This is the annual business meeting of the Global Pharmacy Education SIG.

Anna Ratka, Texas A&M Health Science Center: Chair
Gregory M. Zuest, University of Florida: Secretary
Hazel H. Seaba, University of Iowa: Immediate Past-Chair
Judith Barr, Northeastern University, Chair-Elect
Rosalie Sagraves, University of Illinois-Chicago, AACP Liaison
Past-Chairs: 2008-2009 Rosalie Sagraves, University of Illinois at Chicago;
2009-2010 Michael Z. Wincor, University of Southern California

**Order of Business**

I. Call to Order and Introductions: A. Ratka
   a. A. Ratka introduced and recognized the SIG officers and past officers at the meeting.
   b. Request for quorum: Reported by H Seaba. The SIG membership is 478 members. A quorum in 10% of the membership. Forty-four members were in attendance. A quorum was not reached.

II. Approval of the Minutes: Copies of the 2010 and 2011 meeting minutes were available in the room; they are also available on the SIG web site http://www.aacp.org/governance/SIGS/global/Pages/GlobalPharmacyEducationMeetingAgendasandMinutes.aspx. The meeting minutes from 2010 and 2011 could not be approved due to a lack of quorum.

III. Remarks of the Chair: A. Ratka recognized SIG founding Chair Rosalie Sagraves and first following Chair Michael Wincor for their work in establishing the SIG. This past year the SIG established, for the first time, three ad hoc committees to work on items from the AACP strategic plan. The Chair noted this year’s accomplishments as including an increase in SIG membership and the outstanding number of SIG members who have volunteered for committee work.

IV. Report of the Secretary: G Zuest. G. Zuest is out of the country and unable to attend this meeting. H Seaba is the surrogate recorder for this meeting. G Zuest submitted a brief written report that the SIG now has 478 members and that the SIG is in the process of exploring options to establish a method to conduct business electronically as it is very difficult to achieve a quorum at the Annual Meeting. The Pharmacy Practice Section is presenting an electronic business option to their membership at this meeting.

V. Report of the AACP Liaison: R. Sagraves presented her report to the members and it is attached to the minutes.

VI. Reports of Standing Committees 2010-2011
   a. Programming Committee: J. Barr noted that A. Ratka presented a
roundtable on Sunday, July 15th: Involvement of Student Pharmacists Organizations in Global Pharmacy Education. International Pharmaceutical Students Federation (IPSF) members were present at the roundtable. The SIG’s special session was Monday, July 16th: Global Pharmacy Practice Experiential Programs: Opportunities and Experiences with Third Party Placement Organizations and Consortia. J. Barr Moderator and Speaker and H. Seaba and A. Ratka speakers. J. Barr is still collecting data from sop/cop concerning their use of third party placement organizations. Please submit to if your school has not already done so.

b. Nominations Committee: H. Seaba. A verbal report was made and the written report is attached. H. Seaba thanked the committee members, the SIG members who submitted names for consideration and those four SIG members who stood for election. Congratulations to Roger Lander, Samford University and Emily Dornblaster, University of New England!

c. Planning Committee: A. Ratka noted the committee met via conference calls in September and November, 2011. The written report is attached.

d. Communications Committee: G Zuest submitted a written report which is attached.

VII. Reports of Ad Hoc Committees

a. Committee 1.4.1 Best practices model for APPE global/international rotations: Doug Reid and Nasser Alsharif. Both chairs were present. The group had a November 2011 voi call. They identified five areas for best practices and created a subcommittee for each one. In January they combined the work of each subcommittee into one document. The document is still in the editing phase. The Chairs would like input from the SIG membership about their draft (see attached).

b. Committee 1.4.2 Orientation materials for specific countries for students on APPE global rotations. Sar Al-Dahir and Michael Hogue. Both chairs were present. The committee is working on 53 countries and collecting/sharing materials using Google Docs. Their report is attached.

c. Committee for Competencies/Learning Objectives for Global APPEs. Hazel Seaba and Melody Ryan. Both chairs were present. A Delphi methodology is being used. The project was submitted to IRBs at Iowa and Kentucky and now has been cleared by both schools. Work will begin in September. Additional members were solicited for the expert panel to establish competencies.

VIII. Old Business: A. Ratka. There was no old business.

IX. New Business: A Ratka

a. SIG Mission Statement: A Ratka discussed the draft SIG draft mission statement. Copies had been distributed to members at the meeting. She requested suggestions and/or comments from SIG members. After the meeting a similar call was posted on the SIG Listserv.

b. Standing Committees and Ad hoc Committees: Members were encouraged to sign up for both the SIG standing committees and the ad hoc committees. Sign up sheets were at the meeting and a similar call for
members will be sent out via the SIG Listserv. Members will be invited to join specific committees in early August.

X. Closing Remarks of Outgoing Chair A. Ratka
   a. The Executive Committee members for the 2011-2012 year were recognized for their work and commitment to the SIG. The committee had many conference calls this last year.
   b. The SIG was congratulated for the volunteer response following the call for committee volunteers last year.
   c. The work of the three ad hoc committees is moving forward and represents an accomplishment for the SIG. The committee members were thanked.
   d. The programming at this Annual Meeting also represents a SIG accomplishment. The participation of the IPSF students in the roundtable is noteworthy and it is hoped that this outreach to IPSF will continue.
   e. This has been a productive year and A. Ratka is grateful for the opportunity to have served the SIG as the Chair.

XI. Installation of New Officers: A. Ratka administered the oath of office to:
   Chair Judith Barr
   Chair Elect Roger Lander [via telephone]
   Secretary Emily Dornblaster

XII. Comments of the Incoming Chair J. Barr
   a. J. Barr thanked the Executive Committee for their support over this last year.
   b. The work of the ad hoc committees is important and will improve global educational experiences for students.
   c. She hopes to use the SIG web site for frequent news postings of interest to SIG members.
   d. The survey of cop/sop for their use of third party placement organizations will continue with the goal of obtaining data from all sop/cop.
   e. J. Barr expressed her interest in working with the Assessment and Public Health SIGs and Experiential Education Section.
   f. She thanked the SIG for the opportunity to serve as Chair.

XIII. Recognition of outgoing Chair.
   a. H. Seaba presented a plaque to A. Ratka in recognition of her Chair service this last year and thanked and recognized G. Zuest (in absentia) as outgoing secretary.

XIV. Open Forum
   a. Michael Hogue attended the Asian Conference on Clinical Pharmacy this year. Approximately 30-40 individuals from the U.S. attended. It was a valuable meeting and he encouraged the SIG members to consider attending the next meeting (the 13th) September 13-15, 2013, in Hai Phong, Vietnam. The theme is Clinical Pharmacist and Patient Care: Opportunities and Challenges. A flyer for the meeting has been posted on the SIG Listserv.

