

# IN THIS ISSUE

- p.1 Implementation and Evaluation of an Interprofessional Education Program with Pharmacy and Medical Students in a Virtual Format
- p.5 A Student's Perspective on a Virtual Interprofessional Education Event
- p.7 Engaging Preceptors with a Virtual Advanced Pharmacy Practice Experience (APPE) Rotation Fair During a Pandemic
- p.9 Podcasting for Preceptor Development
- p.10 Preceptor CE Day Goes Virtual
- p.11 An Introductory Pharmacy Practice Experience Rotation Onboarding Adaptation Using edPuzzle
- p.12 Office of Experiential Education Innovation Through COVID-19
- p.14 Letter From the Editor

American Association of  
Colleges of Pharmacy **AACP**

## EMERGING OPPORTUNITIES IN EXPERIENTIAL EDUCATION

### Innovative Preceptor Engagement and Interprofessional Education

#### **Implementation and Evaluation of an Interprofessional Education Program with Pharmacy and Medical Students in a Virtual Format**

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Accrediting bodies of both pharmacy and medical education require Interprofessional Education (IPE) to be included in the degree curriculum.<sup>1,2</sup> According to the World Health Organization “interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”<sup>3</sup> Due to the COVID-19 pandemic, the conversion of IPE from an in-person to a virtual format is needed. Virtual IPE is also an attractive option as it can overcome some of the barriers to an in-person IPE, including geographical location and physical space limitations.<sup>4</sup> There are few descriptions in the literature on models to conduct IPE between pharmacy students (PS) and other healthcare providers virtually. Furthermore, evaluation of student perceptions of IPE in a virtual setting are lacking. Herein, we describe one model used to deliver IPE in a virtual format. We define virtual as students being remote and synchronous learning together using video conferencing technology. The purpose of this article is to describe a unique method of conducting virtual IPE, and share data comparing interprofessional and medication management learning experiences between virtual and in-person IPE. This project was approved by the Institutional Review Board at Albany Medical Center.

Prior to the COVID-19 pandemic, PS at Albany College of Pharmacy and Health Sciences on Advanced Pharmacy Practice Experience rotations at

Albany Medical Center have participated with third year medical students (MS) in IPE in-person. Pharmacy Interprofessional Education (PIPE) is a once weekly, hour long case conference between third year MS and fourth year PS. Both MS and PS work together in small groups, along with a medical or pharmacy faculty facilitator in each group, to evaluate a real patient case chosen by MS from their inpatient team rounding service that matches the topic of the week. Rotating weekly topics for PIPE include the following: 1) Medication Reconciliation, 2) Antibiotic Stewardship, 3) Anticoagulation, and 4) Pain/Addiction. Medical students work through diagnostic problems and PS solve medication-related problems. Together the students create management recommendations for use in direct patient care and present their therapeutic plan with faculty. While historically PIPE has been held in-person, this year due to COVID-19, it was held virtually utilizing video conferencing technology with Microsoft Teams. All students were remote and logged into Microsoft Teams during the scheduled weekly case conference. There were no differences in the format of the traditional in person PIPE in comparison to the virtual model, except that participants were joining remotely. The PIPE classroom flow is summarized in Table 1.

**Table 1. PIPE Classroom Flow**

Time	Description
<b>10 minutes</b>	All teams provide a one liner of a patient that fits into the selected therapeutic topic for the week. Medical and pharmacy faculty select one of the team's patients for full presentation.
<b>5 minutes</b>	One MS team fully presents patient.
<b>5 minutes</b>	Entire group determines primary diagnostic problem and pharmacotherapeutic problem.
<b>20 minutes</b>	MS and PS divide into evenly distributed small groups to evaluate the primary problems along with a faculty in each group.
<b>20 minutes</b>	Small groups present findings to entire group, with faculty led discussion of clinical learning.

After completing all PIPE classes, PS complete a self-assessment including the following three items: 1) activities in PIPE sessions improved my ability to communicate with other healthcare professionals/students in a way that promotes a team approach to patient care, 2) activities in PIPE sessions improved my ability to understand other health professionals/students roles and responsibilities in patient care, and 3) activities in PIPE sessions improved my ability to evaluate medication management strategies to promote safe, effective, evidence-based, quality patient care. Responses are structured in a Likert scale format as follows: strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. A free text comment box was available for individualized commentaries. Self-assessment results of the PS who completed PIPE in-person during the same rotation block last year were compared to results of those who completed PIPE virtually this year.

