Creation of Experiential Success Plan Initiative to Address Experiential Performance Deficiencies



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Background Information:

ACPE Standards 2016

Standard 17, Key Element 17.2: Early Intervention – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues.

Standard 4, Key Element 4.1: Self-awareness – The graduate is able to examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

Objectives: The purpose of this initiative was to develop a formal process for identifying experiential deficiencies; bring experiential performance deficiencies to the student's attention; and to provide an opportunity for the student to actively engage, reflect and create a personalized Experiential Success Plan (ESP). Action plans within the ESP should specifically address corrective actions which will be taken to improve future performance.

Methods: An ESP policy was developed and implemented for the 2017-18 Advanced Pharmacy Practice Experience (APPE) cycle for 224 students (182 Albany, 42 VT), following IRB approval. At final APPE evaluation, preceptors assessed ~25 to 35 performance competencies, varying according to rotation type, as per usual procedure, assigning one of the following ratings to each assessed competency:

- Exceeds Competency
- Meets Competency
- Needs Improvement (NI)
- Significant Deficiency (SD)

The goal of the APPE program is for students to meet or exceed all competencies. For those that were evaluated as having NI or SD ratings, an ESP was generated post-APPE as per criteria.

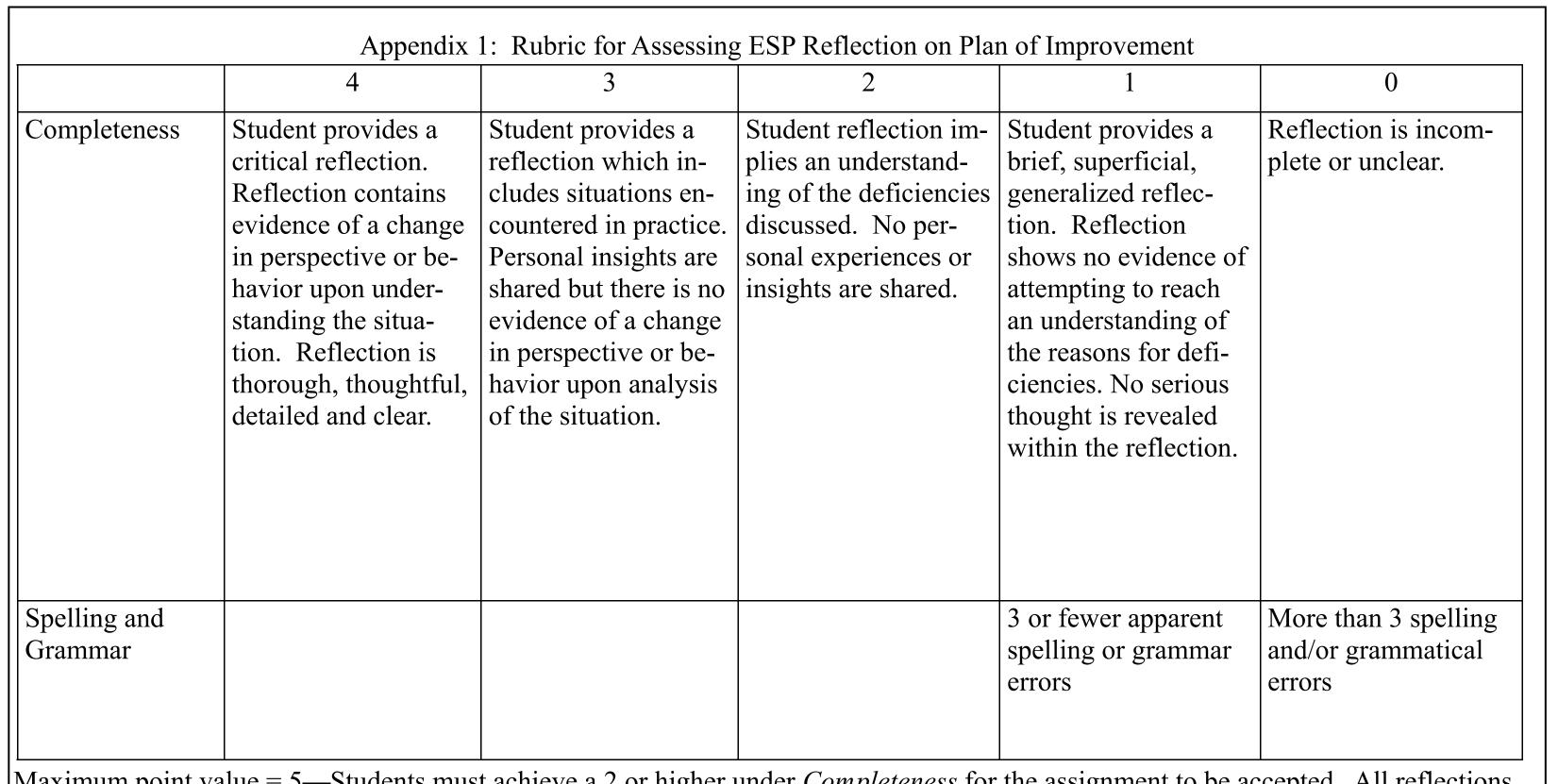
Student Eligibility Criteria for an ESP:

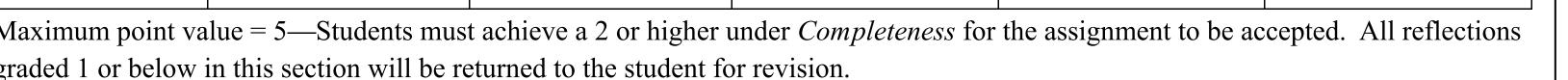
- •≥2 Needs Improvement competencies
- •≥1 Significant Deficiency competency
- Final APPE grade of D or F (which also requires course repeat)
- Case-by-case preceptor final evaluation comments/feedback.

Upon eligibility, Experiential Education generates a student-specific ESP containing a list of the preceptor-identified competencies in need of improvement and provides the ESP to the student via CoreELMS. The student completes three sections of the ESP, within 1 week:

- Reasons for performance deficiency/deficiencies (no less than 200 words)
- Corrective action plan to improve future performance/prevent reoccurrence of the deficiency/deficiencies
- A critical reflection on how implementing the action plan in a timely fashion will enhance personal/professional development as a student pharmacist/pharmacist (no less than 300 words).

Completed ESPs are approved by EE faculty. Submitted reflections were evaluated by EE faculty using a rubric (Appendix 1). Performance deficiencies noted at APPE midpoint (Failing at midpoint, or preceptor request for EE assistance with struggling student) were also eligible for expedited ESP; above process was followed except ESP was due within 1-2 days, instead of 1 week, given time-sensitivity of midpoint evaluation/student trying to pass current APPE.