XV. Adjournment: J Barr adjourned the meeting at 6:15pm.
Respectfully Submitted
Hazel H. Seaba

Attachments:
  AACP Liaison Report
  Nominations Committee Report
  Planning Committee Report
  Communications Committee Report
  Committee 1.4.1 Report, Draft of Best Practices
  Committee 1.4.2 Orientation Materials for Countries Report
  Committee for Competencies/Learning Objectives Report
  Mission Statement Draft
Those in attendance were told that the following organizations are currently members of the Global Alliance for Pharmacy Education (GAPE):

• American Association of Colleges of Pharmacy
• Asian Association of Schools of Pharmacy
• Asociacion Mexicana de Escuelas y Facultades de Farmacia
• Association of Faculties of Pharmacy of Canada (now includes the Association of Deans of Pharmacy of Canada)
• Conferencia Iberoamericana de Facultades de Farmacia
• Ethiopian Association of Colleges of Pharmacy
• European Association of Faculties of Pharmacy

The Accreditation Council on Pharmacy Education (ACPE) becomes the first GAPE Partner:

ACPE recently signed a Memorandum of Understanding (MOU) with GAPE, becoming the Alliance’s first partner. ACPE now has its International Services Program approved by the ACPE Board and is very interested in working in the global space. Hopefully, ACPE and GAPE can work together in the future to advance pharmacy education globally.

GAPE Activities:

The first GAPE sponsored session occurred on Sunday afternoon, July 15, 2012 during the AACP Annual Meeting. Representatives of the Association of Faculties of Pharmacy of Canada (AFPC), the European Association of Faculties of Pharmacy (EAFP), and the Pan American Conference on Pharmaceutical Education Session gave presentations.

Conference calls have been held at least quarterly among the leadership of GAPE member organizations.

Some GAPE leaders met face-to-face during the current AACP Annual Meeting. GAPE leaders plan to meet during the FIP Centennial in October 2012.

Thanks were given to Allan Lee, AACP Director of Information Technology, for his work on the GAPE Website, which can be found at www.gapenet.org.

Asian Association of Schools of Pharmacy (AASP):

The Asian Pharmacy Deans Forum was held in Nanjing, China in June 2012. Topics for the Forum included clinical pharmacy, education of preceptors, precepting students globally, etc.
AASP has a new journal: the *Journal of the Asian Association of Schools of Pharmacy (JAASP)*, which has its central office in Thailand. The organization itself has now established a central office in Thailand as well.

The next AASP meeting will be held in Singapore in November 2013.

**Pan American Conference on Pharmaceutical Education:**

The most recent Pan American Conference on Pharmaceutical Education was held July 8 - 10, 2012 in Havana, where delegates from 22 countries in the Americas were in attendance. The primary aim of the Conference was to finish documents on a model curriculum, competencies and accreditation.

A new organization – a network of pharmacy schools in the Caribbean – has been established with help from the Pan American Health Organization (PAHO).

The next Pan American Conference will be held in the U.S. in Baltimore, MD (2014) at the University of Maryland Medical Center School of Pharmacy.
Nominations Committee Report
Global Pharmacy Education SIG 2011-2012

Committee Members:
Judith Barr
Krishna Kumar
Rosalie Sagraves
Hazel Seaba, Chairperson
Michael Wincor

Both the SIG Chair and Secretary positions were open July 2012. The Committee completed its work primarily via email, however, several conference calls were also used. The committee worked with the following timetable and procedures for its work:

1. January 6 to February 6th: members identified good candidates and sent their names to H Seaba. H Seaba sent any nominated person (self or otherwise) an email with information about office, time lines and encourage him/her to summit their resume for consideration. Committee members were cc’d on the email.

2. Mid-January: Call for nominations to the SIG via listserv for Chair and Secretary [H Seaba did]

3. February 1st: Second call for nominations to the SIG via listserv [H Seaba did]

4. February 7th: conference call of committee members to discuss possibilities and identify individuals we might want to approach at Interim Meeting, Feb 9-15. [H Seaba attending]

5. February 20 – March 2nd: Gather CVs for committee review. A total of 12 individuals agreed to be considered for the SIG election slate. Using the listserv to reach prospective candidates was successful.

6. March 5th: Committee decided on two nominees for each office [conference call]. [Roger Lander and Paul Jungnickel, Chair, and Emily Dornblaster and Toyin Tofade, Secretary]

7. March 6-9th: Gather biographical sketches and statements from the four candidates.

8. March 13/14: Names submitted to Sandy Stutman, AACP.. Candidate materials are posted on SIG listerv.

9. April 4 – May 2: AACP will initiate online balloting.

10. May 14, 2012. The SIG Chair Anna Ratka informed the winning candidates [Roger Lander, Chair, and Emily Dornblaster, Secretary]

11. H Seaba contacted all candidates and thanked them for allowing themselves to be considered.

Respectfully Submitted, 12 July 2012
Hazel H. Seaba, Immediate past Chair
Planning Committee Report
Global Pharmacy Education SIG

2011-2012 Committee members:
Chair:   Anna Ratka, Texas A&M HSC
Members:  Jaehwa Choi, Southwestern Oklahoma State
Quamrun Masuda, Appalachian College of Pharmacy
Moji Adeyeye, Roosevelt University
Wanda T Maldonado Davila, University of Puerto Rico
Maria Lin Eng, Univeristy of Maryland

Purpose:
Spread-head planning initiatives for the SIG and work with AACP in their planning process in the areas of global pharmacy education, research and healthcare.

Report:

August, 2011 Committee was officially established from volunteers who selected to serve on this Standing committee. Three out of six members are appointed to a 2-year term (2011-2013); Jehawa Choi, Moji Adeyeye, Maria LinEng.

September, 2011 Conference call by Skype. Discussed and proposed plan for committee activities. The ideas to be included in SIG plans included issues related to global APPEs:
- identify limitations/obstacles to implementation (e.g., legal issues),
- develop cooperation between cop/sop with and without experience in global education,
- prepare a guide on managing legal aspects that arise in the US and abroad for students and faculty/professionals engaged in experiential training,
- identify experts to share expertise with overcoming regulatory/legal obstacles for global education of pharmacy students.
The Planning Committee supported the decision to form in 2011 three ad-hoc committees to address global APPEs. Members of planning committee were actively involved in ad-hoc committees of their choice and tried to address some of the APPE issues identified in our discussions.

November, 2011 Skype conference call. Could not be conducted due to majority being absent.

Due to scheduling conflicts, committee members worked individually on some of the assignments made at earlier meetings and with the ad-hoc GPE committees.
Committee Members: Christine Birnie, Chad Coulter, Greg Zuest (Chair)

The Communications Committee has had interest in utilizing a number of web-based communication, collaboration, and information sharing tools for SIG members to use. However, the AACP will be adding new functionality to its website, etc... in the near future. Once the new website functionality is known, the Communications Committee will share with the SIG Executive Committee the tools they feel are most appropriate to meet the needs and desires of the SIG membership.

Beginning late 2011, the AACP began offering the use of Adobe Connect as a communication tool which the SIG could utilize for meetings, webinars, and the like. However, after considering the functionality of the tool, the lead time needed to schedule meetings, and the administrative oversight needed to use it, it was determined that it was not a good tool to use to conduct SIG Executive Committee meetings or meetings of the Sub-Committees. Communication among those different groups is currently being conducted through Skype, listservs, etc... However, Connect is a tool currently available for the SIG to utilize if needed.