Nine PS participated in three virtual PIPEs this year during the same six-week rotation block as fifteen PS who participated in six in-person PIPEs last year. The self-assessment response rates were 66.67% from virtual PIPE and 100% from in-person PIPE. Results of all three self-assessment items are shown in Figures 1, 2 and 3. Three students (50%) participated in the comment box from virtual PIPE compared to two students (13.3%) from in-person PIPE. All student comments from virtual and in-person PIPE revealed positive feedback.

A similarly positive interprofessional learning experience was achieved by both the in-person and virtual formats of PIPE, as demonstrated by the comparable student responses for items one and two of the self-assessment as well as student free-text comments. Interestingly, while both in-person and virtual formats showed students agreed with PIPE improving their learning about medication management (item three), more students who participated in the virtual PIPE indicated a stronger agreement with item three. From anecdotal student feedback outside of the PIPE survey results, this difference may be, in part, explained by pharmacy students feeling more comfortable discussing medication management with medical students when they have gold standard drug resources and guidelines readily available at their fingertips during virtual PIPE, compared to in person PIPE where student groups were all utilizing a single shared computer. The overall response rate for self-assessment was reduced in virtual PIPE, potentially revealing a limitation of meeting virtually.

Logistical challenges for virtual PIPE were minimized with faculty creation of electronic resources to support student success with the virtual conversion. These resources included an IPE orientation video and a screen shot how-to guide for students to use when first entering MS Teams for this activity.

In conclusion, IPE conducted virtually utilizing video conferencing technology is a unique and effective option to overcome barriers to in-person learning.

References (continued on page 4)

