The Report of the 2016-2017 Professional Affairs
Standing Committee: Formally Embracing and
Engaging Preceptors in the Academy — The Time
Has Come

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The Report of the 2016-2017 Professional Affairs Standing Committee: Formally Embracing and Engaging Preceptors in the Academy — The Time Has Come

Abstract

EXECUTIVE SUMMARY

The 2016-2017 AACP Professional Affairs Committee (PAC) was charged to examine strategies to include adjunct/affiliate preceptors as AACP members and to determine the value proposition of AACP membership for this group of educators. The PAC defined adjunct/affiliate preceptors as preceptors who are neither full-time employees nor have a primary employment commitment (≥50% of the preceptor’s work salary) at a school/college of pharmacy. Specific charges to the PAC included: recommend an approach to increase the number of adjunct/affiliate preceptors as AACP members, examine AACP membership from an adjunct/affiliate preceptor value perspective, and prepare a concise summary of available literature describing value-added contributions of student pharmacists and pharmacy preceptors to pharmacy practice models, interprofessional education (IPE) and interprofessional practice (IPP). The summary of the plan developed by the PAC to address the charges is presented in the following report, which includes three sections: the value proposition of AACP membership for adjunct/affiliate preceptors, expansion of the presence of adjunct/affiliate preceptors in AACP, and the value of student pharmacists in experiential education settings. The value proposition of AACP membership for adjunct/affiliate preceptors section describes results of surveys and focus groups conducted by the PAC. The PAC surveyed experiential education directors at schools/colleges of pharmacy, adjunct/affiliate preceptors (from a request via the experiential education directors), and new pharmacy practice faculty members in order to determine current resources available for adjunct/affiliate preceptor development, as well as explore potential resources AACP could provide for adjunct/affiliate preceptor development. Focus groups were held with adjunct/affiliate preceptors and experiential education faculty/staff to explore some of the results and concepts generated from the surveys. The PAC developed three recommendations for AACP as a result of the surveys and focus groups. The report also describes various factors that should be considered by AACP in developing a membership category for adjunct/affiliate preceptors, including potential membership models, establishment of an advisory board, and collaboration with other stakeholder groups. The final section of the report provides an executive summary and detailed table, which summarizes available literature on the value of student pharmacists in experiential education. The brief literature review reinforces that there are many different practice settings where student pharmacists add value to patient care and the practice site. This information is significant for experiential education faculty/staff, as well as adjunct/affiliate preceptors, and serves as an example of best practices which document the value experiential education provides to patient care and practice sites. The final section of the report provides a policy statement that was adopted by the 2017 AACP House of Delegates and one suggestion to schools/colleges of pharmacy. The report concludes with a call to action regarding the formal involvement of adjunct/affiliate preceptors by AACP and the academy.

Disciplines
Pharmacy and Pharmaceutical Sciences

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Authors

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AACP REPORT

The Report of the 2016-2017 Professional Affairs Standing Committee: Formally Embracing and Engaging Preceptors in the Academy — The Time Has Come

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EXECUTIVE SUMMARY. The 2016-2017 AACP Professional Affairs Committee (PAC) was charged to examine strategies to include adjunct/affiliate preceptors as AACP members and to determine the value proposition of AACP membership for this group of educators. The PAC defined adjunct/affiliate preceptors as preceptors who are neither full-time employees nor have a primary employment commitment ($\geq 50\%$ of the preceptor’s work salary) at a school/college of pharmacy. Specific charges to the PAC included: recommend an approach to increase the number of adjunct/affiliate preceptors as AACP members, examine AACP membership from an adjunct/affiliate preceptor value perspective, and prepare a concise summary of available literature describing value-added contributions of student pharmacists and pharmacy preceptors to pharmacy practice models, interprofessional education (IPE) and interprofessional practice (IPP). The summary of the plan developed by the PAC to address the charges is presented in the following report, which includes three sections: the value proposition of AACP membership for adjunct/affiliate preceptors, expansion of the presence of adjunct/affiliate preceptors in AACP, and the value of student pharmacists in experiential education settings. The value proposition of AACP membership for adjunct/affiliate preceptors section describes results of surveys and focus groups conducted by the PAC. The PAC surveyed experiential education directors at schools/colleges of pharmacy, adjunct/affiliate preceptors (from a request via the experiential education directors), and new pharmacy practice faculty members in order to determine current resources available for adjunct/affiliate preceptor development, as well as explore potential resources AACP could provide for adjunct/affiliate preceptor development. Focus groups were held with adjunct/affiliate preceptors and experiential education faculty/staff to explore some of the results and concepts generated from the surveys. The PAC developed three recommendations for AACP as a result of the surveys and focus groups. The report also describes various factors that should be considered by AACP in developing a membership category for adjunct/affiliate preceptors, including potential membership models, establishment of an advisory board, and collaboration with other stakeholder groups. The final section of the report provides an executive summary and detailed table, which summarizes available literature on the value of student pharmacists in experiential education. The brief literature review reinforces that there are many different practice settings where student pharmacists add value to patient care and the practice site. This information is significant for experiential education faculty/staff, as well as adjunct/affiliate preceptors, and serves as an example of best practices which document the value
INTRODUCTION AND COMMITTEE CHARGES

According to the Bylaws of the American Association of Colleges of Pharmacy (AACP), the Professional Affairs Committee (PAC) is to study issues associated with the professional practice as they relate to pharmaceutical education, and to establish and improve working relationships with all other organizations in the field of health affairs. The PAC is also encouraged to address related agenda items relevant to its Bylaws charge and to identify issues for consideration by subsequent committees, task forces, commissions, or other groups.

