FUTURE COMMUNITY PHARMACY PRACTICE EDUCATIONAL HUBS:

Visions (or hallucinations) from the CanExEd Project

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CPhA
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OVERVIEW: CanExEd Priorities

1. National approach to learning outcomes and corresponding assessments at each stage of ExEd.
2. Integration of the full spectrum of learner-preceptor models in ExEd
3. Best practice in preceptor development to establish/augment qualities/abilities in preceptors
4. Description and promotion of the value learners add to host organisations and their mandate
5. Optimisation of preceptor recruitment and retention
6. Characterisation of exceptional ExEd sites’ best practices
7. Promotion of ExEd to stakeholders
Reports contain:
1. **Most thorough description** of the state of ExEd in Canada
2. **Most comprehensive, rigorous systematic literature review, appraisal & synthesis** of ExEd topic in 10-15 years
3. **Jumping-off point:** Ambitious plans and prototypes for achieving best practice in ExEd on a national scale

http://www.afpc.info/content/canexed-reports
ExEd as it currently exists in Canada

Best practice for ExEd

Findings
Recommendations

Recommendations & Prototypes
## STEERING COMMITTEE MEMBERSHIP

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Representative</th>
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<tbody>
<tr>
<td>Neighbourhood Pharmacy Association (formerly CACDS)</td>
<td>Denise Carpenter</td>
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<tr>
<td>NAPRA</td>
<td>Margot Priddle</td>
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<tr>
<td>NAPRA</td>
<td>Ray Joubert (alternate)</td>
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<tr>
<td>CPhA</td>
<td>Phil Emberley</td>
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<tr>
<td>Canadian Pharmacy Residency Board</td>
<td>Moira Wilson</td>
</tr>
<tr>
<td>Canadian Association of Pharmacy Student Interns</td>
<td>Amber-lee Carriere</td>
</tr>
<tr>
<td>CSHP</td>
<td>Jason Howorko</td>
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<tr>
<td>Project Manager</td>
<td>Katrina Mulherin</td>
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<tr>
<td>AFPC (Executive Director)</td>
<td>Harold Lopatka</td>
</tr>
<tr>
<td>AFPC (Council)</td>
<td>Ann Thompson</td>
</tr>
<tr>
<td>AFPC-(Deans Group)</td>
<td>Chantal Pharand</td>
</tr>
<tr>
<td>AFPC (PEP-C)</td>
<td>Harriet Davies</td>
</tr>
<tr>
<td>International Member (Texas Tech)</td>
<td>Craig Cox</td>
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</table>
1. I practice in:
   a. Community pharmacy
   b. Hospital pharmacy
   c. Ambulatory care/family health clinic
   d. Policy/Regulatory
   e. Other

2. My primary role in Pharmacy is:
   a. Staff pharmacist
   b. Pharmacy manager
   c. Technician
   d. Other

3. My practice hosts ___ pharmacy learners (pharmacist & technician students) annually.
   a. none
   b. 1-2
   c. 3-6
   d. 7-10
   e. >10

4. By 2020, it is possible that we could host a dozen or more learners annually
   a. Strongly Disagree
   b. Disagree
   c. Neutral
   d. Agree
   e. Strongly Agree
Why would I/we want to host students?

- Dictated by boss/job description/professional standards
- Feels good/right/rewarding
- Benefits patients
- Economic advantages
- All of the above
PRIORITY #4: DESCRIPTION & PROMOTION OF THE VALUE STUDENTS BRING TO HOST ORGANISATIONS & THEIR MANDATE

Key Findings (1/2)

- **Intervention = MTM (PC?)**
- **Outcomes = Professional service extension, economic & organisational**
- **Results (US)**
  - Cost of student substitution = revenue generated by MTM fxn
  - $908 000 outlay avoided (87 students, 36 weeks, 5700 interventions)


- 70% of interventions accepted
- >60% were considered to convey significant clinical impact

Increased patient understanding of CV risk, meds
- 187,000 interventions/3.5yrs (preceptor + students= 500)
- Cost avoidance per student per year = $2700-7500

Corroborated

Organisational learning scores were higher
PRIORITY #5: OPTIMISATION OF PRECEPTOR RECRUITMENT & RETENTION

Key Findings
CCAPP Standards:

29: The Faculty must ensure that there are adequate personnel, resources, practices, and systems in place to support student learning and skills development at the practice sites selected for student practice experiences and those practice experience sites must meet relevant regulatory requirements.

