ACPE Accreditation with Emphasis on Experiential Education

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Objectives

- Describe ACPE and outline the accreditation process for the Doctor of Pharmacy Degree program
- Review elements of Standards 2007 which address experiential education
- Compare / contrast introductory and advanced pharmacy practice experiences

Accreditation Council for Pharmacy Education (ACPE)

- National agency for the accreditation of:
  - professional pharmacy degree programs
  - providers of continuing pharmacy education
- Established in 1932
- Previously known as the American Council on Pharmaceutical Education; name changed in 2003
- http://www.acpe-accredit.org/

ACPE Accreditation Process

- Measure of quality assurance
- Accreditation Cycle
  - Existing Accredited Schools - up to 6 years
  - New Schools for Initial Accreditation – up to 2 years
- Individuals involved in process
  - University administrators
  - College Faculty & Staff
  - Students
  - Preceptors
- http://www.acpe-accredit.org/

Why is accreditation important?

- Program
  - Awarding of grants/loans/support funds
  - Public recognition
- Student
  - Licensure status
  - Student Loans
  - Quality assurance/enhancement
Doctor of Pharmacy (PharmD) Degree Program

- Sole professional pharmacy degree since 2000
- Doctor of Pharmacy program options
  - Standard 2 (or 3) + 4 (final year – calendar year)
  - Accelerated option: 2 + 3 (calendar year throughout)
  - Some schools require additional prerequisites or an undergraduate degree prior to enrolling
  - Some schools are expanding experiential training to compose up to 50% of the curriculum

Revision of Accreditation Standards

- Previous Standards – 1997
  - Primary focus: transition to Doctor of Pharmacy degree as sole degree
- Current Standards – Standards 2007*
  - Primary focus
    - Active involvement in patient care
    - Experiential education (skills development, confidence / competence)
    - Interprofessional education
    - Assessment (how do we know what they know)

Standards 2007

- 30 Standards
  - Mission, Planning and Evaluation
  - Organization and Administration
  - Curriculum
  - Students
  - Faculty and Staff
  - Facilities and Resources

*http://www.acpe-accredit.org/default.asp

Standards 2007 Areas of emphasis

- Communication skills
- Curricular content
- Evaluation / assessment
- Experiential education
- Faculty / staff matters
- Interprofessional teamwork
- Patient safety
- Professional competencies
- Professionalism
- Regional accreditation
- Scholarship and research
- Student admission / progression

Standard 6.3 – School/Admin Relationships

- Formal Agreements should exist
  - Describe nature and intent of relationship
  - Describe legal liability of both parties
  - Describe financial arrangements (if applicable)
  - Should be reviewed periodic review
### Standard 10 - Curricular Development, Delivery, and Improvement

- **Introductory Pharmacy Practice Experiences (IPPEs)**
  - Occurs during didactic portion of the curriculum
  - Length: $\geq 5\%$ of curriculum (300 hours)
  - Majority of time must be balanced between experience in community pharmacy and institutional health system settings
- **Advanced Pharmacy Practice Experiences (APPEs)**
  - Occurs after didactic portion of the curriculum
  - Length: $\geq 25\%$ of curriculum (1440 hours)

### Standard 14: Pharmacy Practice Experiences (PPEs)

- **Standard 14.1 – 14.6**
  - **General Guidelines**
  - **Preceptors**
  - **Specific Guidelines**
    - Introductory experiences
    - Advanced experiences
  - **Quality Assurance Measures**

### Standards 2007

#### Pharmacy Practice Experiences (PPEs)

- **Guideline 14.1-Preceptors**
  - Hold Adjunct or other defined positions within the School or College
  - Understanding of outcomes of pharmacy practice experiences
  - Receive orientation and ongoing training/development
  - Close supervision & significant interaction with students
  - Adequate student-to-preceptor ratio

#### Standards 2007

#### Pharmacy Practice Experiences (PPE)

- **Appendix C - General Considerations**
  - Recommended qualities, behaviors and values for preceptors
    - Positive role model
    - Practice ethically and with compassion for patients
    - Accept personal responsibility for patient outcomes
    - Have appropriate training, experience and competence
    - Utilize evidence-based learning approach in practice
    - Work collaboratively with other health care professionals