Also, this past year, in conjunction with the development of the GAPE website, the Global Pharmacy Education Special Projects and Information website was updated to include handouts of all Global Pharmacy Education SIG related programming at the AACP Annual Meeting for the years 2009 and 2010. In addition, a document including resources for pharmacy study aboard was posted to the site. The site will be updated as pertinent information becomes available.

Respectfully submitted,

Greg Zuest, Chair of the Communications Committee
AACP Global Pharmacy Education SIG
Best Practice for Global Advanced Pharmacy Practice Experiences Ad-Hoc Committee Report
Submitted by the Co-chairs: Doug Ried and Naser Z. Alsharif
7/16/2012

This report is a summary of the work of the Ad-Hoc Committee for Best Practices for Global Advanced Pharmacy Practice Experiences (APPEs). The work is part of the Global Pharmacy Education SIG effort to address objective 1.4.1., (By 2012, coordinate the development of a best practices model for Advanced Pharmacy Practice Experience global/international experiential rotations. (Global SIG, VP of Academic Affairs, Global Education Consultant)) that is part of the American Association of Colleges of Pharmacy Strategic Plan (appendix I). The Ad-Hoc committee met over SKYPE twice in October 2011. A timeline was established to accomplish the task (attached). Five areas were identified for best practices including: Host country, site, preceptor, institutions and students related issues. Members of the Ad-Hoc committee divided themselves based on interest in one or more of the above areas into subcommittees to address the above five areas.

- **HOST COUNTRY COMMITTEE MEMBERS:** (Alice Ceacareanu, Joyce Addo-Afuah, Maria Meng, Mariana Lapidus, Paul Jungnickel, Naser Alsharif, Phillip Thornton (chair), Rola Kaakeh)
- **SITE (COMMITTEE MEMBERS):** Alice Ceacareanu, Imbi Ichile, Jeanine Abrons (chairwoman), Joyce Addo-Atuah, Naser Alsharif (co-chair), Phillip Thornton, Rola Kaakeh
- **INSTITUTION RELATED (COMMITTEE MEMBERS):** Doug Ried (chair), Imbi Ichile, Lisa Inge, Lauren Jonkman, Nicole Sifontis
- **PRECEPTOR (COMMITTEE MEMBERS):** Anna Ratka, Doug Ried (co-chair), Lauren Jonkman, Chair, Phillip Thornton (chair), Crystal Obering, Suzanna Gim.
- **STUDENT-RELATED ISSUES (COMMITTEE MEMBERS):** Anna Ratka (chairwoman), Jeanine Abrons, Lisa Inge, Mariana Lapidus, Maria Meng, Naser Alsharif, Nicole Sifontis, Paul Jungnickel

Each subcommittee met at least twice and corresponded over email to finalize the preliminary report of each committee. The chairs compiled the preliminary reports in early 2012 and asked for the chairperson of each subcommittee to coordinate with their subcommittee members to review their report with the context of the combined report, summarize the findings in a narrative way, follow a common format and identify any specific action steps/recommendations. The preliminary report (attached) is the edited report based on the input received from the second revisions up to May 2012.

The subcommittee will be resending the report to the chairs and each subcommittee. Key aspects of this step of finalizing the report are:

1. We need to decide on whether the host country is a stand-alone section and if so, we need to complete work on that section
2. All chairpersons are requested to coordinate with their subcommittee members to meet at least twice before the end of the year to work on their subcommittee report.

3. Each member of the subcommittee is asked to read the report in its entirety to have a big picture view and to start making changes to share with the group when they meet.

4. Resources and other documents to support the report findings/conclusions should be referenced.

5. We need a volunteer from each subcommittee to work on the formatting of the report to be consistent.
   a. One major aspect is to summarize the findings in a narrative format as much as possible. Some reports did that while others elected a bullet format. We need to decide on a format and go with it. The more descriptive/narration we are with the comments and contribution of everyone the better.
   b. Some reports have action steps that are not completed. These need to be flushed out.
   c. Some reports have general recommendations, recommendations to AACP, etc. This is very helpful. We need all the reports to identify recommendations as they deem appropriate and include them in the report.
   d. Some of the reports referred to the reports from other Ad-Hoc committees. We need to check with the chairperson of the other Ad-Hoc committees to finalize the report. (e.g. assessment).

6. We are looking for an edited report on **September 17th** from each subcommittee. We are requesting a short summary of the results of each subcommittee report.

7. The Ad-hoc committee chairs will review the whole document and return to the subcommittee chairperson by **October 5th** for any further clarifications or work to be completed.

8. The document will also be sent on **October 5th** to the SIG members for any input

9. Final reports from all subcommittee and SIG members are due on **November 1.**

10. The Ad-hoc committee chairs will finalize the report and send it to Anna Ratka, Rosalie Sagraves and Hazel Seaba on **November 30th.**

Any SIG member is encouraged to submit his/her name to Doug or Naser if they are interested in working on any of the subcommittees to finalize the report this coming fall. Naser and Doug would like to thank all the Ad-Hoc committee chairpersons and members for their contributions to this process and the preliminary report.

**Global Pharmacy SIG**

**Timeline for Ad-hoc committee on Best Practices for Global APPEs**

**Charge:** **Obj 1.4.1** By 2012, coordinate the development of a best practices model for Advanced Pharmacy Practice Experience global/international experiential rotations.
Questions for the Ad-Hoc Committee Members*:

1. What are the best practices in G/I APPE?
2. What areas need to be in any best practices framework for G/I APPEs?
3. What are the best practices in each of the above areas?

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<tr>
<th>Timeline</th>
<th>Action</th>
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<tr>
<td>September 23</td>
<td>Doug to send a doodle meeting request for the committee members and ask if we can use Skype or acrobat through AACP for our communication and best time to meet for everyone during the week of October 3rd or 10th. Doug to request Skype name from committee members.</td>
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<td>September 23</td>
<td>Submit plan to Anna.</td>
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<td>September 23</td>
<td>Send document with charge, key questions and timeline to the ad-hoc committee members.</td>
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<td>Week of October 3rd or 10th</td>
<td>1. Preliminary meeting with all ad-hoc committee members via Skype or acrobat meeting from AACP to flush out the details of the questions from above.</td>
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<td>2. Identify the areas in any best practices (e.g. quality assurance)</td>
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<td>3. Ask group members to volunteer to areas identified to work as a subcommittee on each area.</td>
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<td>4. Each subcommittee will be given a month to complete its work</td>
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<td>5. Each subcommittee will decide on the best way to communicate to complete their task. Naser and Doug are happy to help.</td>
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<td>Nov. 7</td>
<td>All subcommittees to submit their first draft to co-chairs. The co-chairs will send all the draft reports from each group to all ad-hoc committee members.</td>
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<td>Week of Nov. 14 and Nov. 21 week</td>
<td>One call or more per week will be conducted with all ad-doc committee members to ensure that all subcommittee reports are thoroughly discussed by all ad-hoc committee members.</td>
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<td>December 12</td>
<td>A second draft for all subcommittee reports based on the input of all ad-hoc committee members is due.</td>
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<td>December 12-19</td>
<td>Doug and Naser will put the whole report together and send to the group.</td>
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<td>Mid January</td>
<td>A final meeting to discuss the whole document. A second meeting can be scheduled if needed before the interim meeting</td>
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<td>February</td>
<td>Doug/Naser to submit interim progress report to SIG EC.</td>
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<td>March-April</td>
<td>Fine tune the report with ad-hoc committee members based on any input from the SIG EC.</td>
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* Ad-hoc Committee Members:

### Committee 1.4.1 Best Practices for Global APPEs (term: 2011-12)

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<tr>
<th>Co-Chair:</th>
<th>Doug Ried</th>
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BEST PRACTICES REPORT FOR GLOBAL ADVANCED PHARMACY PRACTICE EXPERIENCES (APPEs)

Submitted to
Chair, Global Pharmacy Special Interest Group
American Association of Colleges of Pharmacy

By

????, 2012

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APPENDIX

INTRODUCTION

Subcommittee Reports

I. HOST-COUNTRY

II. SITE

III. INSTITUTION

IV. PRECEPTOR

V. STUDENT

SUMMARY
INTRODUCTION

This report is a summary of the work of the Ad-Hoc Committee for Best Practices for Global Advanced Pharmacy Practice Experiences (APPEs). The work is part of the Global Pharmacy Education SIG effort to address objective 1.4.1., *(By 2012, coordinate the development of a best practices model for Advanced Pharmacy Practice Experience global/international experiential rotations. (Global SIG, VP of Academic Affairs, Global Education Consultant))* that is part of the American Association of Colleges of Pharmacy Strategic Plan (appendix I). The Ad-Hoc committee met over SKYPE twice in October 2011. Five areas were identified for best practices including: Host country, site, preceptor, institutions and students related issues. In general, much of the recommendations for the Host, country and site apply to all but specifics under each are included in this report. Members of the Ad-Hoc committee divided themselves based on interest in one or more of the above areas into subcommittees to address the above five areas. Each subcommittee met at least twice and corresponded over email to finalize the preliminary report of each committee. The chairs compiled the preliminary reports in early 2012 and asked for the chairperson of each subcommittee to coordinate with their subcommittee members to review their report with the context of the combined report, summarize the findings in a narrative way, follow a common format and identify any specific action steps/recommendations. The “final” report below is the edited report based on the input received from the second revisions in 2012.

I. HOST COUNTRY (COMMITTEE MEMBERS: (Alice Ceacareanu, Joyce Addo-Afuah, Maria Meng, Mariana Lapidus, Paul Jungnickel, Naser Alsharif, Rola Kaakeh)

Specific host country issues include:
- Address safety issues for the students
- Address health related issues
- Address visa requirements
- Address monetary issues
- A suggestion made to create of Global Pharmacy Consultants and Advocates/Officers – for each country that has an established relationship with a faculty member that is part of our group (or in any US C/SOP that is part of AACP). These Consultants/Advocates/Officers have or will build a specific relationship with their C/S but also as part of our global group- any of our schools could use this relationship/Memorandum of Understanding (MOU) with the group. These consultants/advocates/officers have developed/ will develop and follow guidelines that are global as well as specific to their site. We could try to get grants to allow us to travel and establish in many countries in the future.

II. SITE (COMMITTEE MEMBERS: Alice Ceacareanu, Imbi Ichile, Jeanine Abrons, Joyce Addo-Atuah, Naser Alsharif, Phillip Thornton, Rola Kaakeh)

**CHARGE:** Identify best practices in the area of site related concerns with global pharmacy rotations. In addition, where needed, definitions of terms should be clearly clarified.
The subcommittee members identified general and two specific ways to address quality issues related to the site: Memorandum of Understanding and Course Syllabus.

- **General Issues**
  - Awareness by the school/College (S/C) contact establishing the site of site characteristics including strengths/weakness
  - Continuity offered by the lead preceptor is critical to the success of the student experience.
  - Developing an ongoing and mutually beneficial relationship with the site is essential for success of the rotation experience.
    - An outline can be provided of benefits to the site gained through collaboration with the rotation as well as benefits to the rotation (University) gained through collaboration with the site.
    - Site should provide ongoing consultation of site-specific educational needs/resources
  - An ongoing process of evaluation and quality improvement is needed to ensure the site is still meeting the outcomes expected for the experience.
    - Student input should be sought after and trends established for how the site is meeting or not meeting certain student outcomes.

- **Expectations of the site**
  - Expectations of the site may vary depending again on the expected student outcomes.
  - Frequent and ongoing communication is important to communicate expectations and concerns. The quality improvement process is helpful in this regard.
  - Sites may be expected to:
    - Assist with facilitating relationships in the community to meet the core objectives of the experience.
    - Help to ensure adequacy of rotation experiences (clinical and otherwise).
    - Provide ongoing input to site related educational needs/resources.

- **Memorandum of Understanding (MOU)**
  - Although the MOU is an important aspect of the relationship, the contents of this document are highly individualized based on many variations dependent on the specific site experience.
  - Developing MOUs can take many forms and degrees of complexity. Administrative support from upper administrative levels at the university level is a pre-requisite for success, including legal support if needed. The committee recommended that MOUs from other institutions in pharmacy and/or other health professions. For those with MOUs already, it would be useful if colleges/schools of pharmacy shared their MOUs and they were available to all. We would recommend that AACP and the Global SIG have a repository of exemplary MOUs. An extension of that strategy...
is to use a pre-existing MOU from other schools/colleges within a university and modify them, if needed, for pharmacy. If the MOUs are written or interpreted broadly enough, they will not have to be specific to medicine, nursing, pharmacy or other disciplines. In the best case, the MOUs can be used by all units within the university although generated by one school/college of pharmacy. For example, the University of Pittsburgh, School of Medicine has MOUs with other partner sites for medical education purposes. In this case, the COP is included under the SOM’s MOU.

• **Common Components of Memorandum of Understanding (Organization or Site Agreement on):**
  - Cost of experience
  - Days prior to experience for confirmation
  - Maximum / minimum number of students participation
    - Mutually agree on students
  - Established Health Standards
  - Establishment of Site Designee (Contact Individual)
  - Access to Facilitates / Services for Use by Program
  - Exposure to Local Healthcare Professionals
  - Ability to Request Withdrawal of Student
  - Participation in Student Evaluation
  - Indicate the financial obligations of the US school, foreign site and to the student.

