Changes in The Experiential Program 2001-2002
by Sandra Johnson

Changing the Nomenclature

With the new American Council on Pharmaceutical Education accreditation standards the previously used words externship and clerkship to describe different practice experiences have been eliminated. Externship described a practice experience with emphasis on the distributive aspects of practice and clerkship described a more clinical or patient-oriented rotation with no distributive component to the experience. In the new accreditation standards, professional experiences are referred to as early experiences and those in the last year as advanced practice experiences. Therefore, we are going to remove this distinction among our sites and use the terms of rotation and practice experience to describe all professional experiences.

Changes in the required rotations

This year brought a change in the “core” or required rotations that each student must experience. There are six “core” rotations that include the following:

- Community pharmacy rotation
- Hospital pharmacy rotation
- Two acute care rotations, consisting of a general or specialized medicine and another in a specialized in-patient setting, i.e. pediatrics, surgery, psychiatry.
- Two ambulatory care rotations, consisting of a community pharmaceutical care and family medicine.

Moving to standard evaluation forms

The Professional Experience Program is moving towards standard evaluation instruments to be used across all practice experiences. See the related article on evaluation forms and access the forms at the URL in the Info Box on page 2.

Increasing electronic communication to all adjunct faculty preceptors

To increase efficiency in communicating to all adjunct faculty, the Professional Experience Program would like to increase the use of e-mail. We need your cooperation to maintain current addresses of either the site and/or each preceptor. Under the URL listed in the “Info Box” on page two is a list of adjunct faculty that needs updating. Please review the information we have on you and communicate to us if it’s correct or incorrect. Please send corrections to Sandra Johnson, sandra-j-johnson@uiowa.edu.
Changes have been made to the Community Pharmaceutical Care rotation for the 2001-2002 academic year. Here is a abbreviated review of the information sent to preceptors via e-mail and also available in the manual.

Continuing on from last year, the number of site visits to your site by the College of Pharmacy Faculty may or may not change. If you have had one to six students at your site to date, you will still have two faculty visits per cycle. If you have had seven to 12 students at your site to date, you will have one faculty visit per cycle. If you have had 13 or more students at your site to date, the faculty will visit your site twice per year. The students will present their formal case presentations and journal article review to you for evaluation and grading for all cycles, with College faculty sitting in on these presentations on their visits.

We continue to expect the students to be working with many patients on a daily basis. The formal case presentations should just be a sampling of the cases to which the students has been exposed. The patient log is now optional.
and its use on the rotation is determined by you. The students should be presenting informal case presentations to you on a regular basis every day for assessment of their patient work-up and intervention skills and your feedback on the clinical aspects of the case.

There is now one evaluation form for the two-week and final evaluation of the student’s performance. You will check whether this is your two-week evaluation or your final evaluation. We are in the process of developing feedback of the completed evaluation form to you, and hope to have this completed by the end of cycle one. The student will use the same two-week evaluation form as in the past year. There is a new evaluation form for the final evaluation of the site and preceptors by the student.

We have put renewed emphasis on orientation of the students to their responsibilities on the rotation. We hope the forms we sent previously are helpful in you orienting the students to your site. Please give us feedback on the utility of these forms and let us know what we can do to customize them for your site. We think that structuring the orientation will allow for better student understanding of their expectations and will allow for more opportunities for feedback between you and the student at your site.

If you have any questions, comments or suggestions, please give Jay a call. We’re looking forward to another great year and greatly appreciate the efforts you put forth in training our students to become the kind of pharmacists we want them to be.

Preceptor Publication and Adjunct Faculty Development Programs for 2001-02
by Bill Miller

We plan to publish The Preceptor quarterly each year to provide faculty information about the Professional Experience Program and practice-based teaching. Sections of The Preceptor entitled Preceptor Essentials and Practice-Based Teaching will be included in each newsletter. The Preceptor Essentials section will contain information about the Professional Experience Program. The Practice-Based Teaching section will contain short articles to help preceptors improve their practice-based teaching skills.

Four Faculty Development Programs using the Iowa Communications Network are being planned for 2001-02 in the months of September, January, March and April. The September, January and March programs will primarily be clinical case-based continuing education programs similar to the cardiovascular cased-based program that was conducted this past semester. If you have particular case-based therapeutic topics that you would like to have presented and discussed please let any of the Editors know and we will factor your comments into selecting case-based topics for this year. The April 2002 program will be designed to kick-off the 2002-03 Professional Experience Program year and will include presentation of information to improve practice-based teaching skills. Further details about these programs will be sent out in the August issue of The Preceptor.

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described the relationship between learning and feedback in this way: “It’s not teaching that causes learning. Attempts by the learner to perform cause learning, dependent upon the quality of the feedback and opportunities to use it.”

Both students and preceptors want to improve feedback processes. In general, when students evaluate their learning experiences, they express a desire to receive more feedback; when preceptors discuss their experiences as teachers, they express a desire to learn how to give feedback effectively.

Effective feedback is timely, specific, descriptive, and about behavior the learner can change. The following actions can improve both the quantity and quality of feedback:

- Establishing a routine for giving and receiving feedback, such as 5-10 minutes each day, that is dedicated to this purpose.
- Identifying how the feedback is linked to the learner’s goals or to the learning outcomes intended for the rotation and practice site.
- Including a specific action plan for the student to carry out in response to the feedback.
- Framing feedback and associated actions as opportunities to improve practice skills.
- Consistently monitoring the student’s response to the feedback. In other words, verifying that the student is carrying out his or her action plan.

Regardless of the practice setting, evaluation is an important responsibility for the preceptor, for it conveys to both the student and the College of Pharmacy the preceptor’s assessment of the student’s clinical skills and readiness to enter practice.

Evaluation can be characterized as formative or summative. Both types are important to students, but each has a different function. Summative evaluation, as suggested by the name, is a summation of performance information that represents a final judgment. An example is an end-of-cycle evaluation that determines a student’s final grade for a rotation.

In contrast, formative evaluation is information that enables a student to improve his or her performance prior to determination of a final grade. Formative evaluation can also be described as feedback that shapes performance improvement. Providing an interim evaluation after the second week of a rotation cycle is an example of a formative evaluation procedure.

Although students frequently focus attention on a final grade, it is formative evaluation—that is, feedback—that enables them to increase knowledge, to change attitudes, or to further develop skills that are the integral components of competent performance. In fact, without frequent feedback from the preceptor or the learning environment, students are unlikely to be able to change their knowledge, attitudes, and skills in ways that consistently and efficiently lead to better performance. In other words, feedback is essential to the learning process. Grant Wiggins, an educational assessment leader, described the relationship between learning and feedback in this way: “It’s not teaching that causes learning. Attempts by the learner to perform cause learning, dependent upon the quality of the feedback and opportunities to use it.”

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Questions about the layout of this document or how to access the on-line PDF version can be sent to Nicholas Roy, via e-mail at nicholas-roy@uiowa.edu