

Successful Practices in  
**Administration of Experiential Education**

Pharmaceutical Education 2002

**Auburn University**  
Harrison School of Pharmacy  
Auburn, Alabama 36849

**Administration of Experiential Programs**

**Description**

The Office of Experiential Learning (OEL) administers the Introductory Pharmacy Practice Experiences (IPPE) and Advanced Practice Experiences (APE) programs. Four individuals share responsibilities for conducting the programs: a director (D), a coordinator for IPPE (IPPEC), a coordinator for APE (APEC) and an administrative coordinator (AC). Students select one of five state-wide APE regions at which they receive their full complement of rotations. The rotation sequence is comprised of 8 required and 2 elective rotations, each of one-month in duration. The OEL assigns the required rotations, whereas elective rotations are chosen by the students with the advice and final approval of OEL. A major goal for the APE program has been to meet students' individual learning needs by configuring optimal rotation experiences within the capacity of our resources. In order to determine individual student needs a process which utilizes student interviews, survey questionnaire, IPPE mentor feedback and cumulative GPA was implemented. The goal of this description is to 1.) elaborate on each component of the process, 2.) assess how well the process has assisted in identifying student needs, 3.) explain how these needs have been addressed in making rotation assignments, and 4.) project the utility of the individualized student database in resolving problems that may arise during the APE year.

**Student Interviews.** All students in the third professional year (P-3) were scheduled for 20 minute interviews with the APEC and AC. The thrust of the interview was getting to know the students better as persons. Students were asked to "tell us about yourself, your family, your hometown". They were also asked to share why they chose pharmacy as a career, and what they expected out of a life in pharmacy. Students were also asked what they expected from rotations. They were given the opportunity to ask questions of the coordinators and to inform them of any special requests or concerns. The AC took notes during the interview to capture relevant information. These notes were placed in the student's experiential learning file (ELF) for review when making rotation assignments. At the end of the interview students were also asked to update demographic information previously gathered upon entry into the school of pharmacy.

**Survey Questionnaire.** A 20-item questionnaire addressing students' knowledge of pharmacy practice, understanding of APE rotations, attitudes about pharmacy practice, work and career motivation, and personal information (e.g. where residing while on rotations, numbers of hours needed for licensure, etc.) was developed. The questionnaire was completed by the student prior to the personal interview, but it was not used during the interview. The completed questionnaire was also placed in the student's ELF.

**IPPE Mentor Feedback.** Students in professional years 1-3 are divided into teams that visit patients from the Auburn community on a weekly basis. Each IPPE team has two faculty mentors that meet with the student team each week. Most students remain on the same team with the same mentors for the entire 3 years. The mentors get to know their student team members on an individual basis and more thoroughly than do other faculty. The mentors were asked to complete an open-ended questionnaire in order to share any insights about their P-3 students that might represent potential challenges during APE rotations. Mentor questionnaires were also placed in the student's ELF.

**Cumulative GPA.** Each student's cumulative GPA through completion of the 5<sup>th</sup> semester of the professional curriculum (middle of the P-3 year) was obtained. GPA records for each student were placed in their ELF, and those students with marginal GPAs were flagged to further assess learning needs.

**Application of Individualized Student Data.**

Students' ELF data were condensed onto summary sheets, and utilized systematically by the AC when making rotation assignments. These assignments were then reviewed and modified as deemed necessary by the APEC and the D to produce final rotation schedules.

**Outcomes**

The process was successful in identifying a range of issues relevant to individual students' needs. These were helpful in improving rotation assignments (e.g. preceptors who would be better for particular students, individualizing the sequence of rotations, etc.). Incorporating individual needs into the initial assignment of rotations is anticipated to avoid scheduling changes during the rotations which would be disruptive to students, preceptors and OEL. In one case these data identified a student who does not appear to be ready for APE rotations, in spite of adequate academic progression. A "pre-remedial" experience program is being contemplated for this student. By providing a better understanding of the students and their needs, these data are anticipated to improve interactions between OEL and students and preceptors during the rotations. Also, these data allow OEL to identify particular students for more careful monitoring during the rotation sequence. This database will be examined to identify predictors of student success in APE rotations and for use in outcomes assessments.