30: An adequately resourced administrative office or system must be in place to manage the experiential program including practice sites and preceptors, and the quality assurance program for the practice experiences.

31: Appropriate formalized affiliation or contractual agreements must be in place between the University and the experiential site to outline the authority, privileges, obligations and responsibilities of the Faculty and the Site.
1. Embrace a culture of learning
2. Provide opportunities to contribute meaningfully
   § Patient care/non patient-care
   § Appropriate independence
   § Sufficient volume
3. Sufficient infrastructure for high-level care and education
   § Documentation software
   § Web-enabled terminals
   § Office space
   § Technicians
4. Provide inspired and excellent patient care
   § Full scope
   § See patient outcomes
   § Commitment to CPPD and CPD
   § PC/MTM
   § Interprofessional collaboration
## PRIORITY #5: OPTIMISATION OF PRECEPTOR RECRUITMENT & RETENTION

### Recommendations

<table>
<thead>
<tr>
<th>Microscopic/Individual:</th>
<th>Macroscopic/Organisational:</th>
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<tbody>
<tr>
<td>1. Maintain alumni relationships</td>
<td>1. Network with professional organisations (communication conduits)</td>
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<tr>
<td>2. Ongoing regular communication &amp; support to preceptors</td>
<td>2. Partner with other Faculties to educate jointly</td>
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<td>3. Create advisory board of preceptors</td>
<td>3. Data management tools to evaluate &amp; predict</td>
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<td>4. Invite to teach and admissions</td>
<td>4. Standardised national Preceptor Development Platform (PDP)</td>
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<td>5. Awards/titles</td>
<td>5. Precepting or Continuing Professional Preceptor Development (CPPD) toward licensure requirements</td>
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<td>6. Broaden to site training/info sessions (support staff)</td>
<td>6. National agreement on remuneration</td>
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<td>7. National approach to student assessments (P1)</td>
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*Site-based ExEd Facilitators*
BARRIERS

- Work agenda > learning agenda to point learning precluded
- Work oriented culture where preceptor role was undermined (feedback, assessment and reflection)
- PRA regulations ‘direct’ observation
- 3rd party payors insisting on pharmacist-originating documentation
Shift in literature over last 10-20 years
Teaching centric to environmental/cultural factors

Interesting article:
1. **Focus on 3 ‘novel’ models:**
   - Peer Assisted Learning (PAL) - 2 or more students at same level
   - Near Peer Learning (NP) – senior + junior student
   - Co Precepting – more than one preceptor with 1 or more students

   **NOTE:** Other models to be explored in future (ie: interprofessional preceptoring)

2. **Implementation considerations:**
   1. faculty presence,
   2. preceptor support groups,
   3. leadership support,
   4. research expertise to study impacts
   5. Sites decide (with ExEd Program support) which models can be tailored to their varied environments

3. **Promotion:** education sessions, highlight champions and early adopters
PRIORITY #2: INTEGRATION OF THE FULL SPECTRUM OF LEARNER-PRECEPTOR MODELS IN ExEd Prototypes

- **Education:**
  - Preceptor & Student Handbooks
  - Preceptor support sessions

- **Promotional materials:**
  - Champion stories
  - Supporting research
  - Invitations to participate

- **QA protocol and tools**
  - Site visits/evaluations

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**A. The Co-Precepting Model**

**i. What is it?**

Co-precepting is a learner-preceptor model that may be employed due to logistical challenges at the site, scheduling, and enhancement of learning for the learners, preceptor preference, or as a support system for new preceptors. It involves nearly any arrangement that includes more than one preceptor supervising one or more learners. Most often it involves 2 or more preceptors and 1 learner; however, the principles can be applied when any number of learners are present. A majority of preceptors felt that the maximum number of preceptors for a 4-week period should be 2. That being said, with good communication, having 3 or more preceptors is completely feasible. Communication is the key strategy to make this model effective and this will be discussed in detail below. With this guidebook we hope to outline some advantages, provide strategies to overcome potential barriers, and outline ways for effective communication in making this model a success in your practice.