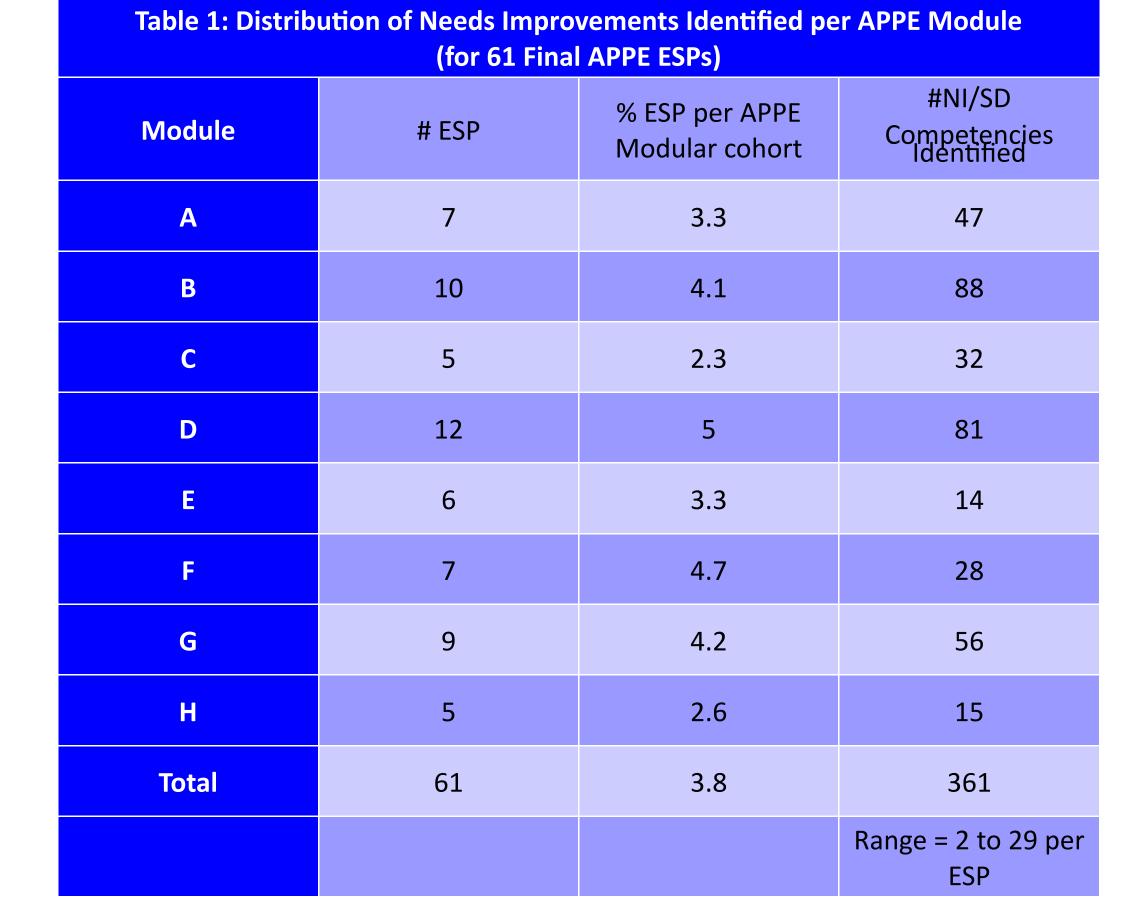