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**Auburn University**  
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**Administration of Experiential Programs**

**Description**

The Office of Experiential Learning (OEL) at Harrison School of Pharmacy has developed an administrative structure that enables greater focus on academic issues and quality of an experiential learning sequence which encompasses both a continuous Introductory Pharmacy Practice Experiences (IPPEs) program and a decentralized Advanced Practice Experiences (APEs) program. The goal of this description is to: 1) explain the rationale and administration of a decentralized APE program, 2) illustrate how a professional staff member has been deployed as a “faculty extender,” and 3) highlight an Experiential Learning Council (ELC) exemplar that has successfully facilitated communication in this decentralized model and identified interventions that have resulted in improvement of the IPPEs, APEs, and other components of the Doctor of Pharmacy program curriculum.

**Background.** A small university town such as Auburn, presents challenges for implementing both IPPEs and APEs since there are few pharmacy practice sites. For the IPPEs, a community-based program that emulates the School mission was established where teams of pharmacy students and all faculty members are responsible for care of patients living at home, extended care facilities, or long-term care facilities. All pharmacy school faculty members and students have been divided into 23 teams and each team is responsible for providing pharmaceutical care to a cohort of patients. This model utilizes a service-learning framework, and is continuous across the first three years of the curriculum. Because of the limited practice settings within Auburn, the pharmacy school has established a decentralized APE program by dividing the State into five regions.

**A Decentralized APE Program.** Students are assigned to one of the five regions for all of their P4 year rotations. A region typically consists of approximately 25 P4 students, at least 2 full-time faculty members, and approximately 40 affiliate faculty members. Two to three times a year, regional faculty meetings are facilitated by the program Director to assess student progress and identify students that need extra attention. Assignment of students to a single region for the entire year has enabled the regional faculty members to monitor performance of students within their region and when needed, establish collaborative learning plans to assure a student will achieve the learning outcomes.

**Deployment of a Faculty-Extender.** Oversight of such a large IPPE program and decentralized APE program required implementation of an administrative model that promoted cost-efficient use of the faculty members responsible for administering the IPPE and APE programs. To enable these individuals to focus on needs such as monitoring student performance, enhancing quality of teaching and learning, and faculty development, the concept of using a “faculty-extender” was proposed and implemented. A “faculty-extender” is a professional staff member who has a college degree and is capable of assuming faculty tasks that do not require expertise about pharmacy practice. This individual can perform tasks such as student scheduling, database management, submission of grades, and answering routine student and faculty questions about standards, policies, and procedures. To successfully fulfill the role of a “faculty-extender,” the individual must be self-directed and have the confidence to know when to make independent decisions versus consult a program director or coordinator. Following a job study, the University personnel office agreed to upgrade a secretarial position to such a professional staff position.

The personnel responsible for the experiential learning programs now include a Director with .50 FTE devoted to oversight of the OEL, a full-time IPPE coordinator, a full-time APE coordinator, and an Administrative Coordinator (i.e., faculty extender).

**Experiential Learning Council.** Three years ago, to more effectively meet the needs of this decentralized model, the ELC was reorganized so that membership included a representative faculty member from each region, pharmacy students, alumni, and all Office of Experiential Learning personnel.

There are two student representatives for each class and each member has remained on the Council throughout pharmacy school. At the time of graduation, one student member offered to become a preceptor and now also serves as an alumni Council member.

To more objectively assess program quality and recommend strategies for program improvement, Council meetings are held at our regional sites on a rotating basis. There are now approximately eight site visits/Council meetings each year. Each site visit begins by dividing the Council members into pairs and having them visit a rotation site for approximately 1.5 hours. During a site visit, members have opportunity to observe the type of learning opportunities the site offers, and talk with both the preceptor and students about the rotation and program. The Council members then divide into two groups. One group convenes for lunch with all experiential faculty members (full-time and affiliate) and a Council member facilitates a group discussion to assess program strengths and needs. In a different room, the second group of Council members does the same with all students in the region. One week later, the Council members hold a phone conference to debrief each other about their observations and discussions, identify program and curricular interventions to improve quality, and review outcomes assessment data.

### **Outcomes**

The decentralized model was implemented to overcome the limitation of the pharmacy school being located in a small university town. However, this model has enabled each region to be a learning community and allowed faculty members within each region to more effectively track student performance. The student progression reviews have enabled the faculty to develop action plans for marginal students and successfully help them improve their performance.

Employment of an Administrative Coordinator has particularly enabled the Director to implement a faculty development program and the APE Coordinator to visit regional sites 3-4 days per week to directly address program quality, individual faculty development, and academic performance issues.