**ii. Alternate styles of co-precepting**

1. Sequential

Sequential precepting involves the handing off of learners from one preceptor to another. Usually in this case, neither preceptor is the main preceptor; the time is split evenly between preceptors. For example: one preceptor for the first half, and another for the second half, or alternating weeks, or a different one for each week and so on. The preceptors who were surveyed and interviewed across Canada provided some tips for success when utilizing this style of co-precepting, these are summarized below.

Advice from champion preceptors:

- Make time for good communication about the learner’s progress and what has been done. This is required for smooth hand over; the learner should be able to continue making progress rather than moving backwards.
- Whenever possible choose someone to co-precept with whom you trust and can have good communication.
- Even if the learner is not directly under your supervision, it can be beneficial to sit in on presentations to gauge how the learner is progressing.
- When the learner is handed over to the other preceptor, he or she takes over for that time. The learner should approach that preceptor if there are any issues.
- Handing over a learner reflects the reality of handing over information to other pharmacists in clinical practice.
PRIORITY #3: BEST PRACTICE IN PRECEPTOR DEVELOPMENT
Recommendations

1. Develop Canadian preceptor competencies (and initial preceptor capabilities)

2. Resource and develop a national Preceptor Development Platform (PDP) to provide continuing professional preceptor development (CPPD)

3. PDP qualities:
   - online interactive preceptor self-assessment
   - independently evaluated
   - perpetual updating & monitoring
   - multiple options for attaining a given competency
   - preceptor engagement strategies
   - facilitate educational research & QI
   - CPD approach (reflect, plan, act, evaluate)
   - extract CPPD as an ‘artifact’
   - use existing content but organised according to competencies
   - curate content & eventually develop content
PRIORITY #3: BEST PRACTICE IN PRECEPTOR DEVELOPMENT

Prototypes
1. Demonstrate a commitment to teaching as a means for growth & skill development for each learner

2. Create practice-based learning opportunities by promoting active inter and intraprofessional collaboration in client care

3. Engage in continuous reflection, self assessment & life long learning to improve their effectiveness as educators

4. Demonstrate effective communication skills

5. Create professional relationships with students

6. Adapt to students’ learning needs

7. Model best educational & clinical practices to facilitate development of clinical skills

8. Facilitate student development of critical thinking, problem solving & decision making skills

9. Assess and document student pharmacist performance
1. Piggyback on established patient care indicators (like hospital KPIs)
2. Develop national set of participant survey items
3. Establishment of jurisdictional mutually beneficial activities (MBAs)
4. Measure both early and intermediate student rotation benefit
5. Evidence & QA data informs recruitment & retention content (priority #5) & promotional materials (Priority #7)
6. Clear statements pertaining to supervision of students should be pursued nationally with ExEd and PRAs
7. Student ability guides (Priority #1) convey realistic performance ability
CHALLENGES

1. Daunting scope
2. Resourcing in ExEd
3. Different points of transition
4. Shifting stakeholder priorities
5. Jurisdictional health policy
6. Ensure end-user consultation
Community hubs of ExEd:
1. Fewer numbers
2. High-quality academic partnerships
3. Live and breathe education (culture of learning)
4. Embody full scope and push boundaries
5. Engage in CQI
CONCLUSION

- Visions supported by research
- Engage in initial discussion with your team and collaborating parties
- Liaise with ExEd Academics
- Consider novel student-preceptor models

- Elective type rotations occur in many different community environments