President Joseph DiPiro centered the charges for the 2016-2017 AACP standing committees on strategic priorities of the AACP Strategic Plan 2016-2019, adopted by the AACP House of Delegates at the 2016 AACP Annual Meeting. Volunteer (adjunct/affiliate) preceptors contribute to several strategic priorities of the Strategic Plan 2016-2019. For many years, AACP has questioned whether adjunct/affiliate preceptors have needs that AACP can serve directly or through the schools/colleges of pharmacy. The issue of how to incorporate adjunct/affiliate preceptors as AACP members and the value proposition of AACP membership for this group of educators needs to be examined. The 2016-2017 PAC is charged to:

1. Recommend to the AACP Board of Directors an approach to increase the number of adjunct/affiliate preceptors as AACP members. Dual-organization membership arrangements should be considered;
2. Examine AACP membership from an adjunct/affiliate preceptor value perspective. Using surveys, focus groups or other methods, determine preceptor needs that can be addressed by AACP; and
3. Prepare a concise summary of available literature and resources that describe value-added contributions of student pharmacists and pharmacy preceptors to pharmacy practice models and Interprofessional Education (IPE) and Interprofessional Practice (IPP).

Members of the 2016-2017 PAC include faculty from various schools/colleges of pharmacy and multiple disciplines, as well as professional staff representation from the American College of Clinical Pharmacy (ACCP), the American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP) and the National Association of Chain Drug Stores (NACDS) Foundation. Prior to the in-person meeting of the committee, pertinent background information and resource materials were distributed. During an introductory conference call, the committee developed strategies to address the charges and outlined initial committee assignments. The committee met for a day and a half, with the other 2016-2017 AACP standing committees, on October 18-19, 2016 in Alexandria, Virginia to discuss various facets related to the charges, as well as to finalize the process and strategies for addressing the charges. Following the process development and delegation of assignments related to the committee charges, the PAC utilized various communication modalities, including Basecamp, conference calls, and email to complete the remaining work.

BACKGROUND

In developing the strategy to address the 2016-2017 charges, the PAC considered numerous factors that contribute to the training and continuing professional development for adjunct/affiliate preceptors. The committee also deliberated over the strengths, weaknesses, opportunities and threats to AACP in the creation of an adjunct/affiliate preceptor membership category. The Accreditation Council for Pharmacy Education (ACPE) release of Standards 2016 influences all aspects of pharmacy education, including preceptors and experiential education. The committee reviewed previous PAC reports pertaining to preceptor training and recognition, the role of experiential education in practice, and the collaboration of academic pharmacy and pharmacy practice. In addition, a review of current AACP policy revealed several policies which pertain to the 2016-2017 PAC charges:

- AACP supports the creation of a national vision emphasizing the value of pharmacy education and colleges and schools of pharmacy to various stakeholders, including patients and communities. (Source: Professional Affairs Committee, 2015);
- AACP encourages the development of strategic partnerships to accelerate access to value-based experiential education, especially within emerging health care settings. (Source: Professional Affairs Committee, 2015); and
AACP affirms that preceptor development is essential to enhance the quality of experiential education and believes that preceptors should possess competencies that include, but are not limited to, leadership/management skills, embodiment of the development of a practice philosophy focused on improving patient outcomes, role modeling as a practitioner, commitment to excellence in scholarly teaching, effective communication skills, and encouragement of self-directed learning (Source: Professional Affairs Committee, 2012).

The result is the following report, which explores the value proposition of AACP membership for adjunct/affiliate preceptors and the value of student pharmacists in experiential education on patient care sites and communities. The PAC identified the following areas related to their charge, which serve as the framework of the report, as well as the generation of a policy statement, recommendations to AACP and suggestion to schools/colleges of pharmacy:

- The Value Proposition of AACP Membership for Adjunct/Affiliate Preceptors;
- Increasing the Presence of Adjunct/Affiliate Preceptors in AACP; and
- The Value of Student Pharmacists in Experiential Education.

The Value Proposition of AACP Membership for Adjunct/Affiliate Preceptors

The PAC defines adjunct/affiliate preceptors as preceptors who are neither full-time employees nor have a primary employment commitment (≥50% of the preceptor’s work salary) at a school/college of pharmacy. Adjunct/affiliate preceptors contribute significantly to experiential education, which is a major component of schools/colleges of pharmacy curricula and an integral part of the pharmacy profession. The experiential component of education has evolved to comprise almost 30% of the pharmacy education requirements as mandated by the current Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) requirements in Standards 2016.²

The PAC discussed various methods to gather information to develop a value proposition for AACP membership for adjunct/affiliate preceptors. The PAC thought it was important to collect the perspective of adjunct/affiliate preceptors regarding their needs and thoughts about AACP membership. The PAC identified major stakeholder groups in the development of an AACP adjunct/affiliate preceptor membership category as preceptors recognized by the AACP Master Preceptor Recognition Program,² adjunct/affiliate preceptors, experiential education directors, and new pharmacy practice faculty members (defined as being a full-time faculty member for three years or less). To gather information from these stakeholders, the PAC developed surveys for experiential education directors, adjunct/affiliate preceptors (including AACP Master Preceptors) and new pharmacy practice faculty members.

The survey questions for experiential education directors included the following:
- Demographic information (name, school/college of pharmacy, contact information);
- Identification of strategies and benefits that the school/college of pharmacy provides to adjunct/affiliate preceptors;
- Attitude of the experiential education department regarding the potential creation of an AACP membership category for adjunct/affiliate preceptors;
- Suggestions for support and/or services that AACP can provide to adjunct/affiliate preceptors;
- Suggestions for support and/or services that AACP can provide to schools/colleges of pharmacy to support preceptor development.

The adjunct/affiliate preceptors and new pharmacy practice faculty members completed the same survey questions, which included the following:
- Demographic information (preceptor or faculty member, school/college of pharmacy affiliation(s), primary practice setting, years since pharmacist licensure, years of serving as a preceptor, AACP membership status, source of AACP membership payment [if applicable], contact information [optional]);
- Examples of resources/benefits used for preceptor development and/or to support their role as a preceptor;
- Suggestions for resources/benefits that AACP could provide for preceptor’s continuing professional development;
- Attitude (and rationale) toward the potential creation of an AACP membership category for adjunct/affiliate preceptors;
- Examples of additional resources and/or experiences that would enhance their role as a preceptor/educator for student pharmacists; and
- For adjunct/affiliate preceptor respondents only: After a free-trial AACP membership, the amount they would be willing to pay for an AACP preceptor membership.