#### Standards 2007

#### Pharmacy Practice Experiences (PPE)

- **Appendix C – General Considerations**
- **Recommended qualities, behaviors and values for preceptors (continued)**
  - Desire to educate others / aptitude to facilitate learning
  - Be able to document and assess student performance
  - Possess a systematic, self-directed approach to own continuing professional development
  - Commitment to their organization, professional societies, and community

- **Preceptor Training Elements**
  - Orientation to school/college’s mission, goals and values
  - Overview of curriculum and teaching methodologies
  - Overview of objectives for PPEs
  - Performance assessment and grading systems
  - Guidance regarding assessment of student’s prior knowledge and experience to allow for tailoring of the experience
Standards 2007
Pharmacy Practice Experiences (PPEs)

Guideline 14.2 – Student/Preceptor Relationship
- Responsibility to try and avoid situations that may lead to conflict/ issues between student and preceptor
- Avoid situations that may impact students ability to accomplish desired curricular outcomes

Guideline 14.3 – No remuneration for PPE’s
- Students cannot be paid for experiences in which academic credit is assigned (IPPE and APPE’s)
- Other work experiences can be required for curricular advancement but cannot be counted toward PPE requirement of curriculum

APPENDIX C – General Considerations

Experiences should:
- Provide students multiple opportunities to perform patient-centered care activities in variety of settings
- Be in depth, structured, and carefully coordinated with other curricular components
- Require active participation and patient care responsibilities, in a progressive fashion, designed to develop practice skills, judgment, professional behavior, attitudes and values, confidence and personal responsibility needed for independent and

Direct Interaction
- with diverse patient populations
- in a variety of practice settings
- involve collaboration with other healthcare professionals

Guideline 14.4 – IPPE’s
- Must involve actual practice experience in community and institutional settings
- Must permit students, under appropriate supervision and as permitted by regulations, to assume direct patient care responsibilities
- Should begin early in curriculum, be interfaced with didactic work that provides instruction to the profession, and continue in progressive manner leading to APPEs
Standards 2007
IPPEs – Appendix C

- Accepted formats include:
  - Shadowing practitioners or APPE students
  - Interviewing actual patients
  - Participating in pharmacy practice in a variety of settings (ex. community, institutional, long-term care)
  - Participating in service learning (stipulations)
    - Can represent only a portion of IPPE curriculum
    - Meet community need / foster professional development
    - Enhance didactic curriculum material / include reflection
    - Interaction with other health profession students / facilitators

Examples of IPPEs

- Processing / Dispensing medication orders
- Conducting patient interviews
- Interpreting / Evaluating patient information
- Assessing need for treatment or referral (triage)
- Assessing health literacy and compliance
- Administering medications

IPPEs: Use of Simulation
ACPE BOD Policy Statement: Approved 6/27/10

- Simulation Definition for IPPEs
  - “Activity or Event replicating pharmacy practice.”
  - Includes multiple types of scenarios based on the utilization of: high or medium fidelity manikins, standardized patients, role playing, OSCEs, and computer based simulations
  - Should clearly connect the pharmacy activity or delivery of a medication to a patient (whether simulated, standardized or virtual patient used)

IPPEs: Use of Simulation
ACPE BOD Policy Statement: Approved 6/27/10

- Simulation deemed appropriate when:
  - Involves learning experiences that are difficult to active in actual practice
  - Structured around a set of specific learning objectives
  - Involves structured assessment activities to assure students have met stated learning objectives
  - Supervised by pharmacy educators, practitioners, or other appropriately trained faculty / facilitators

IPPEs: Use of Simulation
ACPE BOD Policy Statement: Approved 6/27/10

- Simulation limits in IPPEs
  - Simulation can not account more than 20% of total IPPE time (e.g. 60 hours or a 300 hour IPPE program)
- Requirements
  - Prior ACPE approval is not needed
  - Colleges / Schools must document that their simulation experiences meet stated criteria for appropriate simulation experiences

Standards 2007
Pharmacy Practice Experiences (PPE)

- Guideline 14.5 – APPE’s
- Classifications
  - Required
  - Elective
- General recommendations
  - Full – time
  - Provide continuity of care
  - Conducted under pharmacist – preceptor supervision and monitoring
Standards 2007 APPEs