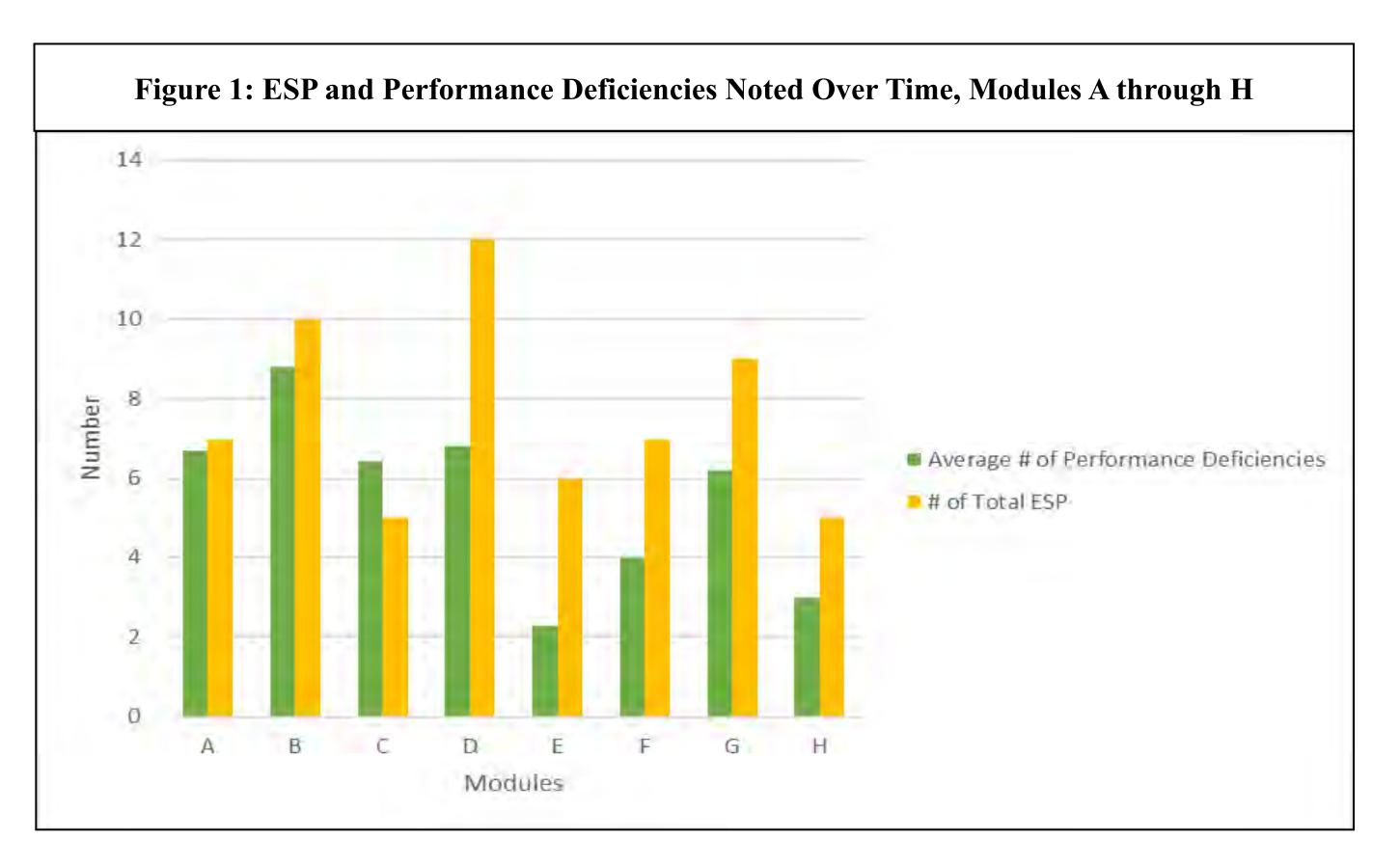
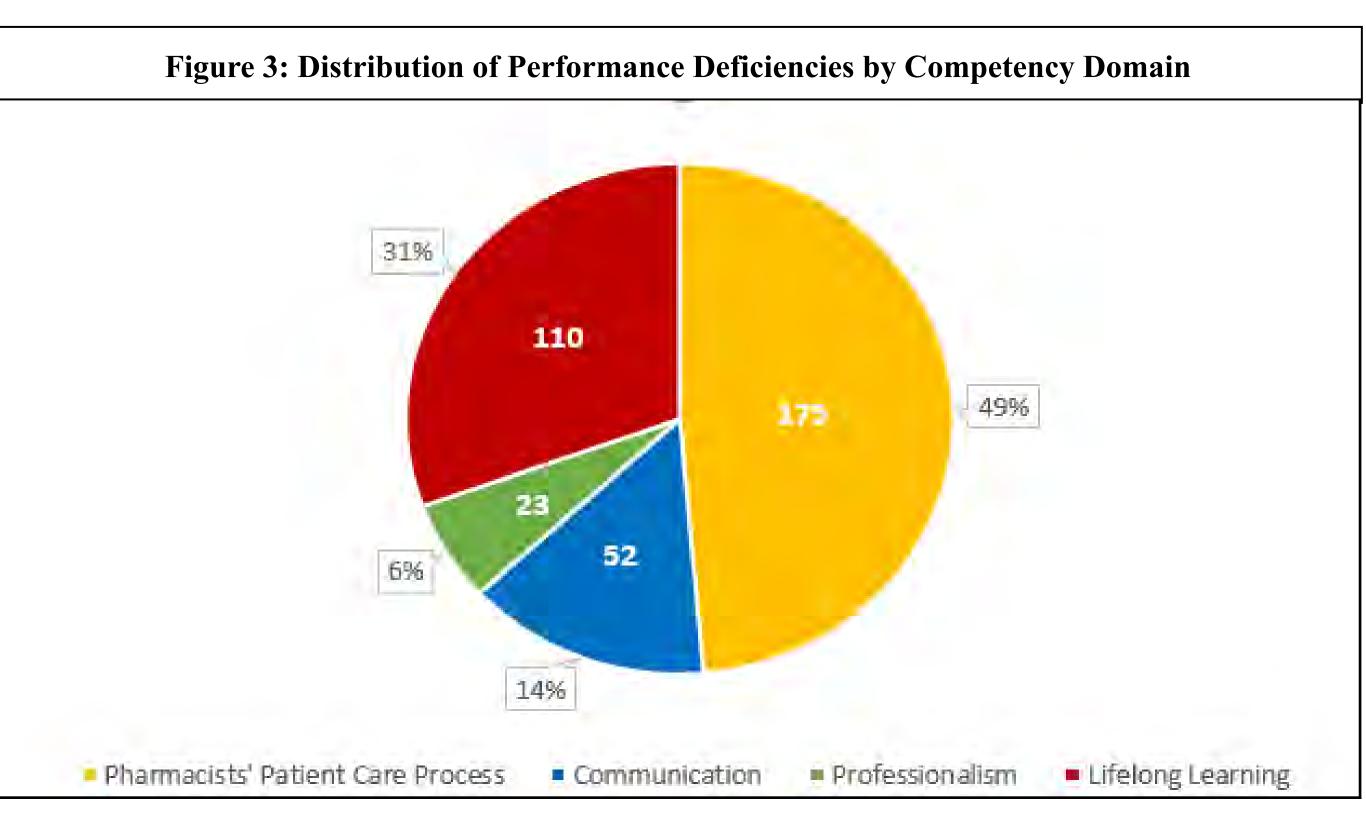