The PAC designed a webpage for all the stakeholder groups, which contained the background and rationale for the surveys. Email information for the experiential education directors, AACP Master Preceptors and new
pharmacy practice faculty members was obtained from AACP membership records. Since there is no central database/repository of adjunct/affiliate preceptors, the PAC requested the experiential education directors forward the adjunct/affiliate preceptor survey invitation and survey link to 5-10 of their adjunct/affiliate preceptors for completion. The webpage and link for the survey invitation were sent directly to the experiential education directors, the AACP Master Preceptors and new pharmacy practice faculty members on October 31, 2016, and the survey closed on December 2, 2016, with three reminder emails sent during this timeframe. A subsequent email and reminders emails were sent to the experiential education directors asking them to forward the invitation and survey link to 5-10 of their adjunct/affiliate preceptors. All surveys and reminder emails are available from AACP.

Experiential Education Director Survey Results

Seventy-five of the 140 experiential education directors at AACP institutional member schools/colleges of pharmacy completed the survey, for a response rate of 53%. The experiential education directors reported provision of the following strategies and benefits to adjunct/affiliate preceptors from schools/colleges of pharmacy: access to library services (91%), free/discounted live continuing education programming (88%), faculty appointment (77%), access to online services/products/programs (74%), free/discounted online or print programming (69%), support such as on-site faculty or co-funded faculty position(s) (69%), support for student/residency programs, such as a teaching certificate (65%) and stipend to the adjunct/affiliate preceptor practice site (51%).

When asked about support, services and benefits AACP can provide directly to adjunct/affiliate preceptors for their development and those AACP can supply through schools/colleges of pharmacy to support preceptor development, the responses reported by experiential education directors were very similar (Table 1). A standardized preceptor development program could include techniques to maximize efficiencies in the student pharmacist onboarding process, resources for standardizing the structure of student rotations (eg, syllabi templates, rotation objectives, activities, rotation scheduling, grading rubrics), and information on ACPE Standards. Preceptor training/development resources or toolkits were another popular resource cited by experiential education directors. Suggested content for these resources or toolkits included effective teaching and learning strategies in experiential education, providing feedback to learners, assessment of learners, mentoring student pharmacists, understanding millennials, and case-based training. Additional suggestions for preceptor training and development included creating student research projects at a rotation site, successful practices/ideas to assist in establishing/advancing IPPEs and APPEs and integrating students into practice, and information about implementation of the Pharmacist Patient Care Process and Interprofessional Education in practice. Respondents suggested that these resources should be provided via multiple avenues (eg, print, online modules, podcasts, newsletters, and webinars [real-time and on-demand]) and should be specific for site (practice setting) and years of preceptor experience (where applicable). Respondents also stated that continuing education (ACPE) credits should be provided for these resources and that any training completed by the preceptor should be documented and tracked (and made accessible to schools/colleges of pharmacy).

Adjunct/Affiliate (and AACP Master Preceptor) and New Pharmacy Faculty Members Survey Results

Three hundred and forty-four adjunct/affiliate preceptors responded to the PAC survey, including 13 of 22 recognized as AACP Master Preceptors. Experiential education directors forwarded the survey link to an estimated 1,050 adjunct/affiliate preceptors. Therefore, the

<table>
<thead>
<tr>
<th>Benefits/Services that AACP Can Provide to Adjunct/Affiliate Pharmacy Preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Standardized Preceptor Development Program</td>
</tr>
<tr>
<td>Preceptor Training/Development Resources (Toolkit)</td>
</tr>
<tr>
<td>Preceptor Teaching Certificate</td>
</tr>
<tr>
<td>Preceptor-Specific Conference (similar to the one currently offered by ASHP)</td>
</tr>
<tr>
<td>Preceptor-Specific Programming at the AACP Annual Meeting</td>
</tr>
<tr>
<td>Preceptor Development Column/Information in the <em>American Journal of Pharmaceutical Education</em></td>
</tr>
<tr>
<td>Social Interface/Mechanism for Preceptors to Network and Share Their Work, Best Practices, and Research Library Resources</td>
</tr>
<tr>
<td>Establishment of a Preceptor Special Interest Group (SIG)</td>
</tr>
</tbody>
</table>
approximate response rate of adjunct/affiliate preceptors was 32%. The preceptor respondents were affiliated with 132 schools/colleges of pharmacy. The majority (56%) were well-experienced, having been a licensed pharmacist for 15 or more years, followed by 6-10 years (18%), 11-15 years (14%), 1-5 years (12%) and less than 1 year (0.3%). Thirty-five percent of respondents had 15 or more years of experience as a preceptor (35%), followed by 1-5 years (25%), 6-10 years (21%), 11-15 years (19%), and less than 1 year (1%). The preceptors represented a diverse array of practice settings, with the majority primarily working in non-government hospital/health system (inpatient) (38%), large chain community retail (13%), and independent community retail pharmacy (9%). Fifteen of the adjunct/affiliate preceptor respondents (4.4%) reported current AACP membership, with membership dues paid by the respondent (53%), paid by the employer (12%), or generated through free membership as part of the Master Preceptor award (35%).

Surveys were distributed to 578 new pharmacy practice faculty members (identified from the AACP database as assuming a faculty role between July 2013 and September 2016). Eighty-three new faculty members representing 50 schools/colleges of pharmacy responded to the PAC survey (14% response rate). The most common primary practice settings were ambulatory care (30%), non-government hospital/health system (inpatient) (26%), and academic institutions (28%). The majority of respondents reported being a licensed pharmacist for 1-5 years (48%) and serving as a pharmacy preceptor for 1-5 years (57%). Eighty-eight percent of the respondents reported current AACP membership, with the membership dues paid by the institution (46%), the respondent (29%), first-time faculty free membership (19%), or a shared expense between the respondent and the institution (6%).