- **Required**
  - Types of Care
    - Primary
    - Acute
    - Chronic
    - Preventative care
    - All ages
    - Majority of time should involve direct patient care
    - Emphasize continuity of care
  - Settings
    - Community pharmacy
    - Hospital / Health system
    - Ambulatory care
    - Inpatient / Acute care
    - General medicine
    - Conducted in US, its territories or possessions

- **Electives**
  - Build on Required APPE experiences
  - Provide opportunities in areas of interest

Standards 2007 APPEs – Appendix C

- **Suggested activities:**
  - Interdisciplinary team participation
  - Identifying, evaluating, and communicating to patient and health care providers about appropriateness of specific drug regimen
  - Providing patient consultation / recommendation of self-care products, dietary supplements, nutrition, drug and non-drug therapies
  - Involvement in medication administration
  - Identifying / reporting medication error and ADRs
  - Accessing, evaluating and applying information to promote optimal health care and manage drug regimens

Standards 2007 Pharmacy Practice Experiences (PPE)

- **Guideline 14.6 – Quality Assurance**
  - Quality assurance procedures should be established for all pharmacy practice experiences
  - Facilitation of stated competencies
  - Provide feedback
  - Support standardization/consistency of assessment of student performance
  - Quality criteria for selection of sites and preceptors
  - Periodic review for quality improvement

Standards 2007 Quality Assurance – Appendix C

- **Preceptors**
  - Assessments should include:
    - Ability to facilitate learning
    - Communication skills
    - Quality as professional role model
    - Teaching effectiveness
Standards 2007
Quality Assurance – Appendix C

- Preceptors
  - Methods
    - Site Visits
    - Student Evaluations
    - Obtained in manner that doesn’t affect grading process
    - Promotes development within student to offer constructive feedback appropriate for interprofessional relationships
  - Periodic communications
    - Preceptor meetings
    - Specific student issues

Standard 15 – Assessment & Evaluation

- Have a well-defined plan for learning experiences
- Demonstrate/document in portfolios that students have achieved desired competencies
- Include student (self-assessment) and preceptor assessment of learning experiences
- Show consistency between practice sites & preceptors
- Have mechanism to assess & correct ineffective student learning experiences

Standard 24 – Faculty/Staff - Quantitative

- Voluntary Faculty should have appropriate academic title or other defined position
- Student-preceptor ratio should be appropriate
  - Allow individual instruction
  - Allow adequate supervision
  - Comply with state statutes/regulations
  - Should consider practice setting and IPPE vs. APPE
- Practice faculty should have time to develop experiential sites prior to student assignment

Standard 25 – Faculty/Staff - Qualitative

- Pharmacy practice faculty who precept PPEs that involve direct patient care should be engaged in patient medication therapy management
- Educational support systems should be provided to voluntary faculty

Standard 26 – Faculty/Staff CPD

- Must have or provide activities for preceptor CPD
  - Allow for promotion (if applicable)
  - Address methods to better evaluate student performance
  - Provide ongoing training to assure understanding of technology/educational methodologies
  - Have mandatory training for first-time preceptors
  - Provide opportunities for faculty-faculty mentoring
  - Promote professional development of volunteer faculty

Standard 28 - Practice Facilities

- Suggested attributes:
  - Meet legal/professional standards
  - Diverse patient population
  - Provide MTM or patient care services
  - Access to learning/info resources
  - Commitment to education
  - Daily student contact to ensure feedback / answer questions
  - Collaborative professional relationships
  - Adequate staffing

- Written Agreements
Standard 29 – Library/Education Resources

- Should provide organized programs to teach preceptors the effective & efficient use of library & educational resources
- To foster improvement, preceptor opinions should be sought and evaluated regarding resources
  - Appropriate amount
  - Appropriate access

Summary

- Standards 2007 – Focus on Experiential Education
- Multiple Standards Apply
  - Standard 6, 10, 14, 15, 24, 25, 26, 28, and 29
- Understand standards…
- Know how standards will be assessed by your institution
- Plan ahead, do not wait until last minute!

Conclusion

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