Figure 1. Virtual vs In-Person Survey Results for Item 1

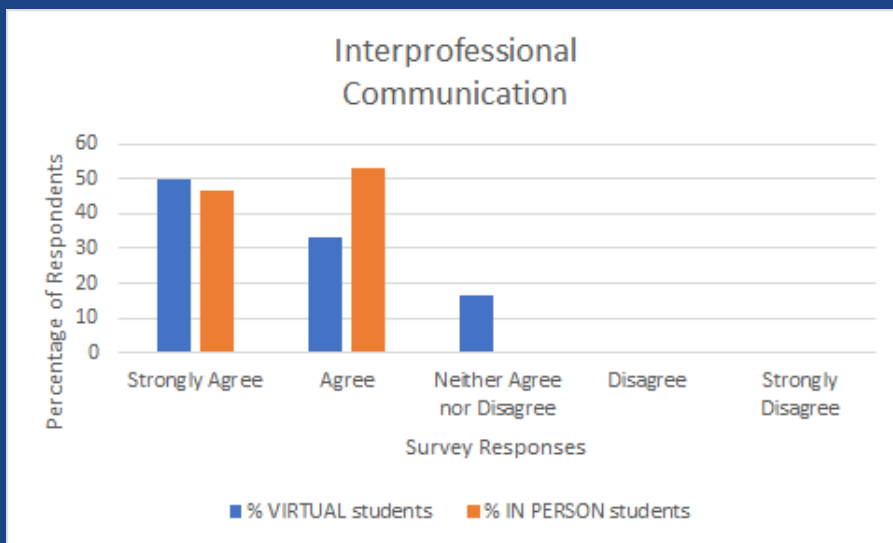


Figure 2. Virtual vs In-Person Survey Results for Item 2

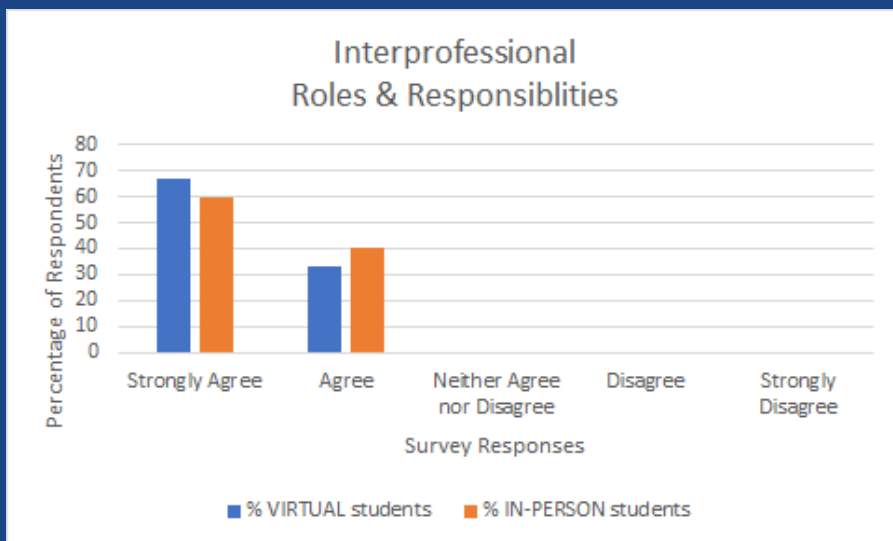
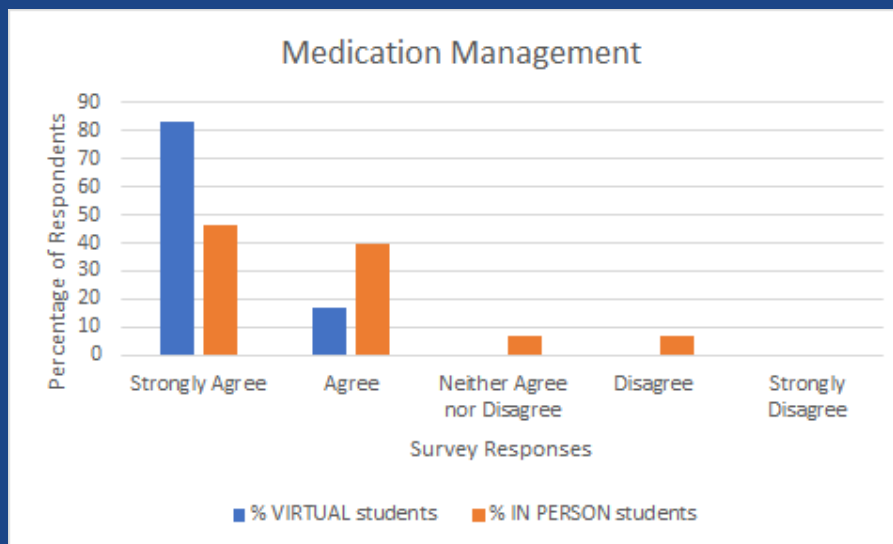


Figure 3. Virtual vs In-Person Survey Results for Item 3



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## Upcoming AACCP Webinars

Xenophobia in Healthcare: A Focus on Immigrant Health & Culture	May 10, 2021 from 4:00 PM to 5:00 PM (ET)
Developing Mid-Career Faculty: The Job Is Not Done After Promotion and Tenure	May 12, 2021 from 2:00 PM to 3:00 PM (ET)
Subtle Harmful Team Behaviors in Change Efforts: Is It You or Is It Me?	May 17, 2021 from 1:00 PM to 2:00 PM (ET)
New Approaches in Teaching and Learning Pharmacy Calculations	May 20, 2021 from 1:00 PM to 2:00 PM (ET)
Adapting Pharmacogenomics for Online Education: Best Practices and Lessons Learned	May 24, 2021 from 1:00 PM to 2:00 PM (ET)
The Path Less Traveled: Pathways and Tracks in Pharmacy Education	May 25, 2021 from 12:00 PM to 1:00 PM (ET)



## A Student's Perspective on a Virtual Interprofessional Education Event

Authors: Presciliano Ortega, PharmD Candidate, Vicki Howe, PharmD, BCPS; The University of Texas at El Paso School of Pharmacy.

“Although virtual learning and events can be challenging, if we all work together as professors and students, we can learn how to make future events seamless and smooth.”

While COVID-19 has adjusted the student learning environment, these adjustments have created new opportunities for experiential education. One of these opportunities was a real-time virtual Interprofessional Education (IPE) event hosted by the Health-Focused Interprofessional Community of Practice (COP) at the University of Texas at El Paso. As a current fourth-year pharmacy student on an Academic Advanced Pharmacy Practice Experience (APPE), I had the pleasure of participating virtually as a facilitator. This allowed me to compare the virtual experience with my face-to-face experience as a P2.