• **Course Syllabus**
  - Depending on the kind of experience also, a syllabus may serve as an informal memorandum of understanding.
  - **Components of Syllabus: Provision of Opportunities for Accomplishment of Educational Objectives:**
    - Patient Management / Discussions
    - Patient Assessment
    - Pharmaceutical Care Plan Development
    - Drug Therapy Evaluation
    - Pharmacotherapy Decision Making
    - Medication Preparation / Distribution / Administration
    - Counseling
    - Development of Case Studies
    - Healthcare System Exposure (Regulations; Similarities / Differences; Dispensing)
    - Cultural / Social Life (Compare / Contrast) Exposure
      - Visits to Local Communities
      - Guest Speakers
      - Discussions / Training
    - Communication Opportunities
      - Information Management
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**Educational Demonstrations**

- Common Disease States
- Counseling
- Critical Thinking Opportunities
- Ethical / Professional Responsibility
- Life Long Learning

**Recommendation:** It will be helpful if AACP collects and make available a reservoir of MoU and course syllabi related to AAPE for member schools/colleges (S/C) to benefit and learn from.

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**III. INSTITUTION RELATED**

**COMMITTEE MEMBERS:** Doug Ried, Imbi Ichile, Lisa Inge, Lauren Jonkman, Nicole Sifontis

1. **Memoranda of Understanding**

   **Please see discussion under the site section.**

**Recommendation/Action Step-1**

It is important to have guidance regarding each parties’ responsibilities in an MOU. A next step might be to have a Global SIG task force/group/subcommittee to review other MOUs and make a list of what should be included in the exemplary MOU noted above.

**Recommendation/Action Step-1**

A “Frequently Asked Questions” forum monitored by the Global SIG may be useful. For example, regarding the issue of MOUs, a college/school developing a new MOU (either a school/college contemplating foreign study for the first time or a more experienced school/college developing an MOU with a new partner), an FAQ forum or another means of sharing that provides guidance regarding the issues that need to be in the MOU would be helpful. A means of doing so might be to write other organizations/university and collect MOUs and do a “review” of what is important in there. Colleges/schools with significant experience include Kentucky, Tennessee, Purdue, Iowa, North Carolina, Texas A&M, Florida.

2. **Quality Assurance**

   Every candidate institution/site needs to be authenticated and vetted a faculty member or another representative from the responsible home institution before sending out any students, unless the partner has a significant history of exchanges (e.g., Thai Consortium). It is less clear for joint connections with other organizations (e.g., HIV care – PEP-FAR, UN AIDS) with a reputation for excellence and safety. When a site is vetted, the information could be shared among academy members. For example, in the Pharmobility program, partners in the FIPSE funded program had priority in exchange activities, but when a site was available, partners entertained applications from other schools. In this case, the sharing of good or bad experiences helped each partner.

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In addition to a first visit to vet and authenticate the site, on-going evaluations of the site are essential. An Action Item for the Global SIG might be to draft a model QA program for participating schools/colleges and the results of the reviews could be shared.

Any Best Practice guideline needs to place the safety of the student as the first priority. Experiences gained by exchange, student international exchange program offices where they exist should be a first source of information? On campuses where an international exchange office does not exist, the school/college could use offices of local or regional health organizations (e.g., PAHO) and/or the US embassy in that country or the Department of State website for safety verification. Documentation of the legitimate, accreditation of the partner institution entering into the relationship is essential for safety and educational purposes.

3. **Assessment tools (to be coordinated with another committee)**

What is the goal and objective of the student’s educational experience? What is the individual student’s goal? Given that these experiences are “elective” as required by ACPE, a student’s choice and motivation for the experience is paramount. It is important to remember that there are lots of ways to define a good learning experience. It may be just as important for the student to begin to understand the culture and the community as it is that they learn about therapeutics. For example, a student may be attached to a non-governmental aid organization (NGO) whose primary purpose has nothing to do with pharmacotherapeutics, but they provide opportunities for life experiences (e.g., primary sanitation, public health initiatives).

In terms of student assessment for academic and curricular accountability purposes, we need to ensure the adequacy of the students’ preceptor. Should we be concerned that the type of precepting students receive on international rotations looks the same as it does here? However, pharmacotherapeutics doesn’t have to be the assessment goal, other professional talents and skills are just as important. For example, someone who is willing to spend time with the student, be a cultural interpreter, is aware of safety issues, and can help students to identify the social and policy factors that impact health would be a great preceptor regardless of their pharmacy specific knowledge.

Any exchange program assumes that students travel and benefit from the educational experience both ways. While we ostensibly know what the skill set is that our students have to enter into the advanced experiential program, how important is it to define the minimal skills sets that students from other countries might have in coming to the US? Should we develop a group that looks at the exchanges with other countries and what skills they expect our students to have. It was less important a few years back because the schools/colleges in the EU and other places didn’t have control over the experiential programs, but they will soon. How important is it to harmonize the experience, especially if we want to impact regulatory …. in going between countries as practitioners.
1. Institution Responsibility in Preparing Students

One member of the committee stated that, “I think preparation is also super important for the students. Those that aren’t prepared often get much less out of the experience.” This is the extent of the statement. We will need much further work on this topic.

The committee recommends that a document be prepared for each home institution that prepares students for their international experience. The document should include sections on the student should do before leaving the institution, as well as information regarding arrival, contacting preceptor upon arrival and what to do when returning. Samples of documents from other colleges and schools could be obtained and a template generated for the responsible parties at each institution. A subgroup should be formed with the express purpose of developing the document. Topics would include, but not be limited to: immunizations, visas/passports, arranging travel, working with the international center, health insurance for overseas, driver’s license, and so forth. AACP should house information and the document on the website for members of the association.

Travel of US to other countries. Do the preceptors have to be a health professional, someone else, patient care activities at another site? Does the preceptor need to be recognized by regional, national center as a health care provider in the sense of education/patient care.

It is the responsibility of the home institution to verify qualifications of the host “preceptor” and pre-determined who the student is that will be sent to the site. How will they (the institution) do it? Do we want to dictate or just make sure that the qualifications exist and that the institution does it.

IV. PRECEPTOR (COMMITTEE MEMBERS: Anna Ratka, Doug Ried, Lauren Jonkman, Chair, Phillip Thornton, Crystal Obering, Suzanna Gim).

The subcommittee identified three major areas for quality assurance:

2. Qualifications of the preceptor
3. Expectations of the preceptor
4. Applicable Assessment Criteria

Qualifications of the Preceptor. It was decided that it was important to discuss the qualifications of both US and other countries’ preceptors. We also agreed that the discussion was to focus on Advanced Pharmacy Practice Experiences (APPEs).
Preceptors for US Students in other countries

Consider whether preceptor is licensed or certified in that specific country. An important aspect of this could be if this is a regulatory/ACPE requirement. While it should not be a requirement, if the preceptor was trained in the US, that would be recommended. In general, the preceptor should be sufficiently qualified to facilitate the achievement of the APPE objectives. However, it was noted for the purposes of the discussion that only elective APPEs can be/should be done outside of the USA.

- US preceptor must have travelled and had experience, leave it up to the individual college or school...by some means have a good understanding of practice...Fulbright, orientation of the preceptor, visited previously (e.g., exchange), private travel (?), assessment of site before sending students, persons originally from the country, co-preceptor (explore).

