

Impact of Increasing Ambulatory Introductory Pharmacy Practice Experience Hours on Preceptor and Student Evaluations

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BACKGROUND

- Introductory Pharmacy Practice Experiences (IPPEs)** are early student exposures to pharmacy practice models, direct patient care, and interprofessional care, and serve to prepare them for Advanced Pharmacy Practice Experiences (APPEs).
- Students are required to complete 300 hours of IPPEs prior to graduation. 150 must be in an institutional or community setting; the rest are institutional-specific.
- Ambulatory APPEs are required, but **the number of colleges/schools of pharmacy requiring an ambulatory IPPE (A-IPPE) is unknown**
- The optimal number of **IPPE hours providing optimal APPE-readiness for a core rotation has also not been studied**.
- The University of Texas at Austin College of Pharmacy (UTCOP) created a 20-hour, 2-week A-IPPE course for third year (P3) students in 2020. In Summer 2022, the hour requirement was increased to 30 hours over 6 weeks.
- Ambulatory settings were defined as outpatient, non-dispensing roles, including primary care and specialty clinics, medication therapy management, long term care, and infusion.
- Objectives for the course are:
 1. Describe the role of an ambulatory pharmacist
 2. Obtain a thorough medication history and perform medication reconciliation
 3. Display appropriate professional behavior and effective communication with intended audiences, including patients, pharmacists, and other members of the healthcare team
 4. Demonstrate knowledge of basic principles of disease states and patient care seen on rotation
 5. Provide responses to drug information questions

OBJECTIVES

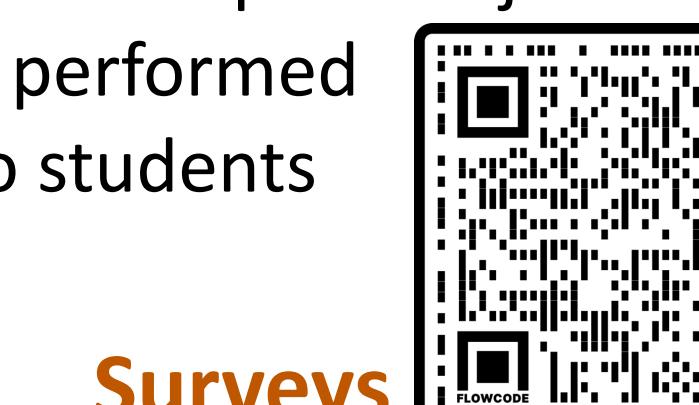
- Evaluate the impact of increasing the A-IPPE requirement from 20 to 30 hours on preceptor perceptions and third year pharmacy student evaluations of confidence in course objectives and ambulatory APPE-readiness

METHODS

Observational, Qualtrics Survey Study

- Student Survey:** P3 student who completed an A-IPPE from June 2020 to January 2022 were invited to complete a **pre/post self evaluation** including Likert scale questions regarding their ability to complete course objectives and APPE-readiness. Fall 2021 was not included.
- Preceptor Survey:** In December 2022, preceptors of both 20- and 30-hour A-IPPEs were surveyed to assess the differences observed in ability to complete objectives via the following question "Students in the 30-hour course performed **[not as well/equally/better/unable to assess]** compared to students in the 20-hour course in the following competencies".
- Statistical Analysis:** Descriptive statistics

Surveys



RESULTS

Response Rate

Enrolled	Pre n (%)	Post (n, %)
20 Hour n = 175	134 (76.6)	75 (42.9)
30 Hour n = 112	104 (92.8)	83 (74.1)

Number of "Strongly Agreed" responses was higher for all categories in the 30h cohort compared to the 20h cohort

