

## Enhancing a Community APPE Model Using Quality Assurance Measures



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## 1999- 2000 Syllabus Developed in Partnership

- Focus groups were used to:
  1. Determine the skills necessary to practice pharmaceutical care/ patient centered care (PC),
  2. Determine the learning activities that could help foster these skills,
  3. Determine the minimum number of each activity students should complete within a week (validated through quality assurance)
  4. Determine the minimum preceptor-student contact time necessary to meet the desired educational outcomes,
  5. Ensured preceptor buy-in

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## Original Community APPE Structure

<p><b>Learning Activities</b></p> <ul style="list-style-type: none"> <li>▪ Comprehensive PC</li> <li>▪ Basic PC           <ul style="list-style-type: none"> <li>▪ Prescriptions (New/Refill)</li> <li>▪ Non-prescription (OTC)</li> </ul> </li> <li>▪ Disease management /prevention Clinics</li> <li>▪ Drug information</li> <li>▪ Inter-professional collaboration</li> <li>▪ Discuss specific therapeutic drug classes</li> <li>▪ Discuss practice issues</li> <li>▪ Patient care project</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Duration:</b> <ul style="list-style-type: none"> <li>▪ 2 x 4 weeks</li> </ul> </li> <li>▪ <b>Expectations (1999):</b> <ul style="list-style-type: none"> <li>▪ Minimum of 4 comprehensive PC x 8 weeks</li> </ul> </li> <li>▪ <b>Student orientation</b> <ul style="list-style-type: none"> <li>▪ 3-hour</li> </ul> </li> <li>▪ <b>Instructor Training</b> <ul style="list-style-type: none"> <li>▪ Level I: self-study AACP (video/manual)</li> </ul> </li> </ul>
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Quality Assurance Process  
First Evaluation  
2000-2001

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**Students' Learning Opportunities**  
n=209 (86%)

Based on student surveys:

- All students participated in:
  - Assessment of new/refill prescriptions and non-prescriptions, answering drug information
- 29% expressed not sufficient opportunities to:
  - Hone PC skills (interviewing, critical thinking and follow-up care)
- 40% indicated PC not model, 75% preceptors not familiar with PC process and tools

Based on student portfolios:

- 78% provide 1 comprehensive PC over the 8-weeks (i.e., 22% had no such opportunity)
- 32% had the opportunity to work on a patient care project



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**Preceptors' Feedback, n=111 (91%)**

- Two activities rated as most "inappropriate" and "not applicable to the site were:
  - Follow-up with patients
  - Shadowing another health professional
- Requested workshops to clarify expectations
- Suggested 4-weeks was too short to engage in PC activities
- Suggested students required additional training



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# 2001-2002 Pilot Study To Test An Enhanced SPEP Model


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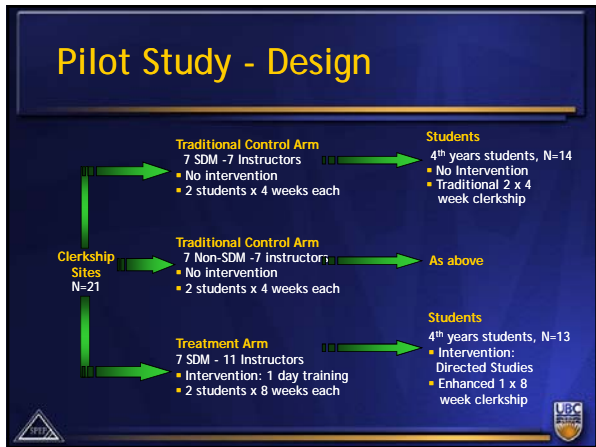
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## Pilot Study - Intervention

### Instructor Preparation



- 1/2-day instructor skills:
  - PC practice model
  - Critical thinking process
  - Using the PC tools to evaluate student work
- 1/2-day student-instructor team building exercise

### Duration of Clerkship

- One x 8 week clerkship

### Student Preparation

- 1-day workshop with SDM
- 1/2 -day team building session
- 5 pre-clerkship days between September and December:
  - Prescription intake/counseling
  - Data entry
  - 1 Comprehensive PC work-up/presentation
  - Organize/deliver a clinic


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## Quality Assurance Process Pilot Study Evaluation 2001-2002