RECOMMENDATIONS/ACTION STEPS

**Action step #1:**

- The S/C should have established guidelines to ensure the preceptor’s skills and/or adequacy of the site/learning experience which could include a visit by the US faculty to coordinate with the preceptor and ensure that APPE objectives will be met.

- Opportunities and mechanisms for US institutions to share preceptors/sites should be explored.

- ACPE requirements for who can be preceptor in an international experience need to be followed.

- Guidelines should be developed for establishing international relationships and identifying international preceptors. When US faculty accompany students with syllabi, they can/should be responsible for ensuring the endpoints/assignments are met/completed. In many cases it will only take one or two experiences where the faculty also interviews other potential local preceptors or establishes relationships that allow selection of local preceptors through other means (incl. not in person).

- C/S (colleges and schools) often have a faculty member from the school who works with the international preceptor. The C/S faculty sometimes accompanies the students. Should there be a “minimum time” that an international preceptor should be in practice before accepting/assigning one of our students?

- Some consideration for more advanced, more stringent requirements for qualifications for international preceptors. The rationale is to ensure that the time spent outside of the USA is not perceived as “just a vacation”.

- Preceptors must be trained to ensure the utmost safety for the students during their AAPE experience.

- Should the COP document individual preceptor’s licensure, time in practice, and/or obtain whatever legal/regulatory assurances are available in that country so as to confirm the site/preceptor’s qualifications (e.g., preceptor data forms that we
have for US preceptors)? Should we ask them to fill out the same documents as US preceptor?

**Action #2**

- Solicit “sign up” documents that other colleges/schools use for documenting preceptors’ qualifications from other members of the Global SIG.

- The final document(s) regarding best practices should reflect the notion that when selecting foreign preceptors, each C/S (college/school) should use their own guidelines, but the guidelines are ideas for better experiences. It is not a prescription or dictum.

**Action #3.**

- A survey of experiential program directors regarding what should be in a form documenting the qualifications of an international preceptor should be explored.

**Qualifications of US preceptors for student from other countries traveling to the USA.**

It may be that the requirements would be the same as for our regular preceptors; however, we may need to recognize that the foreign students may not be at the same level and the preceptors should be aware and possibly have more skills. The preceptors need to be defined/qualified in certain roles (clinical, process) to provide the student with an exceptional experience, especially if the experience is not just a shadowing experience. The preceptors need to be comfortable and aware of the educational outcomes that need to be met for the respective program.

**Recommendation-1**

The Association or the C/S should consider providing the preceptor, especially an “external” preceptor, with an opportunity to become oriented to pharmacy in the other country and health system? This would allow the preceptor to be more in tune with the student in training and, possibly, get a sense of the experiences that would best benefit the student.

**Other aspects of the Organization of the Global Experiential Program.**

Who should be the main contact for the student while in the US? Is it the preceptor, the experiential program director? Both? Neither? It was the consensus of the group that it should not be an external preceptor, but rather the responsibility of the C/S or their representative. If the preceptor is a C/S faculty/staff, that person could be the responsible party. The experiential program director also should be knowledgeable about the rotation (e.g. how long, visas, forms, cost, syllabi, etc.)

**Recommendation-2**
The C/S/university should have a “precepting an international student in training” program (introductory and/or routine) for the preceptors on both ends. This recommendation is a best practice, each C/S may not be able manage it, but it is a good recommendation for best practice. Such a process will benefit both students and preceptors. This could be a webinar developed by the Global SIG and administered through AACP. Completion will allow schools to feel more comfortable/confident about letting preceptors take students. Checklists, forms, MOU examples can be provided to help any faculty that would like to try to start something but don’t have any experience to help guiding him/her (e.g. a Starter Kit). This material can be adopted or modified to make their own.

**Action #4.** A resource should be compiled with the names and specifics of the countries which are most often where we send the students.

V. **STUDENT-RELATED ISSUES (COMMITTEE MEMBERS:** Anna Ratka, Jeanine Abrons, Lisa Inge, Mariana Lapidus, Maria Meng, Naser Alsharif, Nicole Sifontis, Paul Jungnickel)

1. **Cultural Competency**
   Cultural competency is very critical for each student participating in global APPE. A well thought out orientation to the cultural issues pertaining to each APPE experience which are specific to the country and site is critical.

   **Content for cultural competency training:**
   - culture and religious beliefs/traditions
   - culturally appropriate norms (e.g., dress, behavior, role of gender),
   - culturally appropriate health care practices and approaches
   - basic skills language; verbal and nonverbal communications (methods to overcome linguistic barriers)
   - current economic, political, and social issues
   - health care system and common health care problems
   - awareness of geographical and racial barriers to adequate health care

   **How to train on cultural competency?**
   - At home institution:
     - develop a country-specific portfolio (with background reading)
     - organize lectures and workshops about local culture, etc.
     - language course (medical terminology)
   - At the APPE site:
     - visits to local communities
     - guest speakers (local)
     - discussions, workshops,
     - language course (by immersion?)

2. **Performance Competencies/Outcomes**
   Actual outcomes, expectations, performance standards, should be established for each global APPE site. Performance competencies will certainly vary depending
on the level of pharmacy practice in the APPE practice site and need to be customized to a particular setting.

**Student pharmacists participating in global APPE should be able to:**

- Communicate and interact with patients with the highest level of cultural competence.
- Compare medication distribution systems: management of drug supply, dispensing procedures and medication records.
- Discuss most common diseases in the country visited (disease state knowledge).
- Perform drug therapy evaluation: synthesize patient history, lab and physical exam, review treatment options with complementary and alternative medicines, assessment of treatment outcomes.
- Perform patient education and counseling.
- Develop educational materials for patients.
- Develop case studies.
- Prepare and deliver formal oral presentation and written presentations.
- Contrast health care system at the APPE site with the U.S. healthcare system.
- Describe how culture impacts health and health care provided at the APPE site.
- Discuss various factors that impact pharmacy practice in a country of the APPE site.
- Develop a country portfolio to include information on pharmacy services, health care system, public health, economy, politics, religious beliefs, etc.

3. **Possible Activities/Assignments**

- Monitor current political, economic, and social issues in the APPE host country.
- Learn about the health care system in the host country (APPE site)
- Reflections from a professional and more general perspective.
  - on different life styles and pharmacy practice systems in the host country and the U.S. from personal experience, patients’ narratives, interviews, etc.
  - post-APPE on how to improve this global experiential training at this specific site
- Reflections from a professional and more general perspective.
- Interviews: patients, health care providers, local leaders, educators, etc.
- Visits to local communities to explore lifestyle and living conditions.
- Preparation of site-specific educational materials.
- Delivery of educational sessions.
- Continue developing cultural competency and language skills.
- Explore medicines used in local community/country.
- Identify common disease states.
- Create resources in a selected area of public health care services than impact the country.
- Organize rural clinics and health fair.
- Shadow a pharmacist (or another local health care provider).
- Go on scavenger hunt with herbal/bush medicine doctor; participate in compounding/preparation of traditional medications.
- Participate in triage, physical assessment, and health screenings of patients.
- Educate /inspire other health professionals about medication safety, the role of a pharmacist, etc.
- Undertake a leadership role that results in improvement of health care services at the APPE site.
- Organize and deliver a community service project (in coordination with local leaders).
- Attend regularly short language sessions.
- Explore one of the issues/problems (selected by individual student) related to pharmacy practice in the visited country.
- **Drug Information:**
  - Which sources of drug information are available at the host country?
  - Are there any free resources available?
  - Are local pharmacists educated on how to conduct a literature search?
- Prepare a report with mid- and end-point measures, e.g., number of patients seen, number of new drugs learned, and list of disease-specific interventions.
- Take web-based quizzes (prepared by the preceptor).
- Employ technology to share experiences (e.g., Facebook, blog, YouTube).
- Present a poster at a national/local meeting in the host country and/or in the U.S.