The revised ELC has successfully enabled on-site peer reviews and candid discussions to identify interventions for improvement. For example, during the first two years, 59 interventions were identified to improve the IPPE, APE, or the overall pharmacy curriculum. Approximately half of these interventions have been completed and the other half are either underway or are being monitored on an ongoing basis. Due to the success of this Council model, in Fall 2002 the pharmacy school reconfigured the curriculum committee so that there are now sub-committees to monitor other phases of the curriculum and develop a similar process for identifying learning needs and tracking interventions.

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# **Midwestern University-Glendale**

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## **Administration of Experiential Education**

Successful Variation of Organization and Structure/Administration of Experiential Education

### **Description**

The accreditation standards for the entry level Pharm.D. Degree offer a unique opportunity for integration of student support and experiential education. Requirements for early, introductory and advanced experiences have created a role for the experiential coordinator to be intimately involved with the student body throughout the curriculum. Traditionally, experiential activities have been offered only in the last year of the program. This prevented the experiential coordinator from developing a relationship with students until the scheduling of rotations.

At the College of Pharmacy-Glendale, the role of assistant dean for student affairs and the coordination of experiential programs have been combined into one assistant dean position. Both student affairs and experiential education activities require abilities to deal with people who require mentoring for stress, lack of motivation, professionalism etc. The blending of these responsibilities offers the ability for the responsible individual to become familiar with students and better understand problems and find solutions when problems arise. Additionally students are more comfortable with an individual who they have an association with from the first orientation session and throughout the program.

Having an ongoing relationship with students is a real benefit when assigning rotation experiences as students and preceptors can be more closely matched. More importantly, problems can be avoided in preventing students from being assigned to sites/preceptors where personality clashes may occur.

The combined activities offer efficiencies in the organization and structure of the College. There are potential savings in salary expense. The single position may eliminate the need for 2 administrative salaries, while there may be higher costs in staff support.

The combined functions allow for a centralization of activities offering student a single office for many of their support and mentoring issues.

### **Outcomes**

The accreditation requirements for practice experiences throughout the curriculum were a catalyst to combining these two important positions. It quickly became evident that the office of experiential education was an important focus for students and the director increasingly was dealing with student issues and concerns. The practice has created a strong system of student support throughout the curriculum. The process has allowed for a consistency in policy and practice to develop along with the development of longitudinal relationships with students. Opportunities for identification of students at risk, better matching of students with sites/preceptors, and student satisfaction with administrative support have been realized.

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# University of Missouri-Kansas City

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## Administration of Experiential Education

### Description

- A. Early Experiences- traditional and alternative offerings. Required
- Clinical Practice I (traditional) P4 students enroll in a one semester (WS) course that allows for experiences in three different practice settings. 48 contact hours, 1 credit hour. Primary and Adjunct faculty
  - Clinical Practice II (traditional) P5 students enroll in a one semester (WS) course that allows for experiences in three different practice settings. 48 contact hours, 1 credit hour Primary and Adjunct faculty. P-5's act as group leaders for underclassman.
  - EPOC (Alternative) Early Patient Oriented Care- students select this option in the FS of the P-4 year and are assigned to an EPOC faculty member. Once assigned the student remains with this faculty member throughout the subsequent 2 year time (P4, P5) period. Primary faculty only. Contact time 260 hours, Credit Hours (6). Fulfills requirement for Clinical Practice I, II and Pharmacy 418P (Advanced Experiential elective). Student enrolled in EPOC enroll in only 7 months of required rotations their terminal year. As with Clinical Practice II, senior most students act as group leaders for underclassman.
- B. Advanced Experiences- P-6, Required
- Students must complete 8 months of rotations during a 12 month time (June 1- May 31<sup>st</sup>) period after successful completion of didactics. This flexible schedule allows for greater utilization of primary and adjunct faculty and a more continuous model of service to the site. P6 students act as senior partners/group leaders for underclassmen assigned to the site.
- 2-6 week adult medicine  
1-4 week psychopharmacy or pediatrics (selective)  
1-4 week Drug Information  
1-4 week Community or Hospital rotation (student experiences dictate this option)  
1-4 week medical specialty  
1-4 week Elective (student choice, not required for EPOC)
- C. Faculty
- UMKC uses a faculty driven model with greater than 60% of all rotations provided by primary (full-time) Pharmacy Practice Faculty. Adjunct (contract) faculty are employed primarily for Elective, Community, Hospital and specialty rotations. This mix allows for greater control over our program, less turnover and ease in administering the program. Our adjunct base is small, diverse and well-utilized, allowing our students to be placed with experienced preceptors who are familiar with the organization and philosophy of our curriculum. Additionally adjuncts represent a substantial cost savings for instruction of our students.
- D. Data Management
- The Scheduling Coordinator maintains a web-site of all rotation information. [www.umkc.edu/pharm](http://www.umkc.edu/pharm) (Experiential Programs). Students and preceptors have easily retrievable and up-to-date information regarding experiential programs from anywhere internet access is available. Printed materials are no longer provided to students or sites and we have enjoyed a sizeable cost savings associated with this electronic format. Information for students regarding meetings, academic requirements, employment and post-graduate education are also provided through this web-site.