Traditionally, the event hosted health profession learners from medicine, pharmacy, nursing, occupational therapy, physical therapy, and social work. After a brief introductory presentation, individuals from these professions would discuss a simulated case in small groups and detail their roles and responsibilities in caring for the simulated patient. At key times, the small groups would come back for large group discussions on what they had learned up to that point. At the end of the session, students completed an online survey about their experience. Because all large face-to-face events were canceled due to COVID-19, the COP desired to continue with this IPE event virtually. This is because IPE is an essential component of several health professions' educational standards, including pharmacy.

The COP began with consulting other organizations who had successfully completed virtual IPE events. After several meetings to discuss the logistics, the COP settled on hosting the event through the Zoom platform. Zoom allows students to connect in small groups through the “breakout group” feature and allows multiple participants' video feeds on screen, which is comparable to the round tables of the face-to-face event. To make sure all participating faculty were proficient with Zoom there were several practice sessions, and technology support was provided during the event. Having students registered and assigned to breakout groups in advance made the event run smoother. The virtual format essentially mimicked the face-to-face format with the only major difference being that the students were not present in the same room.

There were several benefits to having a virtual IPE event. This format allowed the COP to host a large number of students (approximately 175 students per session) without physical space limitations. Previously, finding a room large enough to accommodate this number of students had been a challenge. Additionally, students were able to work through the patient case without noise distraction from other groups. From my perspective, the virtual discussions allowed more students in a group to speak up, compared to my face-to-face experience with my group having a couple dominant talkers that others followed.

The COP learned several lessons from this experience. One lesson learned was the importance of balancing the amount of facilitation for break out groups



that were not engaging well. Some students indicated they felt the facilitator could have facilitated more conversation. Another lesson learned was to use the individual chat feature to directly communicate any student conduct or other problems to individual students.

After the virtual IPE, students were surveyed to provide input on how they felt the session went and if there were any challenges experienced. The research was reviewed by the UTEP IRB and received exempt status. For the question “I faced challenges stemming from the online format of this IPE event.”, a majority of the students responded that they did not face any challenges. Less than 20% of the student respondents said they faced challenges. Another question was “In general, the online format facilitated interprofessional learning and communication between myself and the others in my team”. Over 73% of the student responses to this question indicated they agreed that the format facilitated learning and communication. This data indicates that my perceptions matched the students’ experience.

While we all look forward to meeting again in person, my experience with virtual IPE and our initial feedback from students indicated that the virtual IPE event was at least comparable to the face-to-face event. Although virtual learning and events can be challenging, if we all work together as professors and students, we can learn how to make future events seamless and smooth.

Experiential Education Section,

Emerging Opportunities in Experiential Education; in my mind, this has been a theme threaded through all of our work in Experiential Education for the past year. All of us have been challenged, and out of those challenges have come opportunities. In the true spirit of our section, we have been innovative, creative and resilient, working hard to ensure that our students continued to receive the stellar experiential curricula they needed to be successful. We also continue to see our section shine with our members’ willingness to share their ideas. The Newsletter Committee received a record number of submissions for this year’s newsletters; another testament to the strength of our section. I hope you will all enjoy the Summer Newsletter and have a wonderful summer!

Please be sure to join us for our Annual Business Meeting which will be held on Thursday, June 3<sup>rd</sup> at 1pm EST.

Kim Tanzer, Chair



## **Engaging Preceptors with a Virtual Advanced Pharmacy Practice Experience (APPE) Rotation Fair During a Pandemic**

Authors: Linda Dang MHA, Ying Wang PharmD, APh; University of Southern California, School of Pharmacy

Like most academic institutions during this time of uncertainty, the global pandemic has forced the experiential team at the University of Southern California (USC) School of Pharmacy to think outside the box for ways to engage preceptors with experiential teaching. The Advanced Pharmacy Practice Experiences (APPE) event held every Fall is usually an in-person affair that both preceptors and students look forward to participating in. Typically, the event offers third year student pharmacists an opportunity to meet with APPE preceptors and learn more about what various rotations sites offer prior to submitting their rotation preferences. Preceptors sign-up for the APPE Fair to meet potential students who could end up assigned to their site. Both students and preceptors appreciate the chance to interact and network, while the Office of Professional Experience Programs (PEP office) recognizes the event as an essential occasion to attract and encourage preceptors to be engaged with experiential programs and potentially offer more crucial APPE slots. The event is also valuable for preceptor development. The questions and conversations between preceptors and students provide preceptors with more insight on student abilities and interests, allowing them to adjust and improve rotation activities to better fit students' needs.