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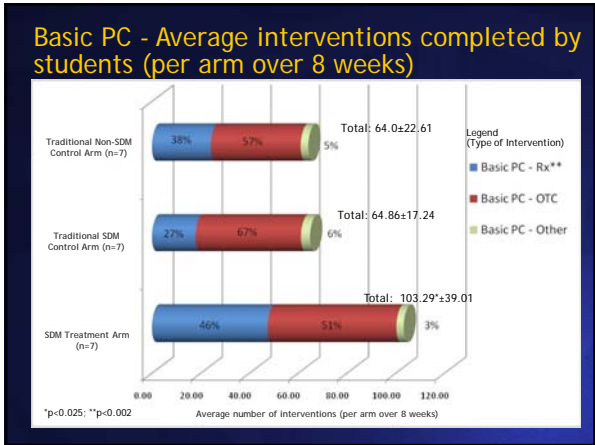
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### Comprehensive Work-ups - Number completed by students (per arm over 8 weeks)

	SDM Treatment	SDM Control	Non-SDM Control
# of Sites	7	7	7
# of Students	13	14	14
Rotation Length	(1 x 8 wks)	(2 x 4 wks)	(2 x 4 wks)
Comprehensive Work-ups (Per arm over 8 weeks)			
Average	24.86	1.29	1.57
STD	5.40	0.76	1.13
*p<0.0001			

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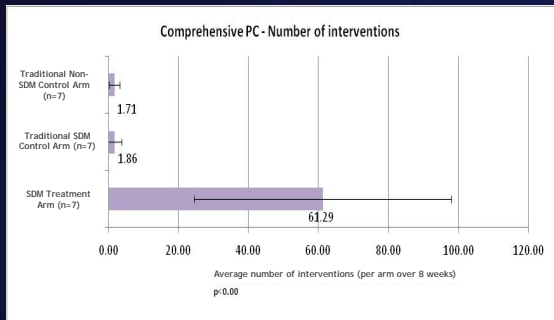
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Comprehensive PC - Number of interventions completed by students (per arm over 8 weeks)




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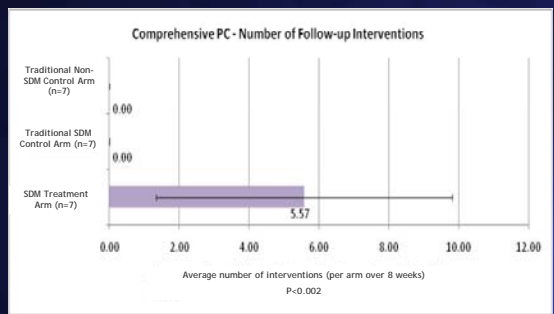
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Comprehensive PC - Number of Follow-ups completed by students (per arm over 8 weeks)




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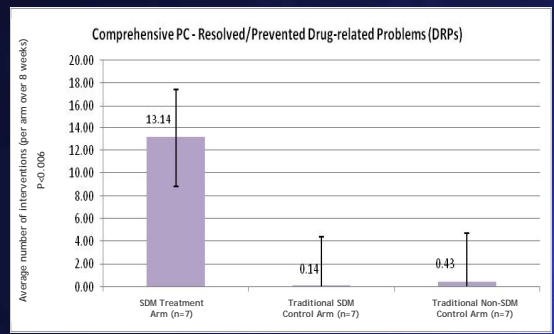
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Comprehensive PC - Number of DRPs resolved/prevented by students (per arm over 8 weeks)




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## Lessons Learned:

### Greater student, site, and instructor satisfaction

- For students there was:
  - Greater learning opportunities and skills improvements
  - Improved attitudes/enhanced buy-in toward PC
  - Greater confidence because of additional training prior to clerkship
- For pharmacy sites, there were opportunities to:
  - Deliver disease management & comprehensive PC
  - Address clients' drug-related needs
- For instructors there was:
  - Learning through sharing
  - Less stress/clearer objectives with instructor role
  - Clearer expectations, in fact requested training be expanded



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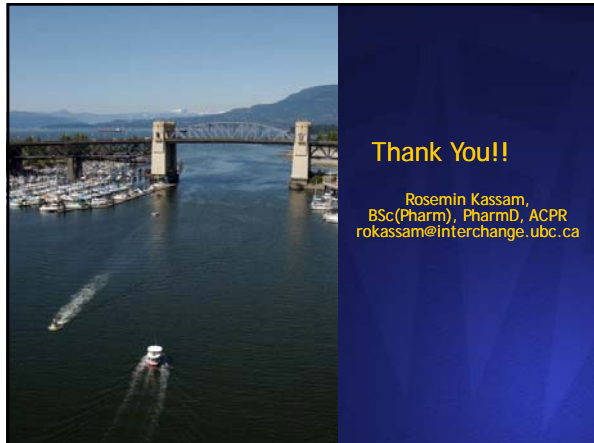
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Thank You!!

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