4. **Other**
   Additional student-specific issues to consider for the global APPE experience.
   - **Site selection:**
     Global APPE sites must be identified and carefully selected in advance. A site must have the potential to provide valuable training opportunities for pharmacy students.
   - **Student selection:**
     Students should realize that their selection to participate in an international pharmacy education experience is a privilege rather than a right. SOP/COP need to be as explicit as possible in defining what is expected and should have the prerogative to select for international experiences only those student pharmacists who will represent the school well, have the capabilities to perform well in a culture other than their own.
   - **Student mentoring:**
     Consider selecting mentors from the U.S. and the foreign country, one can deal with the logistics and the other with professional issues; it could be that the U.S. mentor/preceptor can fill both roles.
   - **Credits for global APPE:**
     Develop a formula to transform course credits to actual number of hours for specific experiential activities. A decision needs to be made on the most adequate (realistic) length of the APPE. Cost should be considered and goals can be modified to accommodate different lengths of APPE to allow for some flexibility.
- **Structure of global APPE:**
  It must be site-specific. Indicators and measures of student performance should be established for each site in advance in collaboration with local mentors/preceptors.

- **Inter-professional team experience:**
  If possible, create environment in which pharmacy students can work in a team with other health care providers (from U.S. and host country). Emphasize professionalism, respect for others, pharmacist code of ethics, empathy, etc.

**SUMMARY**
July 16, 2012

Ad-Hoc Committee for Country Materials
Committee Chairs:
Sara Al-Dahir, Xavier University of Louisiana
Michael Hogue, Samford University

Objectives:
1) Identify 50 key countries for exchanges as identified by ad-hoc committee members (Appendix A)
2) Devise a template of necessary information for pharmacy students and faculty with regard to travel information, pharmacy organization, laws and the role of international pharmacy students (Appendix B)
3) Divide the countries into 5 regions for the templates to be provided to AACP
4) Templates to be completed by ad-hoc committee members by September 2012 and posted to docs.google.com
   Login: AACP.SIG.Global@gmail.com
   Password: countries
5) Identify US member institutions with various international schools (provided by R. Sagraves) (Appendix C)
6) Transfer templates to interactive digital map available to AACP students and faculty

Meetings:
1) Bi-weekly calls between co-chairs through October and November to complete 1-3 (above)
2) Skype Conference Call conducted among ad-hoc committee members on December 1, 2011

Update:
Objectives 1-3, 5 completed
Objective 4:
1) Middle East and North Africa region completed by S. Al-Dahir
2) Asia completed by R. Sagraves
## Committee Members

| **Committee 1.4.2 Country Materials for Global APPEs (Term: 2011-12)** |
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Appendix A

Countries List

Argentina
Australia
Austria
Bangladesh
Belgium
Brazil
Cameroon
Canada
Chile
China
Costa Rica
Croatia
Czech Republic
Denmark
Dominican Republic
Egypt
Ethiopia
Finland
France
Germany
Ghana
Guatemala
Haiti
Hong Kong (S.A.R. China)
Honduras
Hungary
India
Indonesia
Iraq
Ireland
Israel
Italy
Japan
Jordan
Kenya
Korea (Republic of)
Kuwait
Lebanon
Lithuania
Macau (S.A.R. China)
Malaysia
Mexico
Morocco
Nepal
Netherlands
New Zealand
Nicaragua
Nigeria
Norway
Panama
Peru
Philippines
Portugal
Qatar
Romania
Russia
Saudi Arabia
Singapore
South Africa
Spain
Sweden
Syria
Thailand
Turkey
Uganda
United Arab Emirates
United Kingdom
Venezuela
Vietnam
Zambia
Zimbabwe
APPENDIX B
TEMPLATE COUNTRY

Resources for Students:

EMBASSY

CULTURE and TRAVEL TIPS – Currency, Language, Fun Stuff

HEALTH INFORMATION

TRAVEL WARNINGS

STANDARD STATEMENT _ Refer to individual consultant for international travel medicine clinic and website

WEBSITES - Country ministry of Health

COLLEGES OF PHARMACY

MAJOR PHARMACY ASSOCIATIONS –

TIMELINE INFORMATION - Visa, etc

US PARTNER INSITUTIONS (as disclosed)

RESTRICTIONS TO HEALTH CARE PROFESSIONAL STUDENTS
Appendix C
Colleges/Schools of Pharmacy Globally that Have Agreements (formal or informal) with Various U.S. Colleges/Schools of Pharmacy

Argentina
- University of Buenos Aires

Australia
- Michael Roberts School of Medicine
- University of Sydney
- Victorian College of Pharmacy Monash
- University of Melbourne

Austria
- University of Innsbruck

Belgium
- Ghent University

Brazil
- University of Sao Paolo

Japan
- Ajinomoto
- Gifu University
- Hoshi University
- Keio University
- Kitassato University
- Kobe-Gakuin University
- Hokaido University
- Kyoto University
- Meiji Pharmaceutical University
- Meijo University
- Nagoya City University
- Showa University
- Tokushima University
- Tokyo University of Pharmacy and Life Sciences
- Toyama Medical and Pharmaceutical University
- University of Keio
- University of Tokyo

Canada
- University of New Brunswick

China
- University of Calgary
- University of Guelph
- University of Montreal

China
- 4 Military Medical University
- Beijing University of Chinese Medicine
- China Jiaotong University
- China Pharmaceutical University
- Fudan University
- Hebei Medical University
- Jilin University
- Peking Medical University
- Shandong University
- Xi’an Jiao Tong University
- Yanbian University
- Zheijand University

China/Hong Kong
- Chinese University of Hong Kong

Costa Rica
- Universidad de Ciencias Medicas
- University of Costa Rica
- Universidad de Iberoaerica

Czech Republic
- Charles University

Denmark
- Danish University of Pharmaceutical Sciences
- Farma University
- University of Copenhagen

Dominican Republic
- Pontificia Universidad Catolica Madre y Maestra

Ecuador
- Universidad Tecnica Particular de Loja

Egypt
- Cairo University
- Future University of Egypt
- Misr International University

