ACCREDITATION COUNCIL FOR PHARMACY EDUCATION
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Recommendations for Participation in Experiential Education Activities during a National, Regional or Local Crisis

ACPE Note: All ACPE comments are in red. For all flexibilities noted below and in previous ACPE guidance emails, documentation is key. *Note: These approaches are only valid in these very unusual times due to COVID-19. These are not approaches that should be used during normal operations.*

Introduction

During a national crisis such as the COVID-19 pandemic, healthcare systems and pharmacies are asking for critical support to meet the needs of the public. Pharmacists and pharmacy workers have been designated "essential critical infrastructure workers" across US cities and states. Student pharmacists are available to assist the healthcare workforce and are being asked to participate in non-traditional roles to address the needs of society. The profession is calling for our students to be on the front lines, yet student pharmacists are limited by standards that suit traditional roles; roles that have been transformed for current practicing pharmacists during these unprecedented times.

There is no doubt the COVID-19 pandemic has challenged the delivery of pharmacy education, particularly in experiential education. National, state and local government, travel, site, and campus restrictions have been abundant, making student placement into clinical training sites challenging, and for some schools impossible. The pandemic has significantly changed the care delivery model across multiple areas of health care, and some of these changes, such as remote patient visits and interactions, may have long-reaching impacts into the future.

These complexities have resulted in students having to choose their own safety versus a delay in graduation, rearrangement of academic calendars, and challenges with clinical placements, as pharmacies and health-systems address their own challenges associated with the current pandemic. These uncertainties have indeed forced Schools to make a rapid departure from the status quo. Schools and Colleges of Pharmacy programs are developing creative and innovative teaching methods and have leveraged aspects of competency-based education to ensure adequate experiential training despite limitations in placing students into traditional clinical training sites.

During a national crisis, healthcare systems and pharmacies may not view student training as essential functions, resulting in a temporary discontinuation of experiential training. As the healthcare system returns to an adjusted normal following the initial outbreak of COVID-19, experiential education programs continue to face the following ongoing challenges:

1) With continued restrictions on student placements following a protracted period of time when students could not access practice settings, how can students accrue the requisite number of hours of experiential training without delaying progression through an already dense curriculum?

2) In the absence of sufficient student placement capacity, how can programs ensure students demonstrate competence and preparedness for contemporary practice?

These recommendations aim to address these challenges and offers recommendations for programs so that students can achieve expected outcomes and competencies even when restrictions (national, state, local, campus, site, etc.) exist. Of note, these recommendations are not limited to a global pandemic scenario. They can be applied to any national, regional and/or local crises and can be used as a contingency plan should it be warranted.

Finally, these recommendations do not intend to request modifications to the standards, rather, it is intended to support the application of competency-based education and assessment in experiential training during periods of a national crisis.

Challenges and Recommendations

Over the course of the pandemic, programs have struggled to meet accreditation standards related to experiential education. Several accreditation standards related to experiential training have been highlighted, and have been the focus of numerous forums, both on a national and international level. Those accreditation standards include the following: 12.6 (IPPE duration), 12.7 (Simulation for IPPE), and 13.6 (Required APPE).

Std. 12.6 IPPE duration *- IPPE totals no less than 300 clock hours of experience and is purposely integrated into the didactic curriculum. A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings.*

A major challenge for many programs during a national, regional or local crisis like the COVID-19 pandemic is the capacity of student placements physically on site when restrictions exist (i.e., social distancing, potential PPE shortages, staff shortages etc.). Learners are no longer a priority of the site, particularly if the learner has limited experience. The APPE student, for example, could be seen as valueadded, while the IPPE learner requires more time and attention from pharmacy preceptors who are caring for severely ill COVID-19 patients and/or experiencing staff shortages. Many sites are also limited in the amount of time a preceptor might have to teach a new learner as it is necessary for the preceptor's priority to focus solely patient care.

Another consideration is that clock hours are not necessarily a measure of competency. National pharmacy organizations, accreditation organizations and pharmacy programs have developed ways to assess competence in the didactic realm that are not necessarily dependent upon clock hours. That is, students are not required to complete a set number of hours learning a pharmacotherapy topic; it is the program's purview to determine how and for what length of time is needed to achieve that competency. Experiential training should be no different.

Finally, although not all pharmacy students are employed during the PharmD program, many are and they can complete similar, technical skills that schools require for IPPE and APPE-readiness.

Recommendation 1*:* Allow verified, employment experiences, reflective of current pharmacy practice, to count toward *any* type of IPPE hours (150 core or 150 other). Schools will be expected to supplement student professional experiences, possibly through co-curricular programs, simulation, or skills training, to ensure students achieve interprofessional, professional development, professionalism, and patient care related outcomes aligned with IPPEs. Schools may use nationally developed tools which already exist to document and assess competence, including AACP Core EPAs and the AACP Experiential Education Section guidance document.

