UBC Teaching and Learning Enhancement Fund

Final Report – maximum 2 pages

Project Name: 2013-15 TLEF project #13-080 “Enhancing Student Learning and Expanding Institutional Experience Clerkship Opportunities Across UBC’s Pharmacy Programs”

Date: 17Mar2015 Submitted by: Peter Loewen

Year of Funding: 2

Summary of Work Accomplished

Year 2: Preparing & piloting implementation – Objectives & Progress

The objective of year two was to pilot the implementation of as many of the recommendations from Year 1 as possible. Based on the recommendations developed during Year 1 work (outlined in the AGILE Report http://agile.pharmacy.ubc.ca/feedback-results-and-report/) there were six sub-projects identified for implementation during year 2:

1. Create a preceptor recognition and rewards program
2. “Mutually beneficial activities” analysis
3. Promote and support the adoption of non-1:1 preceptor : learner models
4. Placing E2P students in pairs by default wherever possible
5. Provide robust “on the ground” support for preceptors and learners at the placement site via Experiential Education Facilitators (EEF)
6. Explore and trial models of providing clinical support for pharmacists who are precepting.

1. **Create a preceptor rewards and recognition program**
   A comprehensive rewards and recognition program was developed through an evaluation of the literature, feedback from students and preceptors and by considering reward/incentive approaches employed in other health care and non-health care settings.
   Key program features include:
   - Preceptor participation in experiential clerkships is tracked internally using a points system
   - Points are automatically redeemed for frequent (every 1-2 years) small rewards such as gift cards and other perks
   - Continuing education funding grants are available to preceptors to allow them to enhance professional growth
   - Student initiated preceptor-appreciation will be promoted
   - Current preceptor awards will be expanded to include site awards and peer-nomination
   - Replaces the existing honoraria system & points are awarded equally across program years
   Current status:
   - **Complete** - Final report & research poster describing the program (attached)
   - **Program is ready to implement in 2015-16**
   - Manuscript will be submitted to peer-reviewed journal by July 2015.

2. **Mutually beneficial activities analysis**
   More than one hundred pharmacy preceptors and learners were engaged and a comprehensive assessment of the current curriculum was undertaken. Student activities on experiential clerkships which could simultaneously benefit student learning, patient care and preceptor/site workload were identified and stratified according to comfort/ability of students to perform these activities.
   Key points:
   - A list of mutually beneficial activities was developed for use by preceptors and sites to guide the assignment of activities to the students
   - A list of desirable skills/activities not currently taught in the curriculum will be considered as the pharmacy curriculum is renewed
   Current status:
• The mutually beneficial activities list is complete and actively being circulated to hospital sites to be considered for implementation with 2015-16 clerkships beginning this Fall

**Complete**- Final report & research poster describing the work (attached)

3. & 4. Promote and support the adoption of non-1:1 preceptor : learner models & placing E2P students in Pairs (2:1 model) by default. Sub-projects 3 & 4 were merged because it became clear during this work that the dominant non-traditional model in BC would be the paired model. Local preceptors and learners who had previously participated in these models assisted with the development of education materials.

Current Status:
• **Complete**- A guidebook for preceptors and learners was developed to provide guidance and tips when contemplating or preparing to participate in paired or tiered models (deployed to preceptors across BC)
• **In progress**- Pilot and evaluation of non- 1:1 preceptor-learner models placements. This requires the support of the Pilot Experiential Education Facilitator (see #5 & 6 below)

5. & 6. Provide robust “on the ground” support for preceptors and learners at the placement site via Experiential Education Facilitators (EEF) & clinical supports for preceptors. Sub-projects 5 & 6 were combined because the concept of clinical support for pharmacists who are precepting is closely related to creating EEF roles. Per the funded Year 2 proposal, a key initiative was to deploy pilot EEFs at two sites in order learn how these individuals could best support preceptors and learners and promote the initiatives outlined in sub-projects 2 and 3.

**Current status:**
• A job description was developed for the pilot EEF role in June 2014, however there were significant recruitment challenges. The concept of two temporary half-time positions proved unworkable. It was decided that a single full-time temporary (1 year) position should be created instead. Posting of this position occurred in November 2014. An excellent candidate was identified and hired, Dr. Marianna Leung, however she cannot be released from her current health authority role to work on this initiative until March 30, 2015.
• The Pilot EEF role is absolutely critical in helping us learn how an EEF best works with preceptors and learners at a site. In addition, the Pilot will be instrumental in promoting maximal uptake of the initiatives begun in sub-projects 2 and 3. Hence, a request for extension of our TLEF Year2 funding is attached.

Learners Engaged
The project employs four undergraduate students. In addition, multiple learners were engaged as participants in the various sub-projects.

**Knowledge Translation & Dissemination**
In addition to the numerous presentations made so far, the following have been generated:


**Evaluation of Project’s Success**
Include evidence of rigorous evaluation.

As above: Many of the Year2 objectives have been achieved but there remain critical elements to complete which require the Pilot Experiential Education Facilitator. The work is planned, the individual is hired and starts on 30MAR15, but we will need to extend the availability of our previously allotted funds due to the complexity of hiring the Pilot EEF in partnership with the health authority. The work of this individual will provide an essential bridge between the theory and the application of the EEF role in the institutional pharmacy setting.