This year, large group events were no longer permitted by the Los Angeles County Department of Public Health due to the pandemic. The necessity of physical distancing and social isolation during a pandemic made opportunities for interpersonal interactions even more desirable, so the experiential team started planning with the goal to allow for preceptors and students to interact as optimally as possible within a virtual environment.

The response to participate in the fair was positive, which included approximately 200 students, 100 sites and 180 preceptors converged over the course of two days and three four-hour sessions. Sites were grouped together in a session according to the type of practice setting they were, and adjustments were made if preceptors preferred a different session than the one assigned to them. A few different virtual event platforms were explored. The Brazen platform was selected due to its ability to manage multiple meeting rooms at once, ease of operation and training, and accessibility (the platform was already licensed to be used by the university which also made it less costly). Once the platform was finalized, the team set a timeline of two months to prepare for the event. The most time was spent on customizing the schedule and learning about the platform which was a brand-new platform for the experiential team. Since the virtual platform was also new to most students and preceptors, multiple instructional emails (including trainings) were sent out at two weeks, one week, and the day before the event. The experiential team also hosted demo sessions prior to the event for preceptors to navigate and experience the chat features of the system so they could have a better experience on the day of the event.

The virtual platform provided a one-on-one text-based chat with video and audio features. Students could enter a site's "booth" and start chatting with the first available preceptor. Each chat was preset to 10 minutes with an option to extend to two, five or ten minutes. After the first live session, it was observed that some rotation sites had a long line of students waiting to speak with the preceptor. Therefore, the use of large group video conferencing links set up by the preceptors were added to manage the excessive wait times for some booths with greater student interest. Tips and lessons learned from the first session were shared with preceptors participating in the next day's sessions, with the most important tip being appropriate use of the large group video conferencing. Preceptors

who provided links to video conferencing were able to speak to large groups of students at once, while keeping wait times for individual chats shorter and allowing for more one-on-one communication between students and preceptors through the original virtual platform being used. Table 1 shows the total number of chats for each session.

**Table 1. The Number of Completed Individual Chats Between Preceptors and Students Per Session**

Event Date	Session	Number of Completed Individual Chats
10/20/2020	Afternoon (2pm-6pm)	621
10/21/2020	Morning (9am-1pm)	486
10/21/2020	Afternoon (2pm-6pm)	261

The number of one-on-one chats decreased as the event progressed due to an increase in the number of sites offering external video conferencing links. While most students preferred meeting preceptors in the large group video conferencing, feedback from several students indicated that they appreciated the different options available to engage with preceptors since some students may prefer one option over another. They also found these sessions to be helpful in gaining additional insight about the site, along with the preceptor's expectations. Having the option to join a chat room with the preceptors and their peers allowed students to ask questions with more ease and also learn from each other's inquiries.

Several students reported that the platform's built-in video chat feature had poor connection errors. Students also experienced being connected to the same preceptor in the booth when they re-entered a chat session and would have preferred being able to select the preceptor they wanted to speak with (for example, a resident or student representative). Students also recommended a set time for each booth since there were multiple video conferencing sessions held at the same time.

Preceptors found the event to be organized and liked the frequent communication from the experiential office. Preceptors also commented about the uneven flow of students visiting the virtual booths; there tended to be a higher volume of students entering their booths at the beginning of the event, which caused longer wait times in the beginning compared to later on in the event. Preceptors felt that since the platform only allowed for one-on-one text-based or video-chats, it created long wait times for students. Therefore, some preceptors expressed a preference for the larger group meetings; a feature that was not available within the main platform.

The scheduled demonstrations for students and preceptors prior to the event provided both groups an opportunity to preview the platform and to be better prepared before the event went live. Future virtual events will require consideration towards providing a multi-chat feature that includes both one-on-one and video conferencing possibilities.

