Overview: This document contains a list of scholarly works related to Experiential Education in Pharmacy from 1996 to May 2016.

Categories of existing and/or potential scholarship involving Experiential Education

- Topics listed below each category provide examples of article content but are not intended to be inclusive of all articles reported within the category

1. **Experiential operations (pages 3-5)**
   - Local, regional or national collaborations among colleges/schools of pharmacy to maximize resource utilization (sites, preceptors, evaluation methods/forms, preceptor development)
   - Documenting local, regional, national capacity to support delivery of required experiential education curricula
   - Improving capacity through building new sites or expansion of existing sites
   - Preceptor access to resources for delivery of experiential education
   - Standardization methods for experiential assignments
   - Experiential designs or assignment methods to increase the number of students precepted

2. **Quality assurance methods in experiential programs (pages 5-6)**
   - Reviewing/summarizing indicators and/or features associated with delivery of quality experiential education
   - Reporting methods by which experiential offices implement, track and convey quality assurance data to promote program improvements
   - Reporting on major curricular initiatives to improve an aspect of experiential education delivery
   - Documenting preceptor development needs through survey or other methods
   - Measuring changes in quality indicators as a result of modification in quality assurance methods

3. **Assessment techniques related to experiential education (IPPEs/APPEs) (pages 6-11)**
   - Reporting on assessment methods used for experiential education
   - Reporting on the use and/or refinement of assessment rubrics
   - Documenting the need for changes in learning activities or structure
   - Implementation of teaching and/or learning tools in experiential education
   - Measuring IPPE or APPE readiness

4. **Curricular mapping/tracking for IPPEs and APPEs (page 11)**
   - Reporting curricular mapping methods to identify specific content and/or student achievement at various levels (program outcomes, ACPE standards, CAPE outcomes)

5. **Changes in curricular (pre-APPE) designs or methods to improve or track experiential outcomes (pages 11-13)**
   - Documenting improvements in student performance during APPEs after implementation of innovations in the pre-APPE curriculum
   - Documenting assessment methods to identify students at risk for sub-optimal performance during APPEs
6. Descriptive or novel experiential education rotations (developing new/different experiences) (pages 13-17)
   • Reporting the design, implementation and evaluation of IPPEs or APPEs focused in areas such as self-care, pediatrics, advanced community practice, academia, compounding, dialysis, sports pharmacy, senior care/geriatrics, diabetes camps, vaccinations, hospice, research, transitional care, mental health, wellness, investigational drug service delivery

7. Public health, wellness, health promotion/disease prevention (pages 17-19)
   • Reporting the design, implementation and evaluation of IPPEs or APPEs focused in areas such as wellness/disease prevention, women’s health, public health

8. Service learning (pages 19-20)
   • Reporting the design, implementation and evaluation of service learning focused in areas such as poison prevention, nutrition education, cultural experiences

9. Preceptor development (pages 20-22)
   • Documenting effective precepting methods and “best practices” that can be incorporated to develop precepting skills and/or enhance delivery of experiential education

10. “Practice impact” of experiential education and student efforts (including documenting patient care services provided, clinical interventions) (pages 22-26)
    • Documenting the impact of student contributions while on IPPEs/APPEs in areas such as conducting medication histories, medication reconciliation, clinical interventions, disease state management, providing patient education
    • Measuring the impact of students as preceptor “extenders”

11. Professionalism (page 26)
    • Reporting methods to assess, improve or support development of professionalism in pharmacy students

12. Surveys related to experiential education content at U.S. schools/colleges of pharmacy (pages 26-28)
    • Conducting surveys to characterize aspects of experiential education content within the academy

13. Perspectives/editorials related to experiential education (pages 28-30)
    • Developing and articulating viewpoints related to aspects of experiential education

    • Reporting pharmacy student perceptions related to various areas including patient populations, practice types, readiness to provide care

15. Interprofessional education (pages 32-33)
    • Reporting on interprofessional structure, process, outcomes involving experiential education