Table 2. Benefits and Services AACP Can Provide to Adjunct/Affiliate Pharmacy Preceptors as Reported by Adjunct/Affiliate Pharmacy Preceptors and New Pharmacy Practice Faculty

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Adjunct/Affiliate Preceptor N=341 responses (%)</th>
<th>New Pharmacy Practice Faculty N=82 responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to online services, products, programs</td>
<td>65.4</td>
<td>54.9</td>
</tr>
<tr>
<td>Online drug information services (eg, LexiComp, Micromedex)</td>
<td>45.2</td>
<td>31.7</td>
</tr>
<tr>
<td>Certificate training program (eg, Antimicrobial stewardship, point-of-care testing)</td>
<td>48.1</td>
<td>32.9</td>
</tr>
<tr>
<td>Discount/free continuing education programming (live)</td>
<td>51.9</td>
<td>51.2</td>
</tr>
<tr>
<td>Discount/free continuing education programming (online/print)</td>
<td>60.7</td>
<td>58.4</td>
</tr>
<tr>
<td>Preceptor listserv, blog or other online networking avenue</td>
<td>29.0</td>
<td>19.5</td>
</tr>
<tr>
<td>Preceptor mentor program</td>
<td>22.3</td>
<td>37.8</td>
</tr>
<tr>
<td>Professional networking opportunities with peers</td>
<td>29.0</td>
<td>58.5</td>
</tr>
<tr>
<td>Providing education/training on the preceptor role in interprofessional education (IPE)</td>
<td>32.0</td>
<td>0</td>
</tr>
</tbody>
</table>
with provision of education/training on the role of the 
preceptor with the Pharmacist Patient Care Process8 
and Entrustable Professional Activities (EPAs) for New 
Pharmacist Graduates10 may also be very beneficial for 
adjunct/affiliate preceptor members.

Table 3 provides a summary of attitudes regarding the 
creation of an AACP membership category for adjunct/ 
affiliate preceptors. While the majority of each survey 
group reported either strongly agree or agree with the 
membership concept, there were questions/inquiries from 
the respondents regarding the membership package (eg, 
benefits, services) and cost of membership.

Adjunct/affiliate preceptors provided information on 
the amount they would be willing to pay for an AACP 
membership following a free trial membership (Table 4). 
The most common response was $51-$100 (28%), fol-
lowed by 25% of respondents who reported unwillingness 
to pay for AACP membership. The “depends” group did 
not provide a definitive amount they would be willing to 
pay for membership. Many respondents made comments 
about the cost burden of dues for multiple memberships, 
which may explain responses in the zero to lower dollar 
amounts. This indicates that AACP must clearly define 
the value proposition for adjunct/affiliate preceptor mem-
bership to justify and explain any proposed membership 
rate.

Preceptor and Experiential Education Faculty/Staff 
Focus Groups

The PAC decided that focus groups with stake-
holders would be valuable in exploring some of the key 
findings from the aforementioned surveys. The PAC elec-
ted to hold three focus groups, two with adjunct/affiliate 
preceptors and one with experiential education faculty/ 
staff, during the APhA Annual Meeting in San Francisco, 
California in March 2017. Invitations to the adjunct/affiliate 
preceptor focus groups were sent electronically to the 
APhA Preceptor Special Interest Group (SIG) online net-
work (permission to post the invitation was obtained from 
APhA), and an invitation for the experiential education 
faculty/staff focus group was sent to the AACP Experi-
ential Education Section listserv. The discussion guides 
used for the focus groups are available from AACP.

Two focus groups with adjunct/affiliate preceptors 
had a total of eight participants (7 females and 1 male). 
The participants represented various practice settings, in-
cluding academia, ambulatory care, community, and 
long-term care, with the majority of participants having 
a doctor of pharmacy degree (n = 6) and residency training 
(n = 5). The majority of participants had been a licensed 
pharmacist for more than 15 years (n = 5). Five partici-
pants served as preceptors for APPEs only, while three 
were preceptors for both IPPEs and APPEs. The partici-
pants had a broad range of years of experience (preceptor 
for 1-3 years [n = 3], preceptor for 7-10 years [n = 1], and 
preceptor for more than ten years [n = 4]). The participants 
offered several elements that would assist them in devel-
oping their skills as preceptor. These included learning 
from and exchanging information with other preceptors, 
having examples of practices of successful preceptors, 
and having the ability to generate new models of practice 
based upon experience of others. When provided a list of 
potential benefits for adjunct/affiliate preceptor member-
ship in AACP, the focus group participants indicated the 
following as amongst the most important for their pre-
ceptor development:

- Preceptor training and development toolkit (n = 1);
- Stipend (funding) for preceptors to travel to confer-
ences/meetings (n = 1);
- Preceptor teaching certificate (n = 2);
- Standardized preceptor development program 
  (n = 3);
- Conference or regional meetings for preceptors 
  (n = 3); and
- Digital platform for preceptors to network and 
  share their work, research and best practices (n = 8).

When asked if they would consider becoming a mem-
ber of AACP as an adjunct/affiliate preceptor, all of the 
participants indicated they would consider membership. 
They cited interest in membership for a variety of reasons,

<table>
<thead>
<tr>
<th>Survey Respondent Category</th>
<th>Experiential Education Director N=75 responses (%)</th>
<th>Adjunct/Affiliate Preceptor N=341 responses (%)</th>
<th>New Pharmacy Practice Faculty N=83 responses (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>21.6</td>
<td>30.5</td>
<td>26.8</td>
</tr>
<tr>
<td>Agree</td>
<td>31.1</td>
<td>35.8</td>
<td>40.2</td>
</tr>
<tr>
<td>Neutral</td>
<td>21.6</td>
<td>25.5</td>
<td>20.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>9.5</td>
<td>1.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>4.1</td>
<td>0.6</td>
<td>0</td>
</tr>
<tr>
<td>Uncertain</td>
<td>12.2</td>
<td>6.5</td>
<td>9.8</td>
</tr>
</tbody>
</table>
including ability to provide AACP with contemporary pharmacy practice information, ability to voice preceptor and educational concerns to the academy, opportunities to network with other preceptors, and enhanced exposure to curricula and learning outcomes for student pharmacists. Focus group participants indicated that a yearly membership fee of $100-$150 was reasonable and recommended provision of a complimentary membership for a minimum of one year so preceptors could see firsthand the benefits of AACP membership. They also advised that many adjunct/affiliate preceptors may be interested in AACP membership, but may be hesitant due to the cost of other association memberships and fees (eg, pharmacist licensure renewal).

