

Incorporating Students and Residents into It All

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KEY TERMS

APPE—Advanced pharmacy practice experience.

Block Scheduling—The scheduling of two or more experiences at the same facility, which may or may not be consecutive.

Educational Coordinator—A person who is responsible for coordinating the training efforts of the department.

Flipped Classroom—The pharmacy students and/or residents read and prepare the materials prior to coming to the session.

Gap Rotation—A period of time where students complete a nontraditional rotation incrementally during a school break.

Instructional Objectives—Objectives that describe what the learner will be able to do after completing the activity.

IPPE—Introductory pharmacy practice experience.

Layered Learning—A team approach to patient care where the pharmacist oversees the pharmacy residents (PGY1 and PGY2), pharmacy students (APPE and IPPE), and pharmacy technicians.

Learner—A pharmacy student, pharmacy resident, or pharmacy fellow.

Learning Objectives—Objectives that incorporate the knowledge and skills the learner is expected to develop.

PGY1—Postgraduate year 1.

PGY2—Postgraduate year 2.

Introduction

With all of the stressors and demands placed on clinical coordinators, more needs to be done with fewer resources. One strategy to accomplish this goal is maximizing student and residency experiences. Accreditation Council of Pharmacy Education (ACPE) standards require pharmacy students to be practice-ready on graduation.¹ Schools of pharmacy rely on pharmacy practice experiences to provide students with real-world experiences to cement their education and prepare them for a pharmacy career. At the same time, the profession depends on postgraduate training experiences to enhance general competencies in managing medication-use systems and supporting optimal medication-therapy outcomes.² If the right approach is taken, this can be a symbiotic relationship between the clinical coordinator and the **learner**. This chapter focuses on using learners as a resource to meet the demands of contemporary pharmacy practice.

Why Include Learners into The Mix?

Below are recommendations from the ASHP Pharmacy Practice Model Summit:

- All patients should receive care from a pharmacist.
- Pharmacists must be responsible for patients' medication-related outcomes.
- Pharmacy departments should reallocate resources to devote more time toward medication management services.³

In the ASHP position statement, ASHP stresses the importance of student and resident roles in new pharmacy practice models. There is a myriad of evidence in the pharmacy literature of using pharmacy extenders to provide patient care services, especially in heavy workload, protocol-driven areas.⁴⁻⁷ Pharmacy departments can leverage this training to augment, expand, and start many pharmacy services. Opportunities include transitions of care, medication history-taking, medication reconciliation, discharge instruction preparation, and discharge counseling. The first step, however, is to perform a needs assessment of your depart-

ment to see which services you can expand or develop with the use of learners as resources (see Chapter 11: Implementing New Clinical Pharmacy Programs—Step-by-Step for more discussion of needs assessment). Ensuring that there is pharmacy and organizational support is another important consideration, as these learning activities will take resources and time from your other responsibilities. **Table 15-1** lists the type of programs that can be implemented, and **Table 15-2** lists some of the benefits that can be achieved from the added services learners can provide your organization.

Getting Started

Logistics

In most organizations, the clinical coordinator, or **educational coordinator**, is responsible for managing the training efforts of the department. Once the decision has been made to use learners for assistance in providing pharmacy services, a few logistical issues will need to be addressed. Once the *why* has been addressed, attention needs to be given to *how* students will be incorporated and *who* will oversee the training, and, therefore, the pharmacy extenders. Like all new services, there will be early adopters and some pharmacists who will need encouragement to participate (see Chapter 14: Leadership from the Clinical Coordinator's Perspective). To ease this transition, your pharmacists need to know what is expected of them as preceptors. You, as the clinical coordinator, must make sure they understand your expectations, the residency

Table 15-1. Types of Services

| Examples of Types of Services |
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| <ul style="list-style-type: none"> ■ Parenteral to oral (IV to PO) ■ Renal dose adjustment ■ Antimicrobial stewardship ■ Pharmacy consults <ul style="list-style-type: none"> ■ Anticoagulation ■ Pharmacokinetic ■ Direct patient care <ul style="list-style-type: none"> ■ Admission histories ■ Targeted disease state education ■ Discharge counseling ■ Bedside discharge delivery |