ACPE: This is acceptable if the faculty develop a standardized way to test the student and document the outcome along with policies as to what the prerequisite (e.g. number of hours in the work site) is to be a candidate to test out. The program must also document the procedure used to verify the employment hours. The faculty would then need to develop something else for the student to do to "earn" those hours that were allowed to be "tested out" of. The faculty would then have to design something more in-depth consistent with the type of setting that the hours were being waived (community or institutional) for the 75 hours (or whatever number the student tests out of). *This could be an online or virtual experience.* The program must document the supplemental student professional experiences *which may be virtual* that make up the hours for the IPPE waived by working. This additional, new, in-depth experience would need to be completed before the student started his/her APPEs.

Recommendation 2*:* As remote patient care has become more common during the current pandemic, and some remote care will likely continue after the pandemic, programs can explicitly encourage student development of remote interaction skills and the development of remote precepting and experiences that meet the competency outcomes of the IPPEs and include such language in the associated guidance.

ACPE concurs with recommendation 2.

Recommendation 3*:* Programs can develop a test-out process, but still require the students to complete all of the requisite hours. In this case, the program may allow students to complete the requisite number of hours remaining in other practice settings or virtually that might be less restrictive during a national crisis (i.e., hours tested out for an institutional IPPE may then be completed in a community or ambulatory care setting – No – see comments). This could also help students who may have an abundance of experience in one setting but minimal experience in another, gain valuable time and experience in the setting where their skills are lacking. Work supervisors are allowed to assess student competence from a prescribed list of activities/EPAs and desired outcomes determined by the program. The program develops activities or outcomes that determine APPE-readiness.

ACPE: See the comments on recommendation # 1 above. The student still must have 150 hours in community and institutional settings per the standard.

Std. 12.7 – Simulation for IPPEs. *Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist delivered patient care situations. However, simulation hours do not substitute for the 150 clock hours of required IPPE time in community and institutional health-system settings. Didactic instruction associated with the implementation of simulated practice experiences is not counted toward any portion of the 300-clock hour IPPE requirement.*

Simulation programs are a common educational modality used in other health training programs, like medicine and nursing. While those health disciplines also require a live training component, pharmacy programs require extensive live training and use of simulation as clinical training is limited.

Simulation programs can mimic actual pharmacy activities, like delivery of a medication to a patient, order-entry, or workflow, which help students become more adept at the technical skills necessary to contribute to patient care once they are in a real practice setting. Simulation allows for standardization of training and assessment of competence.

Recommendation 4*:* In the absence of an experiential training site due to a national crisis, programs are allowed to use simulation hours to count toward *any* type of IPPE hours (150 core OR 150 other). This could provide technical skills training and standardization across all students and would be consistent with other health training programs teaching methods.

ACPE: Can only count for 150 of other hours. Student still must have 150 hours in community or institutional settings per the standard.

Std. 13.6. Required APPE*. Required APPEs occur in four practice settings: (1) community pharmacy; (2) ambulatory patient care; (3) hospital/health system pharmacy; and (4) inpatient general medicine patient care.*

13.4. APPE duration – The curriculum includes no less than 36 weeks (1440 hours) of APPE. All students are exposed to a minimum of ***160 hours in each*** *required APPE area. The majority of APPE is focused on direct patient care.*

Similar to IPPEs, APPE placements are also limited during a national public health crisis; the same capacity and restrictions apply. Required APPEs such as hospital/health-system pharmacy APPEs, may be very difficult to schedule. If these requirements are not met, it could result in delay of graduation. Throughout the COVID-19 pandemic thus far, pharmacists have been considered essential personnel, and pharmacies have been one of the few businesses allowed to remain open. The inability of students to graduate in a timely manner due to such restrictions is not ideal and may result in missed residency and employment opportunities. Regardless of setting, pharmacists contribute to the health and well-being in their communities and need to continue to do so during a public health crisis, or any national emergency.

Recommendation 5*:* In the absence of a required experiential training site, like a hospital/health-system, due to a national crisis, students will be allowed to replace the hospital/health-system APPE with an elective in *any practice setting*. ***A hospital/health-system pharmacy APPE and an inpatient general medicine patient care APPE may not be mutually exclusive.*** Overlap in activities exist, and outcomes

could be achieved in either environment. Programs will create an assessment tool to assess comprehensive competency in both the Health System and General Medicine APPE objectives. In this way, although the number of hours in the hospital setting will be decreased, entry-level competency may be confirmed.

ACPE: A hospital/health-system pharmacy APPE and an inpatient general medicine patient care APPE may be combined during the pandemic only, however, it must be a minimum of 320 hours (see 13.4 above) and there must be documentation that the competencies from both rotations are met.

Conclusion

These recommendations are not intended to dilute expectations or change accreditation or program requirements. Instead, they allow programs the flexibility to continue to provide educational experiences during a national crisis, similar to the pandemic and civil unrest we are facing today while maintaining the intent of the standards. The upcoming semesters will likely be more complicated due to issues such as ongoing surges, testing delays, personal protective equipment shortages, and interstate quarantine restrictions. In response to these crises, Schools and Colleges of Pharmacy have already begun to develop creative methods to ensure competency in the didactic realm and are prepared to address the same challenges in experiential education using competency-based framework. Because no other areas in the standards are hours based, competency-based assessment methods and tools already exist, irrespective of completion of hours in a given practice setting. Those methods should and can be deployed in an emergency situation and when significant restrictions exist.

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