47% → 75%

I feel better prepared for an ambulatory care APPE

45% → 78%

Prepared me for future practice

35% → 58%

Improved ability to recommend therapeutic interventions

35% → 49%

Strengthened ability to communicate to health care providers

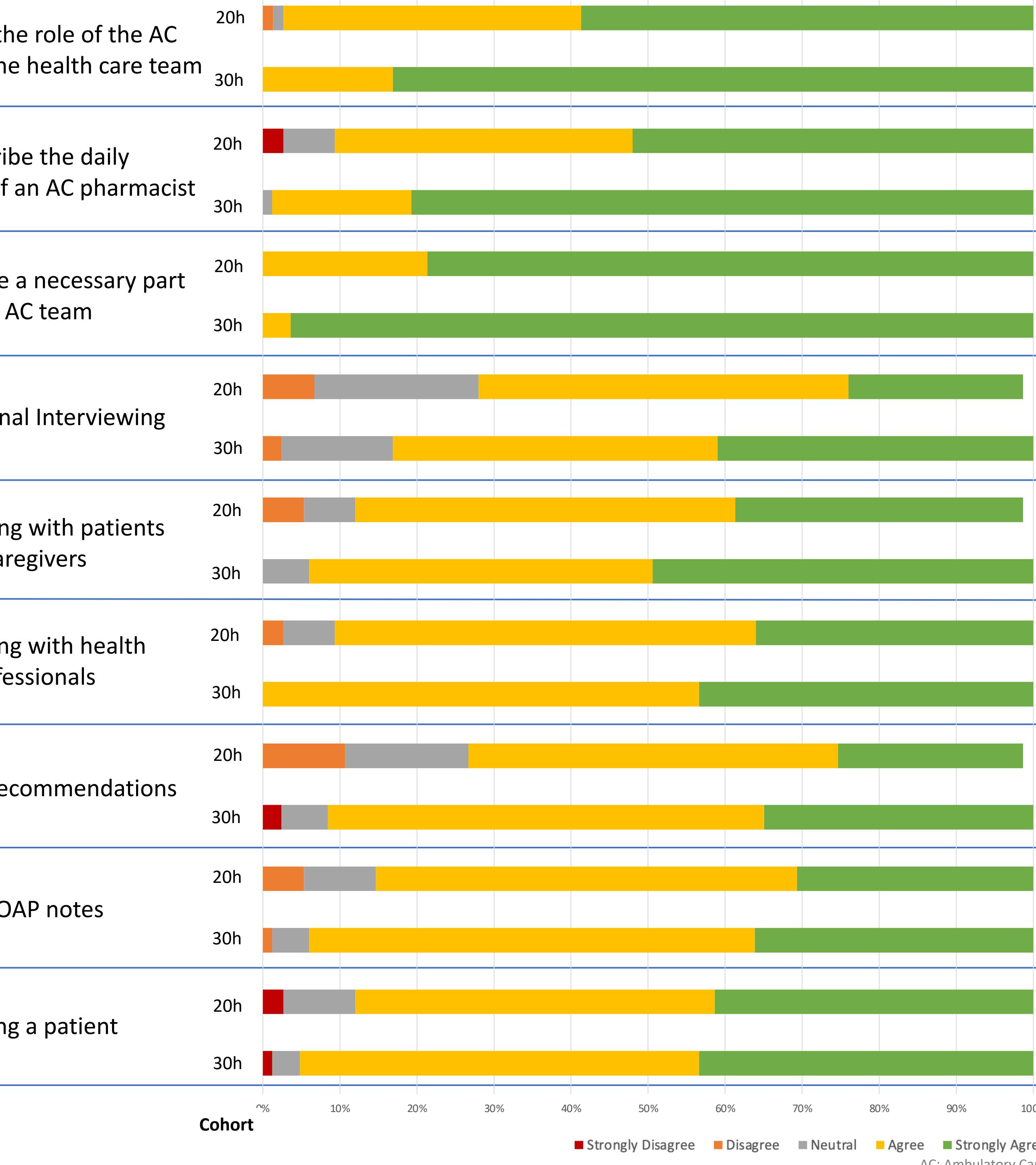
43% → 71%

Improved patient care skills (communication, care planning, problem solving)