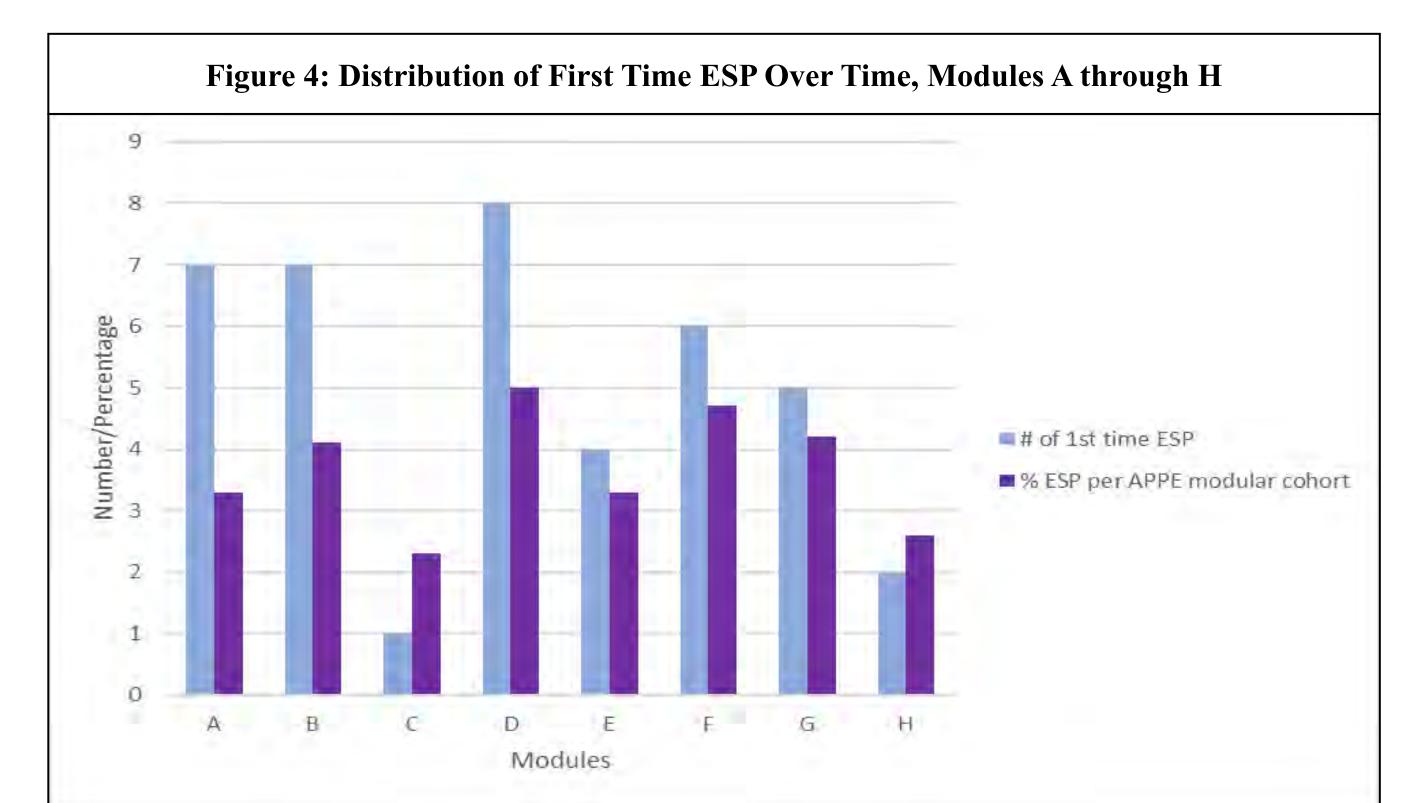