E. Evaluations

- Students at all experiential levels are required to submit Faculty/Site evaluations for each rotation in order to receive credit. This evaluation tool is available on the web-site for electronic submission directly to our Scheduling Coordinator and to our master database for storage. At the end of each semester the data is sorted by faculty and level of experience into a printable document for each faculty member. The entire process takes less than 24 hours from sorting to mailing.
- The Student Rotation Evaluation is available in PDF format on the website. The same evaluation is used for all rotation levels and sites with the categories based on the CAPE guidelines. The tool is a longitudinal skill mastery based evaluation which show progression of skill development from beginning of experiences to entry into practice. The format allows for evaluation of our experiences for completeness and depth. An electronic version will be available in early 2003 which will have the same data submission and sorting available as our Faculty/Site Evaluation.

F. Scheduling

- Student submit requests for geographical location and areas of interest to the Scheduling Coordinator(SC) who builds the schedule based on requests, space availability and students' educational requirements. Up-to-date site availability data and affiliation agreements are maintained by the SC to insure that rotation needs can be met. We have reviewed several computerized scheduling models; however our process provides a less competitive, individualized approach based on a student's educational requirements and interests. Student satisfaction remains high.

**Outcomes/Justifications**

- Scheduling flexibility maximizes site utilization and supports clinical services year-round
- Customized scheduling to meet students educational needs and interests
- Primary faculty/adjunct faculty ratio- majority of coursework is delivered by primary faculty with the help of a diverse pool of experienced adjuncts familiar with our program. Adjuncts provide quality education at a bargain.
- Web-site allowing for up-to-date and timely information to all students and preceptors. Printing and mailing costs significantly decreased.
- Student satisfaction- students enjoy individualized, less competitive scheduling and advising regarding rotations. Information is updated daily.
- Early experiential rotations expose students to the pharmacist's role in patient care concurrently with the clinical sciences coursework.
- Senior Partners (P6) decrease workload for faculty providing rotations.
- Full-time scheduling coordinator (non-pharmacist) decreases salary requirements. Oversight by Assistant Dean.

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**Samford University**  
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**Administration of Experiential Education**

Experiential Assessment: A Model Separating Assessment and Grade Assignment

Background:

Experiential course grading is largely subjective in nature. Student effort and attitude is important, but it should not be the major factor determining a grade. Degree of material mastery and outcome performance should play the key role in grade assignment. Preceptors (faculty, instructors) may be tempted to assign grades based on experience and personal bias. Some preceptors may be tempted to change their assessment to “make” a certain percentage happen for a desired grade outcome. Thus, a grade is “made” to happen rather than resulting from unbiased assessment of student performance based on defined criteria.

Definitions:

Assess: to determine the importance, size, or value of something

Grade: a mark indicating a degree of accomplishment in school (based on assessment)

Characteristics of our model:

- Weighted goals are associated directly with outcome oriented objectives
- Objectives are assessed and assigned a number 1 - 5 (1 = worst, 5 = best)
- Weighted average of objectives are summated with % score on verbal / written exam
- Final score (grade) is not determined by the preceptor, but by a calculation done by a spreadsheet program (MS Excel) in our central office

**Outcomes**

- Assessment successfully separated from grade assignment
- Simple system of assessment
- Objectives can be customized (added or subtracted)
- Dispersion of grades across the scale
- Reduction of preceptor stress by removing burden of grade assignment
- Grades are reported to the student at the same time as didactic course grades