The focus group of experiential education faculty/staff was comprised of eight participants. The participants represented an equal number of public and private institutions, and the majority had earned the doctor of pharmacy degree (n=7) and were residency trained (n=5). The majority had been licensed as a pharmacist for more than 15 years (n=5), and the length of time in experiential education varied (less than one year [n=1], 1-3 years [n=3], 7-10 years [n=2], and more than 10 years [n=2]). Participants reiterated that their institution provided many of the benefits to adjunct/affiliate preceptors as reported in the experiential education director survey. Examples included access to library services, continuing education programs, and faculty appointment (some requiring paperwork from the preceptor).

Participants listed financial support for meetings, provision of the Preceptor Training & Resource Network (from the Pharmacist's Letter), provision of a research network for preceptors, and various preceptor recognition programs as additional benefits provided by their institution. During the discussion of a standardized preceptor training program, some participants believed that implementation of such a program would be challenging, as there is not a "one-size-fits-all" for preceptors and practice sites. Participants were interested in having a national standardized package of information/training for new preceptors to reduce the need (and redundancy) for creation of a basic training program at each school/college of pharmacy; however, they acknowledged that such a program would be costly to develop and maintain. Experiential education faculty also mentioned the need to have resources available for all preceptors (including materials on new educational concepts, eg, Pharmacists’ Patient Care Process), and the necessity for national pharmacy associations to work together in developing and marketing preceptor development programs and services. Due to time constraints, no discussion of the potential AACP membership category for adjunct/affiliate preceptors occurred during this focus group.

Overall, the focus groups echoed many of the results from the surveys conducted by the PAC. While the PAC acknowledges that participants in the adjunct/affiliate preceptor focus groups may be biased by being more engaged and interested in continuing professional development for preceptors, the insights from focus groups provide valuable information for AACP to consider in developing resources and services for this group of pharmacy educators. The focus group with experiential education faculty/staff also supplied useful information regarding preferred types of preceptor development resources and the need for collaboration from national groups in development of these resources. More details regarding the focus group discussion items are available from AACP.

**Increasing the Presence of Adjunct/Affiliate Preceptors in AACP**

Adjunct/affiliate preceptors are a key group of stakeholders that bear significant responsibility for ensuring practice-ready, team-ready pharmacy graduates. Academic pharmacy, through the schools/colleges of pharmacy, and the national pharmacy organizations play a significant role in preceptor training and development. Other national professional pharmacy associations have in fact targeted their respective memberships by offering preceptor training and development programs and services, often conducted by colleagues from the academy. Although AACP has typically not had a direct relationship with adjunct/affiliate preceptors, the results of the PAC surveys and focus groups suggest there are services AACP can provide to this group of educators. As the organization representing academic pharmacy, it is reasonable that AACP consider expanding its relationship with adjunct/affiliate preceptors.

Currently, adjunct/affiliate preceptors can become an Affiliate member of AACP, which is a non-voting, individual membership category. The cost of individual Affiliate membership is the same as Active individual
gested option was to have schools/colleges of pharmacy
adjunct/affiliate membership in AACP. Another sug-
ted criteria, or application to the school/college for
for select adjunct/affiliate preceptors based on institu-
tional criteria, or application to the school/college for
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gested option was to have schools/colleges of pharmacy
remunerate AACP directly for availability of services/
programs for all adjunct/affiliate preceptors. The AACP
institutional dues paid by schools/colleges of pharmacy
could include a base fee for preceptors prorated on student
pharmacist enrollments (centered on the assumption more
student pharmacists necessitates more adjunct/affiliate
preceptors). Alternatively, schools/colleges of pharmacy
could provide a set fee to AACP to develop and provide
necessary training for adjunct/affiliate preceptors.

The PAC discussed elements to consider as AACP
explores the possibility of formalizing a relationship with
adjunct/affiliate preceptors. One potential disadvantage is
that this group of educators is typically unfamiliar with
the role of AACP. In addition, AACP is traditionally not
the professional association that they join or consider for
training and continuing professional development. Many
professional associations face challenges in recruitment
and retention of members, and AACP may encounter
similar issues as it develops its marketing strategy and
value proposition to attract and retain adjunct/affiliate
preceptors for membership. The costs, including money
and time, for adjunct/affiliate preceptors to join the asso-
ciation also warrant consideration, since many preceptors
are already dues-paying members of other professional
associations.

As the voice of academic pharmacy, AACP can pro-
vide adjunct/affiliate preceptors with essential and rele-
vant information, as well as education and training on the
role of the academy, and responsibilities and opportuni-
ties as an educator. The optimal method to inform adjunct/
affiliate preceptors of the opportunity for membership
in AACP is an important question. Direct marketing to
adjunct/affiliate preceptors may not be efficient or feasible,
since there is no central database of preceptors. Utilizing
the schools/colleges of pharmacy to provide information
on AACP membership to adjunct/affiliate preceptors
may be a more effective strategy. Because most adjunct/
affiliate preceptors are not members of the association,
the PAC believes AACP should consider offering a free
trial membership to adjunct/affiliate preceptors, which
will allow personal experience with AACP programs
and services.

The PAC also discussed the possibility of having the
schools/colleges of pharmacy support AACP member-
ship dues for their adjunct/affiliate preceptors. Many
approaches could be utilized by schools/colleges of
pharmacy to contribute to membership of adjunct/affiliate
preceptors in AACP—payment of the full or partial cost
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 Provision of AACP programs offering continuing professional development for adjunct/affiliate preceptors
and/or standardized preceptor training may be beneficial
for schools/colleges of pharmacy in meeting ACPE ac-
creditation requirements. In the past, APhA developed
a continuing education (CE) preceptor training program
entitled The Community Pharmacist Preceptor Education
Program which addressed the role of the preceptor in
education of student pharmacists and provided strategies
to enhance implementation of community pharmacy ro-
tations. This program, which expired in 2013, was very
well received by academic pharmacy and other pharmacy
stakeholders. The PAC discussed the potential for updat-
ing this program to include multiple practice settings. The
PAC realizes that continuous preceptor training options
may not be viable at many schools/colleges of pharmacy
due to budgetary constraints. Therefore, the PAC believes
it is important to provide AACP and the academy with
opportunities to establish a formal relationship with ad-
junct/affiliate preceptors.