16. International experiential education (page 34)
    • Reporting of EE projects in non-US, non-Canadian pharmacy schools or practice sites
    • Reporting of sites set up internationally where US or Canadian pharmacy students complete experiences
    • Reporting the design, implementation, and/or evaluation of IPPEs or APPEs focused on international medical missions
Bibliography

1. **Experiential operations**


2. **Quality assurance methods in experiential education**


### 3. Assessment methods related to experiential education (IPPEs/APPEs)

Weathermon RA. Use of Standardized Patients as an Assessment Tool at the End of an Ambulatory Care Rotation. *Am J Pharm Educ*. 2000;64(2)


Vyas D, Bhutada NS, Feng X. Patient simulation to demonstrate students' competency in core domain abilities prior to beginning advanced pharmacy practice experiences. *Am J Pharm Educ.* 2012;76(9):article 176.


4. Curricular mapping/tracking for IPPEs and APPEs


5. Changes in curricular (pre-APPE) designs or methods to improve or track experiential education outcomes


6. Descriptive or novel experiential education rotations (developing new/different experiences)


Hammer DP and Paulsen SM. An Innovative Clerkship in Pharmacy Education. *Am J Pharm Educ*. 2001;65(3)


Morin AK, Jarvis CI, Pesaturo KA, Coppenrath V. Descriptive report of a team-taught elective academic-focused advanced pharmacy practice experience. *Curr Pharm Teach Learn*. 2014;6(2):265-76.


7. **Public health, wellness, health promotion/disease prevention**


Chahine EB, El-Lababidi RM, Sourial M. Engaging pharmacy students, residents, and fellows in antimicrobial stewardship. J Pharm Pract 2014 (Jan 7);doi: 10.1177/0897190013516506


8. **Service learning**

Piper B; DeYoung M, Lamsam GD. Student Perceptions of a Service-Learning Experience. *Am J Pharm Educ.* 2000;64(2)


Barner JC. First-Year Pharmacy Students’ Perceptions of their Service-Learning Experience. *Am J Pharm Educ.* 2000;64(3)


Tran E, Jennings BT. Cultivation and Implementation of Community-Engaged Pharmacy Services in a Free Clinic to Enhance Care for the Medically Underserved *Inov Pharm.* **2013**;4(3):article 119.


### 9. Preceptor development


Soong JL and Wilken L. Efficacy and satisfaction of a smoking cessation telephone counseling service provided by pharmacy students. *Innovations in Pharmacy* 2015; 6(4): article 223.


**10. “Practice impact” of experiential education and student efforts (including documenting patient care services provided, clinical interventions)**

Reddick JB and Murphy JE. Evaluating the Clinical Interventions of Students During Clerkships Using a Cognitive Services Claim Form (Galley). *Am J Pharm Educ.* 2000;64(1)


### 11. Professionalism


### 12. Surveys related to experiential education content at U.S. schools/colleges of pharmacy


Cole SW, Berensen NM. Comparison of drug information practice curriculum components in US colleges of pharmacy. *Am J Pharm Educ* 2005;69(2): Article 34. *This article measured the number of programs with required drug information APPEs.*


**13. Perspectives/editorials related to experiential education**


Chase P. Rethinking experiential education (or does anyone want a pharmacy student?). *Am J Pharm Educ. 2007*;71(2):article 27.


### 14. Assessing perceptions/attitudes/performance of pharmacy students


Wilbur K, Paiva M and Black E. Pharmacy Student and Preceptor Impressions of Faculty Liaison Visits to Experiential Training Sites. American Journal of Pharmaceutical Education 2015; 79 (9) Article 134


15. Interprofessional education


16. International experiential education


Werremeyer AB, Skoy ET. A medical mission to Guatemala as an advanced pharmacy practice experience. *Am J Pharm Educ.* 2012;76(8):article 156. (Guatemala)


Wietholter JP, Coetzee R, McCartney J, Gegg J, Schwinghammer TL. Development of an international advanced pharmacy practice experience (APPE) and lessons learned after implementation. *Curr Pharm Teach Learn.* 2014;6(2):304-12 (South Africa)