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# **The University of Washington**

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## **Administration of Experiential Education**

### **Description**

The proper management of experiential courses requires gathering, storing, manipulating, evaluating, and disseminating considerable data. We handle 600 sites, 300 students, and 1000 preceptors. Until recently we maintained this information in spreadsheets but clearly required a relational database to tie data together. A relational database adds a third dimension to a spreadsheet. For example, each site can have one or more students during one or more rotations, sometimes from more than one graduation year. Further, each student will have one or more rotations at eight or more sites, and one preceptor can be involved at more than one site. Our goal was to deal with this complex information efficiently by designing a management tool that is cross-platform and easy to design, implement and maintain. The requirements were accessibility over the standard office intranet, automation of repetitive processes by scripting, security, allowing legacy databases to be converted, and viewed and updated via the web. We designed this database with four primary viewable screens. The Site Management screen offers contact information, site descriptions and evaluations by students, a list of preceptors associated with the site, and lists the students scheduled for that rotation by month. The Preceptor screen facilitates preceptor and clinical faculty information management with contact and affiliation information. The Student Management screen offers contact information, practicum prerequisite and immunization status, and verification of academic/grade requirements including preceptors' final evaluations of student performance. The fourth primary screen, Scheduling, is the interface between the site and student data files, which allows us to know when any rotation site is available for a given month. In all of these four screens we can store notes electronically to provide a history of rotation activity.

A welcome, if unplanned, bonus is the versatility of this database as a communication tool. Because email addresses for all sites, preceptors, and students are stored in the database we have developed great agility and speed in communicating with all concerned parties. For example, when our program coordinator logs into the database during the middle week of a rotation she is able to send an automatically generated email notice to every student and site informing them of their remaining rotation schedule with one mouse click. This email update helps to minimize surprises at the start of the upcoming rotation.

During development of the database it became clear that we could easily designate data for collection and display on an interactive website. Now, using a common web browser from anywhere in the world a student can securely log in and see personal rotation-specific information such as their rotation schedule, confirmation that their academic information has been received in our office, and view final evaluations. Most importantly, they are able to electronically submit their goals and objectives, patient care notes, and evaluations of their rotation sites; they also maintain a current online résumé.

After securely logging in, a preceptor can view his or her site information, which at present is submitted to our office by mail or fax. Soon the mechanism will be in place so that preceptors can update their site information online. Preceptors can also see which students are assigned to the site, view students' résumés, view student evaluations of the site, contact any scheduled student by email, and submit electronic evaluations of students. When submitting evaluations online, the students' goals and objectives are viewed simultaneously on the screen within the grading instrument.

We also expanded the database to facilitate student placement. Third-year students request assignment to their fourth-year sites by using the web interface to view the School's site catalog and site evaluations.

They then build an electronic list of sites in which they would like to learn. Students are asked to select a priority rank for each site and to choose the months they would like to be on rotation. After each student

has requested 20 to 30 possible sites, a matching program randomly assigns sites to the students based on the request list, the site priority, and the rotation month designated.

### **Outcomes**

Because this is a management tool, much of our evaluation is subjective. We estimate that this program introduces efficiencies that would otherwise require a half-time FTE. For example, inquiries to our office to clarify assignments from preceptors and students have decreased and we can answer questions more rapidly. Processing rotation information now takes days, not weeks. Student records are much more likely to be up-to-date with less filing backlog.

We have anonymously surveyed students from the class of 2003 specifically to examine their satisfaction with our clerkship assignment process. Eighty-five percent of the respondents reported being satisfied or very satisfied with their final assigned rotation sites. They highly disagreed with the statement, "I would rather have my sites assigned than go through the process of choosing sites." Also they highly agreed with the statement, "The process for rotation selection used by the School will help me better meet my professional goals than a system where most of my rotations are assigned to me."

For all this power the costs of this program have been minimal. We run the office portion of the database from a Windows NT server. It is accessed by software on our desktop computers. We installed the web portion of the database on an inexpensive iMac computer. Hardware costs are around \$2,500 and software costs are about \$1,000. Designing and programming of the database is less demanding than most industrial strength databases, but is not trivial. One of our faculty members enjoys the programming challenge of making the end-users experience clear and simple.

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# **Wayne State University**

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## **Administration of Experiential Education**

The experiential program for the Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences entry-level doctor of pharmacy program is a 48-week experience consisting of eight 6-week advanced practice rotations. The program is four "core" or required patient care rotations and four elective rotations, of which two must take place in-patient care environments. "Core" rotations are competency based.