Student Survey

Competency

Student Self Evaluations



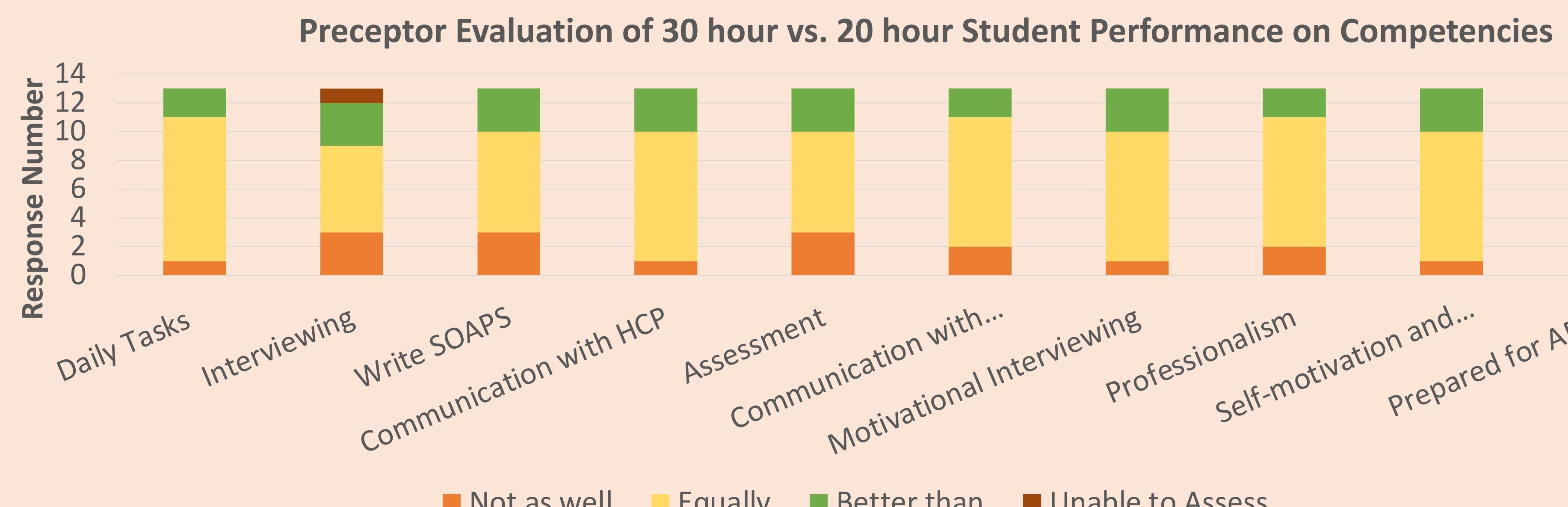
Cohort % 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Strongly Disagree Disagree Neutral Agree Strongly Agree

AC: Ambulatory Care

Response Rate: 68% (13/19)

Preceptor Survey



Not as well Equally Better than Unable to Assess

CONCLUSIONS

Discussion

- Students reported self-improvement in each competency after both courses but more strongly agreed they improved after having completed 10 more hours of the A-IPPE.
- More students felt prepared for the A-APPE following the 30-hour experience.
- Preceptors largely felt the two groups performed equally.
- This may lead to questions surrounding the worth of precepting an additional 10 hours, with potential to add burden on programs to find preceptors.
- Preceptors commented that the hours spread across the large time frame sometimes required re-orientation or feedback reminders rather than consistently attending clinic over a shorter time frame. However, it allowed for more time for topic discussions and direct patient care.

Strengths & Limitations

- Large sample size and high response rate from students
- Preceptors were surveyed after just 2 semesters of the 30-hour requirement, so assessment was based largely on just 1-2 students.
- While a response rate of 68% is good, only 19 preceptors were surveyed.
- Preceptors were all from primary care sites. Results may vary at sites with different roles.
- Student sites were not collected. Therefore, we were unable to determine if certain settings showed differences in student perceived competence and confidence or preceptor evaluation.

Implications

- Time to complete hours was decreased to 5 weeks
- More research is needed to determine impact of the A-IPPE on A-APPE evaluations, pass rates, patient care, and NAPLEX scores.

Conclusion

Students felt the additional 10 hours were worthwhile indicated by self-perceived improvement in competencies and confidence. Preceptors identified there was no difference in the competency. Research is needed to determine impact to implementation and student A-APPE evaluations and pass rates.

REFERENCES

- Accreditation Council for Pharmacy Education. Accreditation standards and key elements for the professional program in pharmacy leading to the doctor of pharmacy degree. Standards 2016. <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>. Accessed June 30, 2023.

DISCLOSURE

All authors declare that they have no relevant or material financial interests that relate to the research described in this poster.