The main advantages for hosting the fair virtually compared to past in-person events, included: less cost, ease of customization and designing the virtual site, the ability to involve preceptors and students located out of the area, and the convenience of managing the fair from one central location. For future virtual student and preceptor events, the PEP office will increase the number of training sessions before the event for participants to be more familiar with useful features. Additionally, as part of the preceptor booth setup, an option will be available to provide a video conferencing link for a scheduled time slot, which will allow students to better navigate the sessions available.

During a time when in-person group gatherings were prohibited, a virtual APPE event provided a safe and effective alternative for preceptors and students to connect during a pandemic. From this experience, more virtual events for preceptor engagement will be considered in the future.



## Podcasting for Preceptor Development

Authors: Sara Trovinger, PharmD MSED<sup>1</sup>, Ryan Ades, PharmD, BCPS<sup>2</sup>

1. Palm Beach Atlantic University Gregory School of Pharmacy
2. Manchester University

Upon its inception in 2011, Manchester University in Fort Wayne, Indiana utilized the traditional methods of providing preceptor development and training, such as online webinars and twice-yearly live events. Preceptor engagement with these programs steadily declined over the next 7 years and in 2018, the members of the Office of Experiential Education made it a department goal to increase preceptor engagement in development activities.

Many options for preceptor development were researched and presented to the members of the Experiential Education Advisory Committee, a group of approximately 15 faculty and volunteer preceptors. Interestingly, there was limited interest from the committee regarding the traditional offerings researched. Options like subscriptions to Pharmacist Letter or access to the ASHP Preceptor Toolkit did not really spark excitement. Preceptors instead suggested starting a podcast that would focus on preceptor development.

After researching this option, it was decided that the office would launch a biweekly podcast, called “Pharmacy Preceptor Podcast”. The initial concept was for an interview style podcast that was approximately 10-15 minutes in length. Any topics that were applicable to pharmacy preceptors were covered, be they therapeutic (such as new atrial fibrillation guidelines) or training (such as how to help students study for NAPLEX) in nature.

Since its launch in July of 2019, the Pharmacy Preceptor Podcast has published more than 50 episodes with topics ranging from Mental Health in Pharmacy Students, to Updates to the Beers Criteria, and more. The podcast currently has approximately 120 subscribers and has been downloaded by users in 32 different countries. It can be found in iTunes, the Google Play Store, and Spotify. The podcast is also now a joint venture between Manchester University and Palm Beach Atlantic University.

Podcasting has been a very cost effective way to provide preceptor development, with the only hard cost being the platform used to host the podcast. The software used to record the podcast is free and the hosts have found computer microphones to be of sufficient quality to record audio. Approximately 2 hours of time is spent by the hosts per episode when adding all the time spent determining topics, finding speakers, scheduling recording time, recording, and editing in post-production.

Two main negatives of this project should be shared. The first downside is the initial setup time involved, as both of the hosts had never created or hosted a podcast before. The other is the inability to collect data about listeners. There is no way to say definitively what college the listeners precept for, or if they even are pharmacy preceptors. The reach of the information is somewhat known, but it is difficult to quantify how the podcast is leading to positive precepting outcomes, other than through anecdotal evidence. Comments received from listeners mention how the podcast has altered their way of thinking at their practice site and how useful they find discussions about topics they have struggled with or have not previously considered.

To better measure preceptor engagement at an institutional level, both universities are currently involved in the creation of a standardized preceptor questionnaire as a part of a broader research initiative.

Overall, the creation of a podcast focused on preceptor development has been a valuable tool both before and especially during the COVID pandemic. With the back to back virtual meetings many people are now required to participate in, online preceptor development may be a less attractive option. The podcast format allows preceptors to learn important information on their own schedule while they go about their daily lives.