Ethiopia
• Addis Ababa University

**Finland**
• University of Helsinki
• University of Kuopio

**France**
• Nantes University
• University of Angers
• University of Auvergne
• University of Bordeaux
• University of Burgundy
• University of Lyon
• University of Rennes
• University of Strasbourg

**Georgia (Tbilisi)**
• University of Georgia

**Germany**
• Ludwig-Maximilians University
• Saarland University
• Technical University-Munich
• University of Hamburg

**Ghana**
• The University of Science and Technology

**Greece**
• University of Athens

**Guatemala**
• Universidad del Valle

**Hungary**
• University of Debrecen
• University of Szeged

**India**
• Cadila Pharmacy
• JSS Medical University
• University of Delhi

**Ireland**
• Trinity College

**Israel**
• Hebrew University of Jerusalem

**Italy**
• University of Calabria
• University of Catania
• University of Perugia
• University of Rome, LaSapienza

**Jordan**
• Jordan University of Science and Technology

**Kenya**
• Moi University

**Malaysia**
• University of Malaysia
• Cyberjaya University College of Medical Sciences

**Mexico**
• National Autonomous University of Mexico
• Universidad Autonoma del Estado de Morelos
• Universidad Cuernavaca
• University of Mexico

**New Zealand**
• University of Auckland

**Nigeria**
• Jos University
• Obafemi Awolowo University

**Norway**
• University of Oslo

**Oman**
• University of Nizwa

**Panama**
• University of Panama

**Papua New Guinea**
• University of Papua New Guinea
Peru
University Nacional Mayar San Marcos

Philippines
• Santo Tomas University

Poland
• Jagiellonian University

Portugal
• University of Lisbon

Russia
• Moscow State University

Saudi Arabia
• King Saud University

Sicily
• University of Messina

Singapore
• National University of Singapore

South Africa
• University of KwaZulu-Natal
• University of Stellenbosch

South Korea
• Ajou University
• Dankook University
• Duk sung Women’s University
• Ewha University
• Inje University
• Korea National University
• Pusan National University
• Seoul National University
• Sookmyung University

Spain
• University of Barcelona
• Universidad de Navarra

Sri Lanka
• University of Peradeniya, Kany

Sweden
• Lulea University of Technology
• Uppsala University

Switzerland
• Universitat Basel

Taiwan
• China Medical University
• Kaohsiung Medical University
• National Defense University
• National Taiwan University
• National Yang-Ming University
• Taipei Medical University

Tanzania
• Kilimanjaro School of Pharmacy
• Muhimbili University of Health and Allied Sciences

Thailand
NOTE: All colleges/schools of pharmacy in Thailand are members of the U.S./Thai Consortium while the ones listed below also have additional separate agreements with U.S. colleges/schools of pharmacy:
• Chiang Mai University
• Chulalongkorn University
• Khon Kaen University
• Mahasarakham University
• Naresuan University
• Silpakorn University

Trinidad and Tobago
• University of the West Indies

Turkey
• Uludaq University
• University of Haccettepe

Uganda
• Mbarra University
• Makere University

United Kingdom/England
• Imperial College
• Kings College
• Lakeland College
• London School of Hygiene and Tropical Medicine
• Manchester Metropolitan University
• Royal Liverpool & Broadgreen University
• University of Bath
• University of London

**United Kingdom/Wales**
• Cardiff University
• University of Wales

**United Kingdom/Scotland**
• University of Strathclyde

**Venezuela**
• Central University of Venezuela

**Vietnam**
• University of Medicine and Pharmacy

**Zimbabwe**
• University of Zimbabwe
AACP Global Pharmacy Education SIG Annual Meeting, July 2012
Report from Committee for Competencies/Learning Objectives for Global APPE
Hazel Seaba and Melody Ryan, co-chairs

Consent to begin this project has been obtained from both the University of Iowa and University of Kentucky IRBs. The chairs anticipate beginning the project with the expert panel in September, 2012.

Title
Use of a Modified Delphi Process to Establish Consensus on Competencies for Global Advanced Pharmacy Practice Experiences

Abstract

Research Aim:
To develop competency statements for global advanced pharmacy practice experiences (APPE) through the use of the modified Delphi process.

Research Procedures: The co-investigator, Hazel Seaba and Melody Ryan, will submit this research plan to the IRBs at their respective institutions, the University of Iowa and the University of Kentucky where they are employed. Both have completed mandatory human subjects training.

1. Co-investigators will develop a list of potential competencies using a previously drafted document, course syllabi gathered from various institutions, and published global competencies for health professionals. The potential competencies will be organized in domains.

2. Round 1. A web based questionnaire (Qualtrics survey software) will be prepared and sent to a volunteer expert panel. The volunteer expert panel consists of approximately 15 pharmacy faculty members from around the country who have experience conducting and/or precepting global APPE. The questionnaire will be composed of the potential competencies identified by the co-chairs. Each competency will be one question and the expert panel will be asked to rate the potential competency on a 5-point Likert scale (5 = most appropriate or essential). Panel will be judging how appropriate the competency is for a global APPE (not whether or not students should graduate with that competency). Also, the questionnaire will allow for expert panel members to suggest additional competencies and wording changes to the potential competencies. The survey will take approximately 30-45 minutes to complete. Responses are anonymous; however, the co-chairs will know whether or not expert panel members have responded.

3. Co-investigators will analyze results of Round 1. Potential competencies rated 1 or 2 by 75% of panel will be dropped from consideration.

4. Round 2. A second web-based questionnaire will be sent to the expert panel. The questionnaire will contain the potential competencies rated 3, 4 or 5 and the additional competencies suggested by expert panel members. The group mean and SD for each Round 1 ranked potential competency will be displayed. Panel members will rank these competencies on the same 5-point Likert scale. The questionnaire will allow for expert panel members to suggest wording changes to the potential competencies. Responses are anonymous. The survey will take approximately 30-45 minutes to complete.

5. Co-investigators will analyze results of Round 2.

6. Round 3. A third web-based questionnaire will be sent to the expert panel. Questionnaire will contain the potential competencies rated 4 or 5 by 75% of the expert panel members. The group mean and SD for each Round 2-ranked potential competency will be displayed. Panel members will rank these competencies on the same 5-point Likert scale. Responses are anonymous. The survey will take approximately 30-45 minutes to complete.

7. Co-investigators will analyze the result of Round 3. Only those competencies achieving 4 or 5 by 100% of the Expert Panel will be considered essential and recommended to the Special Interest Group (SIG) of the American Association of Colleges of Pharmacy.

8. First draft of final report with recommendations is written by co-investigators with consultation from the expert panel.

9. Review of first draft of final report is completed by expert panel members.

10. Second draft of final report is distributed to expert panel members.

11. Review of second draft of final report is completed by expert panel members.

**Mission Statement**

The mission of the Global Pharmacy Education Special Interest Group (GPE SIG) is to develop and advance global pharmacy education.

GPE SIG will accomplish its mission by:

- providing a forum for networking among pharmacy programs within and outside AACP,
- developing objectives, standards, practice models, materials, and assessment tools for global pharmacy training,
- providing resources and support to faculty and students interested in global pharmacy education.