Another option for AACP to establish a relationship
with adjunct/affiliate preceptors is formation of a dual-
membership with another national pharmacy association.
A relationship of this type would provide an adjunct/
affiliate preceptor with AACP membership at a reduced
rate if they were also a member of another national
pharmacy association. Since the PAC has three profes-
sional staff members of national pharmacy organiza-
tions (ACCP, APhA and ASHP), the PAC requested
that they explore this possibility with their respective op-
erations/membership staff colleagues. All three organiza-
tions stated that a dual-membership relationship with
AACP for adjunct/affiliate preceptors is not feasible at this
time. Reasons included potential “cannibalizing” of their
membership base, higher priorities for the organization,
and prior experiences with dual membership arrangements
with other organizations that did not function well fiscally
or operationally.

Creation of a new membership category for adjunct/
affiliate preceptors requires significant planning by
AACP. AACP must formulate and finalize the value prop-
sition for these members, including benefits, resources,
and services offered initially and in the future (3 to 5
years). Establishment of membership targets and membership rate (and decision on free trial membership) will inform the budgeting of resources and personnel necessary to accomplish the desired programming and services for this member category. In addition, operational considerations (eg, validation of adjunct/affiliate preceptor status, impact on school and/or AACP reporting for Institutional Research) must be determined. A marketing plan for adjunct/affiliate preceptors also has to be created and executed. AACP should consider establishing an advisory board, comprised of Experiential Education faculty and preceptors (including Master Preceptors) to provide input on development of the adjunct/affiliate preceptor membership category. Finally, the AACP House of Delegates will have to approve the establishment of a new membership category, since membership categories require an amendment of AACP Bylaws.

**Recommendation 1:** AACP should develop a formal plan for establishing a new membership category for adjunct/affiliate preceptors to be considered at the 2018 AACP House of Delegates.

**Recommendation 2:** AACP should develop a resource, operational, and marketing plan to provide standardized training and continuing professional development for adjunct/affiliate preceptors.

**Recommendation 3:** AACP should collaborate with APhA to revise/update the initial orientation preceptor program (formally known as The Pharmacist Preceptor Education Program).

### The Value of Student Pharmacists in Experiential Education

After conferring with AACP President DiPiro, the PAC focused the third committee charge on examining the literature pertaining to value-added contributions of student pharmacists in various health care settings. During experiential rotations, student pharmacists learn key practical knowledge that helps fine-tune their skills and prepares them to be team-ready and practice-ready in real-world practice. In addition, evidence demonstrates that students add value to experiential sites by enhancing business growth potential, solving drug-related problems, and decreasing overall cost of healthcare while completing rotations. This data is a useful component of the value proposition for adjunct/affiliate preceptors. Preceptors can utilize this information to enhance practice settings with student pharmacists and/or supplement evidence of the role and positive potential of experiential education. Providing this information to academic pharmacy and other stakeholders not only helps support the recognized value, but also generates a starting point for necessary discussions regarding the roles that student pharmacists, preceptors, and experiential education may contribute to health care settings, health care and patient outcomes.

AACP staff used PubMed to identify relevant literature search on September 19, 2016. The resulting search yielded 60 articles that were divided equally by alphabetical order of title into four groups, with each group reviewed by three PAC members. Each group of fifteen articles was evaluated individually by the same three committee members assigned to that group of articles. Individual articles were assessed as: “Not applicable to the charge;” “Uncertain;” or “Applicable to the charge.” During a PAC conference call, members reviewed the articles and determined the assessment for each. For every article, PAC members reached agreement on whether the article would be included in the review. Articles contained in the review encompass various practice settings (community, ambulatory care, transitions of care, and hospital/health systems) and patient populations. Table 5 provides a summary of information from the literature review. Appendix I contains an Executive Summary of the literature review.

This brief literature review reinforces that many practice settings offer a substantive learning environment for student pharmacists, while also allowing them to showcase their potential to add value to patient care and the healthcare system. Documentation of clinical contributions of student pharmacists, as well as the associated costs and cost savings, can help influence practice sites that want to increase pharmacist-provided services to consider expanding access to student pharmacists. Student pharmacists, being our future pharmacist practitioners, are capable of improving the quality of care and reducing costs of the healthcare system.

**Policy Statement 1:** AACP recognizes the importance of academic pharmacy collaborating with pharmacy practice and other health professions in documenting and demonstrating the value of student pharmacists and pharmacy preceptors. (Policy statement was adopted by the 2017 AACP House of Delegates)

**Suggestion 1:** Schools/colleges of pharmacy and other stakeholders in experiential education should evaluate, conduct research and publish on the value-based outcomes (eg, clinical, humanistic, financial) of student pharmacists and experiential education in health care settings and patient care.

### CONCLUSION

For many years, AACP has contemplated how best to serve the needs of adjunct/affiliate preceptors. Experiential education accounts for approximately 30% of doctor of pharmacy curricula, and adjunct/affiliate preceptors...
Table 5. Summary of Literature Documenting the Value of Student Pharmacists in Experiential Education

