TRUE concerning experiential education, EXCEPT:
   a) It is a significant and required part of every doctor of pharmacy curriculum
   b) The predominance of advance pharmacy practice experience hours should be spent in direct patient care activities
   c) Observation and shadowing are not generally viewed as beneficial to student learning
   d) Active student engagement should be patient-centered and outcomes-focused

2. Solutions for balancing preceptor workload with providing quality student education include all of the following, EXCEPT:
   a) Utilizing "walk on" tasks for immediate student integration
   b) Choosing to formally teach, rather than mentor students
   c) Incorporating students into "full picture" operational activities
   d) Optimizing patient care services by creating a student practice model for clinical services

3. Developing a student practice model:
   a) Provides a quick and easy way to integrate students into patient care activities
   b) Offers the potential for expanded patient services without the need for preceptor and staff involvement
   c) Allows practice sites to optimize patient care activities while actively engaging students
   d) All of the above
4. Active student engagement may be accomplished by:

a) Assessing students early and individually
b) Providing access to the electronic medical record
c) Serving as both educator and mentor
d) All of the above

5. Precepting the “Millennial” student may require:

a) A deep understanding of new technologies
b) A change in your core professional practice
c) An open mind and willingness to accept the “net” generation
d) An increase in your ability to multitask

References

• Chase P. Rethinking experiential education (or does anyone want a pharmacy student?) Am J Pharm Educ. 2007;71:27.