Figure 2: Distribution of Experiential Success Plans per APPE Type







Ambulatory Care Community Elective Inpatient Institutional



Bibliography:

- •Bulman C, Lathlean J, Gobbi M. The concept of reflection in nursing: qualitative findings on student and teacher perspectives. *Nurse Educ* Today. 2012;32(5):e8-e13.
- Tsingos C, Bosnic-Anticevich S, Smith L. Reflective Practice and Its Implications for Pharmacy Education. American Journal of Pharmaceutical Education. 2014;78(1):18.
- Welch LH, Bonner CL, Augustine JM. A Multi-School Evaluation of Academic Success Plans During Advanced Pharmacy School Experiences (APPEs). Poster presented at: 118th Annual Meeting of the American Colleges of Pharmacy; July 15-19, 2017; Nashville, Tennessee.

Results: Across two campuses, 224 students completed 7 rotations each (1568 APPEs). Of these, 71 APPEs were eligible for ESP (61 final, 10 midpoint) across 8 modules, A through H. Of the 61 Final APPE ESPs, 11 were not able to be executed for the following reasons: student dismissal (4); student graduation (6); EE office error of omission (1). The remaining data analysis is for final APPE (not midpoint).

Final APPE ESP data:

- Table 1 displays the range of ESPs across the APPE cycle, Modules A-H. There were 61 ESPs (3.9% of total APPEs completed) with a range of 5-12 ESPs per module. The average number of NI/SD per ESP was 5.9.
- Figure 1 illustrates the total number of ESPs and average number of performance deficiencies identified per module. One might hypothesize that there would be fewer ESPs at the end of the year vs beginning; our data reflects no correlation between time in program and decrease in # ESPs over time.
- •Of the 61 ESPs, 14 students (6.3% class) had 2 or 3 ESPs, and 37 students (16.5% of class) had 1 ESP, for a total of 51 students (22.8% of students in the class). Of the 14 students having 2 or more ESPs:
 - •Only 2 did not have any duplicates of the original deficiencies, though they generated new deficiencies
 - Only 1 did not generate any new deficiencies, but still had duplicate deficiencies
 - •11 had duplicate deficiencies plus new deficiencies
 - •2 students were dismissed.
- The most prevalent ESP final grades were B, B- and C (11 each), with a range of A+ to F.
- •ESPs were generated from all 4 core and elective APPE classifications, as shown in Figure 2.
- •Of 50 completed reflections, 42 and 6 were respectively evaluated as "critical reflections" and "reflections". Two ESPs did not contain (critical) reflection.
- •NI/SD were identified in the over-arching domains of Pharmacists' Patient Care Process, communications, professionalism and Domain 4.1 (lifelong learning), as shown in Figure 3.
- Figure 4 illustrates the number of first time ESPs in relation to the percentage of ESPs per Module.

Implications: Through this initiative, 51 individual students with experiential performance deficiencies have been identified, created plans for future performance improvement, and understand the value of implementing such corrective actions, as evidenced by critical reflection. 73% of the cohort did not have a recurrent ESP, which may provide evidence that the ESP process was effective in improving future student performance. As such, we will continue this initiative in future experiential cycles.

Of the 14 students who did have a repeat ESP, the majority were able to rectify the previously identified performance deficiency, though new deficiencies were identified. Further individualized remedial work will be required with this small subset of students who struggle with experiential performance deficiencies.

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