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Practice Setting</th>
<th>Practice Area(s)</th>
<th>Number of Student Pharmacists</th>
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<th>Interprofessional Education (IPE) Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socic MM, Glowczewski JE, Lerman RM.</td>
<td>2016</td>
<td>Small community hospital</td>
<td>Health-system, Transitions-of-care</td>
<td>6,720</td>
<td>APPE</td>
<td>Economic; Humanistic (Patient Satisfaction)</td>
<td>Medication cost per discharge: $161.52 (intervention) vs. $210.15 (control); percentage of patients reporting they “always” received medication education increased significantly.</td>
<td>No. Layered-learner model is utilized</td>
</tr>
<tr>
<td>Gilmore V, et al.</td>
<td>2015</td>
<td>Large academic medical center</td>
<td>Health-system, Transitions-of-care</td>
<td>Not Provided</td>
<td>APPE</td>
<td>Humanistic (Patient Satisfaction)</td>
<td>Improvement in HCAHPS scores above 75th percentile regarding medication education; increased discharge prescription capture rates.</td>
<td>No</td>
</tr>
<tr>
<td>Mathys M, et al.</td>
<td>2015</td>
<td>VA in patient mental health unit</td>
<td>Transitions-of-care</td>
<td>525</td>
<td>APPE</td>
<td>Clinical (Medication Reconciliation)</td>
<td>At admission, 82% of the medication reconciliations were performed correctly by the team with a student pharmacist vs. 61% when a student pharmacist was not involved (p = 0.006). At discharge, 86% of medication reconciliations were performed correctly by the team with student pharmacist involvement vs. 68% in the control group (p = 0.005).</td>
<td>No</td>
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<tbody>
<tr>
<td>Ashjian E, et al.</td>
<td>2015</td>
<td>Outpatient infusion center</td>
<td>Transitions-of-care</td>
<td>510</td>
<td>IPPE</td>
<td>Clinical (Medication Reconciliation)</td>
<td>88% of patients had at least one discrepancy identified in their medication history and corrected in the electronic medical record. 11.4% of patients had a medication-related problem identified.</td>
</tr>
<tr>
<td>Pinelli NR, et al.</td>
<td>2015</td>
<td>Large academic medical center</td>
<td>Transitions-of-care</td>
<td>83</td>
<td>IPPE</td>
<td>Clinical (Medication Reconciliation)</td>
<td>93% of medication histories were completed within 24 hours of admission. Student pharmacists identified 0.9 medication-related problems per patient in collaboration with a pharmacist preceptor. Students believed the quality of their interactions with healthcare professionals was good or excellent.</td>
</tr>
<tr>
<td>Shepler BM</td>
<td>2014</td>
<td>Various Health-System</td>
<td>Health-System</td>
<td>580</td>
<td>APPE</td>
<td>Economic (Estimated Cost Avoidance); Clinical (Interventions)</td>
<td>59,613 interventions with an estimated cost avoidance of over $8M. The average savings per intervention was $148. The top three intervention types for cost avoidance were identifying potential allergic reactions, identifying drug interactions, and resolving contraindications.</td>
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<tr>
<td>Shogbon AO, Lundquist LM</td>
<td>2014</td>
<td>Community non-teaching hospital</td>
<td>Health-System</td>
<td>120</td>
<td>APPE</td>
<td>Economic (Estimated Cost Avoidance); Clinical (Interventions)</td>
<td>2,170 interventions with a 97% acceptance rate and an estimated cost savings of $280,297. The most common interventions performed were patient education, medication history, and IV to PO screening and conversions.</td>
</tr>
<tr>
<td>Ginzburg R</td>
<td>2014</td>
<td>Urban family medicine clinic</td>
<td>Ambulatory Care</td>
<td>18</td>
<td>APPE</td>
<td>Humanistic (patient/provider education); Clinical (medication reconciliation, therapy recommendations); Economic (cost avoidance)</td>
<td>Estimated cost savings $61,855 mostly attributed to writing medication list and counseling patient. Of recommended interventions that were categorized as needing immediate attention, 58% were accepted by provider.</td>
</tr>
<tr>
<td>Armor BL, et al.</td>
<td>2014</td>
<td>Family medicine clinic (PCMH)</td>
<td>Ambulatory Care</td>
<td>38</td>
<td>APPE</td>
<td>Clinical (DRP identification, medication reconciliation, therapy recommendation and acceptance rate)</td>
<td>Students complete 676 medication histories and made 1308 DRP interventions. During the live medication reconciliation process 78% of student recommendations were accepted. Highest acceptance rates were for recommendations to provide education and refill a prescription.</td>
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<tr>
<td>Woolley AB, et al.</td>
<td>2013</td>
<td>Various</td>
<td>Health-System, Community, Ambulatory Care</td>
<td>123</td>
<td>APPE</td>
<td>Economic (Estimated Cost Avoidance); Clinical (Interventions)</td>
<td>87 (71%) students documented 5,775 interventions with an estimated cost avoidance of over $900K. The intervention categories with greatest cost avoidance included preventions of adverse drug events, provider education, and patient education.</td>
</tr>
<tr>
<td>Lyon KJ, et al.</td>
<td>2013</td>
<td>Large academic medical center</td>
<td>Health-System</td>
<td>48</td>
<td>APPE</td>
<td>Humanistic (Interprofessional Student Satisfaction)</td>
<td>Results of the interprofessional clinical rounding model observations and debriefings revealed most students were engaged in the process and reported a high level of satisfaction. All groups suggested they had a better appreciation for the roles of other healthcare professionals in the team were able to develop a more integrated plan of care.</td>
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<tr>
<td>Nuffer E, et al.xiii</td>
<td>2012</td>
<td>Rural community health centers with diabetes management programs</td>
<td>Community</td>
<td>120</td>
<td>APPE</td>
<td>Humanistic (student perception); Clinical (disease state markers)</td>
<td>Diabetes management clinics run by student pharmacists saw significant decreases in overall A1c, blood pressure, total cholesterol, LDL cholesterol and triglycerides. No significant change noted for HDL cholesterol.</td>
<td>No</td>
</tr>
<tr>
<td>Hata M, et al.xiv</td>
<td>2012</td>
<td>Community Pharmacy (Chain and Independent)</td>
<td>Community</td>
<td>47</td>
<td>APPE</td>
<td>Clinical (DRP identification, therapy recommendation)</td>
<td>704 drug-related problems identified for 509 patients (53% relayed recommendations to their physician); 205 Physicians accepted recommendations (75%); 88% of patients felt better about their medications after receiving MTM services.</td>
<td>No</td>
</tr>
<tr>
<td>Wilhelm SM, Petrovitch EA.xv</td>
<td>2011</td>
<td>Inpatient anticoagulation teaching service supporting a large teaching hospital, a women’s hospital, and a rehabilitation facility</td>
<td>Transitions-of-care</td>
<td>387</td>
<td>APPE</td>
<td>Humanistic (Patient Education); Economic (Readmission Rates)</td>