In designing the advanced practice experiences, a Longitudinal Advanced Practice Program (LAPP) has been developed in several University-approved health systems. LAPP offers the student the opportunity to complete all eight rotations within a single system. Students are required to take six rotations in the health system and may elect two rotations elsewhere or all eight rotations may be taken at the same site. The LAPP provides an alternative to traditional clerkship training sites allowing them to develop an innovative training experience. The LAPP integrates the university required experiential program with institutions with the goal of maximizing the student experience through more direct involvement in patient care related activities.

The LAPP offers a more efficient method of experiential training over traditional clerkship programs for students, for both the sites and College. In traditional clerkships, students expend significant effort and time at the start of each rotation learning site-specific information needed to perform at an acceptable level. Mastering an institution's formulary, organizational policies and procedures, operation of multiple computer software systems, the names, locations and functions of important contacts or support staff within the various departments, and other information presents a formidable challenge to the new student and detracts from time that could otherwise be spent in the practice environment and providing patient care. This is done just once in the LAPP model.

With traditional rotations it is difficult, if not impossible, to fully integrate students into the patient care systems. Students are "guests" at the site instead of becoming team members. Their inability to assist in the patient care process often makes them a staffing liability. The LAPP allows practice models are developed around the patient care team. For example, one LAPP site has an expectation that students will be responsible for the drug therapy management of about 15 patients at any given point in time. This approach creates a superior learning environment in which students can actually become organizational assets instead of liabilities.

From the College perspective, the LAPP model can help assure the availability of an adequate number of training sites for the expanding entry-level Pharm.D. Program. Students are considered assets to the sites, not liabilities. In addition, the LAPP model helps simplify the scheduling process.

The LAPP was initiated at Wayne State University 3 years ago with pilot programs at William Beaumont Hospital and Henry Ford Hospital. This began with the transition to the entry-level doctor pharmacy program. Currently there are 27 spots for students to complete LAPP programs. Sites taking students include: Children's Hospital of Michigan (1 student), Detroit Receiving Hospital, (4 students) Harper University Hospital (4 students) and Sinai Grace Hospital (2 students), Henry Ford Hospital (7 students), St. John Hospital Health System (2 students) and William Beaumont Hospital (5 students). Students are matched with institutions participating in the Longitudinal Advanced Practice Program (LAPP) by a

process similar to the one used by the American Society of Health-System Pharmacists (ASHP) for residency training.

Over the past 3 years a total of 15 students have completed the advanced practice rotations in LAPP format. Of these 15 students, almost 75% of these students have pursued residency experiences upon completion of the doctor of pharmacy program. In the 2002/03 academic year there are 25 students taking their advanced practice rotations in a LAPP program with 16 taking in the traditional model.

There are two additional LAPP models. An 18-week program is provided by Henry Ford Health Systems, Ambulatory Care Division. This is a longitudinal, integrated model with the student completing one core rotation and one patient care elective in ambulatory care and non-patient care rotation in managed care administration. A 12-week rotation is being initiated in winter 2003 with Kmart Corporation offering the student the ability to complete in a longitudinal, integrated program a patient care elective in community pharmacy and a non-patient care elective in corporation management.

The goal is to have a mix of LAPP experiences between providers of community pharmacy service and health care institutions, such that all students will be provided high quality patient care experiences in all practice settings.

In managing the LAPP, participating organizations are required to abide by all applicable regulations governing pharmacy practice within the State. Students must be licensed as interns in the State of Michigan and must be supervised at all times by a licensed pharmacist. Under State law, no pharmacist may simultaneously supervise more than two student interns.

An organization may elect to employ one or more of its own LAPP students as interns or in other capacities as may be appropriate and agreeable to both parties. National standards, however, prohibit payment to students for work completed during required clerkship rotations. When LAPP students are employed, the organization must be careful to clearly differentiate unpaid clerkship functions from any and all paid functions.

Students are required to adhere to all applicable organization policies. Failure to comply may be grounds for dismissal for the LAPP.

The LAPP is coordinated through the Office of Professional Experience Programs in the Department of Pharmacy Practice. Each institution has a designated LAPP coordinator, usually a WSU shared faculty. These coordinators schedule their LAPP students and work closely with the Director.

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