## Preceptor CE Day Goes Virtual

Authors: Maddie Fry, PharmD, BCACP, Huy Hoang, PharmD; Pacific University School of Pharmacy

Historically, Pacific University School of Pharmacy has hosted an annual CE Seminar Day for our preceptors and friends at our campus. In the fall of 2020 we instead hosted a Fall CE Seminar Series virtually via Zoom. We also posted pre-recorded presentations that remained open during the course of the fall series for asynchronous viewing by preceptors who signed up for the event. The transition of our CE seminar day to this longitudinal virtual format brought positive discoveries that will influence our hosting of this event in the years to come. First, our attendance increased from 55 participants in fall 2019 to 120 participants in fall 2020. We also had participants join us virtually from out of state. Second, because the event was held over a two-month period instead of a one-day event, the availability of presenters increased. We were able to go from 7 sessions for the usual on-campus format to 9 sessions in the virtual format. The virtual format also allowed participation from a wider range of speakers. One specific example of this was our keynote speaker who presented from Boston, MA, which would not have been possible if we had held the one-day CE event. Finally, with the virtual format, we saved approximately \$1,000 related to costs that historically would have been spent on catering.

Not all was positive change as we did notice a decrease in the ability of our preceptors to network with peers. We have since learned that this networking issue can be improved using the full capabilities of our Zoom platform. For example, using breakout rooms or even hosting a full session dedicated to networking can address this issue. We did not survey our preceptors regarding overall satisfaction. However, the level of engagement and participation was prominent. Attendees actively used the Zoom chat function to communicate with the speaker(s) and other participants throughout the sessions. Participants also used their microphone on their computer or mobile device to ask insightful questions. Overall, the pros of moving our CE Seminar to a Seminar Series in a virtual format seem to outweigh the cons. We are aware that virtual meeting fatigue is something to watch out for, as there are people who still prefer in-person events, and we will continue to look into more innovative ways to build in networking opportunities and expand our reach. Please check out the 2020 event here: <https://sites.google.com/view/pacuonline/home>.

## AACP Annual Meeting



July 19-22, 2021

<https://www.aacp.org/pharmed2021>

## **An Introductory Pharmacy Practice Experience Rotation Onboarding Adaptation Using edPuzzle**

Author: Elizabeth Trolli, BS, BA; The Ohio State University College of Pharmacy

Being at home with 4 kids (1<sup>st</sup> - 8<sup>th</sup> grade) in March 2020 was a trying experience. As the schools were transitioning from onsite to remote instruction it became evident that our family would be learning together in this new normal. While all onsite Introductory Pharmacy Practice Experience (IPPE) rotations were suspended, our clinical team took the opportunity to create a more engaged onboarding learning experience for the inpatient IPPE Medication Reconciliation rotation. This clinical rotation is completed by all second-year and third-year PharmD students in our program. Historically, students reviewed a 90-minute PowerPoint video and accompanying documents and then reported for their first onsite shift. The pre-work covered in the video created a common knowledge base for all students before they entered the Medical Center. The purpose was to reduce the preceptor's time spent orienting the student to the global process of medication reconciliation, allowing them to focus instead on the onsite process and documentation. The feedback that we received from the preceptors indicated the students were not engaged with the pre-work content and, therefore, not retaining the necessary information to be successful. Because of this, preceptors were spending excessive amounts of time reviewing the global medication reconciliation process, delaying the student integration into the onsite clinical experiences.

Enter COVID-19 and my first grader's teacher. Through a K-12 focused educational tool called edPuzzle ([www.edpuzzle.com](http://www.edpuzzle.com)) utilized in the online classroom, I was able to witness my youngest watch an online video, actively engage with the content throughout the presentation, and achieve the lesson objectives. I was intrigued by edPuzzle as the technology integration programs currently available at my institution were cumbersome, not user-friendly, and hard to manipulate. Upon further research, I found that membership to edPuzzle is free through my association with the university. I created an account, explored the program, and determined that it might be able to address our current perceived deficiencies with our IPPE Medication Reconciliation rotation student onboarding. Reaching out to our institutional preceptor team, we identified the pertinent information that students needed to learn prior to the rotation to be successful. Knowledge checkpoints were then created and embedded throughout the videos. Using edPuzzle I was able to separate the 90-minute PowerPoint onboarding video into 6 consumable videos, complete with 27 knowledge-based questions. The videos range in length from 4:18 to 7:24 minutes. Additionally, by concisely naming each video file to describe the content covered, students would now have access to on-demand review while onsite for the rotation which previously was a challenge.

To assess the student perception of the edPuzzle tool, one question and one optional open-ended statement were added to the required Medication Reconciliation end of rotation evaluation. When asked, "Did you feel the training provided (edPuzzle) assisted with your preparation for this rotation?" 66 out of the 73 responses were "strongly agree" (34) or "agree" (32). With IRB approval, this represents data collected as of January 2021 with the implementation of this method taking place in September 2020. Additionally, the general feedback received from the open-text evaluation question about this new training method highlighted the ease of access to the content, appreciation of the formatting change, and the overall student perception of their readiness and preparedness for the Medication Reconciliation rotation.

The ability to approach learner needs and content integration through a tool designed specifically for the K-12 educator was one positive that came out of the pandemic. Finding the right tools to engage our learners can be a challenge. This is one tool that we will continue to use and expand on due to the success and positive reception from our students.

## Office of Experiential Education Innovation Through COVID-19

Authors: Taylor Vasas, PharmD Candidate, Christine Feltman, PharmD, Cassandra Stroup, PharmD, BCPS; Regis University School of Pharmacy

The Regis Office of Experiential Education utilized these unprecedented times to create innovative resources for clinical coordinators/preceptors to expand rotational experiences for students in the School of Pharmacy. Despite cancelled and overhauled rotations, we compiled these resources into a toolkit that helped support our ability to successfully place every Regis student in all IPPE and APPE sites for 2020-2021. Our office (including a P4 student on rotation) created the Preceptor Toolkit by referencing resources provided by professional organizations, in addition to utilizing direct feedback from affiliated preceptors, clinical coordinators, and health systems directors during our Experiential Advisory Committee (EAC) meetings. The toolkit supported sites, students, clinical coordinators, and preceptors as we navigated shifts to both virtual experiences and adjustments to on-site rotations. We also ensured the toolkit adhered to accreditation standards and guidance. Despite rotation challenges, we were able to exceed the needs of our preceptors and students by implementing the following resources in the toolkit. The figure below displays the toolkit on the homepage of Regis' experiential platform, CORE ELMS®. CORE ELMS® supports our preceptors' easy access to these resources.



### Preceptor Toolkit - COVID-19 Preceptor Guidance

[VIEW](#) A. Managing Expectations

[VIEW](#) B. Focused, Remote/Virtual Learning Objectives for Virtual Rotations

[VIEW](#) C. Sample and Template Rotation Calendars

[VIEW](#) D. Drug Information Resources and Supportive Preceptor Resources

### Preceptor Toolkit - COVID-19 Student Guidance

[VIEW](#) A. RUSOP COVID-19 Student Information

[VIEW](#) B. COVID-19 Incidence Vs. Absence Reporting in CORE

[VIEW](#) C. Sample COVID-19 Virtual Learning Site Affidavit

[VIEW](#) D. Sample COVID-19 Site Policies Affidavit

The new learning objectives, sample rotational calendars tailored for ACPE required rotations, and guidance for managing rotational expectations helped reduce excess stress and workload burden on both preceptors and students. We also created specific attestations of procedures/protocols that enabled students to work on-site. In addition, the toolkit helped provide remote access to electronic health records (EHR) to ensure students experienced direct patient-care. As we added to the toolkit, we provided direct, specific communication to preceptors on using these resources prior to each rotation.

Our resources included additional drug information references through our experiential platforms. Furthermore, we encouraged our preceptors to continue to enhance student rotations autonomously. For example, by providing students access to patients' EHR, preceptors can reduce or completely eliminate simulated exercises.

We had extremely positive feedback from our EAC and preceptors throughout the implementation of this toolkit. We plan to continually update this toolkit with creative, meaningful experiential resources that Regis and others perpetually develop. Accommodating the various rotational restrictions has certainly been challenging, but ultimately this innovative toolkit has helped our office further develop our students' rotational experiences, create new rotational site opportunities, and showcase creative ways that experiential learning can be provided across all areas of pharmacy practice.



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“Creativity is thinking up new things. Innovation is doing new things” – Theodore Levitt

## Letter from the Editor

As we conclude and reflect on another academic year, I am truly impressed by the ingenuity and innovation within our experiential education community. This issue of the Experiential Education Section newsletter focuses again on “Emerging Opportunities in Experiential Education” and highlights some innovative approaches to interprofessional education and preceptor engagement that members of our experiential education community have implemented. This has been a year full of challenges but also new opportunities. We hope that these articles generate fresh ideas and foster innovation in our programs as we look toward the summer and another academic year ahead.

Best wishes to all!

Janel



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