<td>Student pharmacists and residents significantly increased the rate of patient education (59.2% vs. 39.1%, p&lt;0.0001) and lowered 60-day readmission rates.</td>
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<tr>
<td>Campbell AR, et al.</td>
<td>2011</td>
<td>Specialty hospital</td>
<td>Health-system</td>
<td>15</td>
<td>APPE</td>
<td>Economic (Estimated Cost Avoidance); Clinical (Interventions)</td>
<td>320 interventions; the most common interventions included patient education (13.1%), order clarification (11.6%), therapeutic dosing adjustments (10.9%), and lab order monitoring (8.8%). Estimated cost avoidance for student pharmacist interventions was approximately $23,000.</td>
<td>No</td>
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<tr>
<td>Walker PC, et al.</td>
<td>2011</td>
<td>Large academic medical center</td>
<td>Transitions-of-care</td>
<td>Not provided</td>
<td>IPPE</td>
<td>Humanistic (Student Satisfaction)</td>
<td>Student pharmacists involved in a structured medication reconciliation process learning experience reported to have a positive attitude toward the process and are aware of its importance. The survey indicated students’ gained a better understanding of medication reconciliation, ability to assess pertinent data, and how to communicate discrepancies to other healthcare professionals.</td>
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<tr>
<td>Butkievich LE, et al. (^{xvii})</td>
<td>2010</td>
<td>Large community teaching hospital</td>
<td>Health-system</td>
<td>295</td>
<td>APPE</td>
<td>Clinical (Venous Thromboembolism Prophylaxis Rates)</td>
<td>103 recommendations made to physicians with a 41% acceptance rate; the percentages of patients receiving “any,” “suitable,” and “optimal” prophylaxis increased from 70.5% to 82.7% (p = 0.0005), 64.4% to 75.9% (p = 0.0022), and 56.3% to 68.5% (p = 0.0022), respectively.</td>
<td>No</td>
</tr>
<tr>
<td>Garrison GD, et al. (^{xix})</td>
<td>2010</td>
<td>Internal and Family Medicine Clinics</td>
<td>Ambulatory Care</td>
<td>57</td>
<td>APPE</td>
<td>Humanistic (patient education, patient satisfaction, student pre-post tests)</td>
<td>95% of patients found the student pharmacist assessment helpful, 31% of patients were identified to have a CHD risk factor that was previously undocumented. Student pre and post test scores indicate a 26.9% improvement after the rotation.</td>
<td>No</td>
</tr>
<tr>
<td>Kassam R, et al. (^{xx})</td>
<td>2010</td>
<td>Community Pharmacy (Retail Chain)</td>
<td>Community Not Provided</td>
<td>APPE</td>
<td>Humanistic (Patient Satisfaction)</td>
<td>Patients of pharmacies that had APPEs that integrated pharmaceutical care activities reported significantly higher mean satisfaction scores and significantly smaller gap between expectations and experience compared with patients of pharmacies with traditional APPEs.</td>
<td>No</td>
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<tr>
<td>Donihi AC, et al.</td>
<td>2009</td>
<td>Large academic medical center</td>
<td>Health-system; Transitions-of-care</td>
<td>426</td>
<td>APPE</td>
<td>Humanistic (Patient Education, Student and Staff Satisfaction); Clinical (MTM recommendation)</td>
<td>Number of patients receiving medication education increased; percentage of patients with at least one MTM recommendation increased; students reported experience positively affected their ability to impact care; hospital benefitted for ability to expand services; school of pharmacy benefitted by establishing an APPE site.</td>
<td>No. Multidisciplinary medication education program.</td>
</tr>
<tr>
<td>Lundquist LM, Moye PM</td>
<td>2009</td>
<td>Outpatient internal medicine clinic in a teaching hospital</td>
<td>Ambulatory Care</td>
<td>14</td>
<td>APPE</td>
<td>Clinical (acceptance rate of written vs verbal recommendations)</td>
<td>542 recommendations made (average 38.7 per student), 65% of recommendations were written. Overall acceptance rate was 88.6%, acceptance of verbal recommendations 97.9%, acceptance of written recommendations 83.6%. Most common recommendations were lab monitoring, medication initiation and dose change.</td>
<td>Yes: Resident physicians and student pharmacists</td>
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</tbody>
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(Continued)
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Practice Setting</th>
<th>Practice Area(s)</th>
<th>Number of Student Pharmacists</th>
<th>Level of Student Pharmacists</th>
<th>Outcome Type(s)</th>
<th>Outcomes</th>
<th>Interprofessional Education (IPE) Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bock LM, Duong M, Williams JS, xxiii</td>
<td>2008</td>
<td>Large academic medical center</td>
<td>Health-system</td>
<td>Not Provided</td>
<td>APPE</td>
<td>Clinical (Admission Assessments, IV to PO conversion, IV days of therapy)</td>
<td>Number of admission assessment referrals increased by 60%, for those patients meeting institution criteria, IV to PO conversion rate increased to 100%, and days on IV therapy decreased from seven days to two days. No raw data or significance was reported.</td>
<td>No</td>
</tr>
<tr>
<td>Lai CJ, et al. xxiv</td>
<td>2008</td>
<td>Large academic medical center</td>
<td>Transitions-of-care</td>
<td>61</td>
<td>APPE</td>
<td>Humanistic (Interprofessional Student Satisfaction)</td>
<td>97% of students (medical, pharmacy) completed the post-discharge follow-up curriculum. The attitudes and self-assessed skills of both medical and pharmacy students significantly improved for most survey items after the program. Students reported the curriculum had a favorable impact on their learning about interdisciplinary care, humanism, and discharge planning. 93% reported the curriculum was valuable to their education.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

(Continued)
## Table 5. (Continued)

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Practice Setting</th>
<th>Practice Area(s)</th>
<th>Number of Student Pharmacists</th>
<th>Level of Student Pharmacists</th>
<th>Outcome Type(s)</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit KE&lt;sup&gt;xxv&lt;/sup&gt;</td>
<td>2008</td>
<td>Primary care clinic</td>
<td>Ambulatory care</td>
<td>2</td>
<td>APPE</td>
<td>Clinical (interventions)</td>
<td>109 interventions documented, half of interventions included recommendations for lab monitoring, drug information or patient education. The physician partners accepted 66.2% of the recommendations. No</td>
</tr>
<tr>
<td>Lubowski TJ, et al.&lt;sup&gt;xvi&lt;/sup&gt;</td>
<td>2007</td>
<td>Three small community hospitals</td>
<td>Transitions-of-care</td>
<td>330</td>
<td>APPE</td>
<td>Clinical (Medication Reconciliation)</td>
<td>922 medication discrepancies were identified by student pharmacists. There was a significant relationship between the number of discrepancies identified and the total number of medications prescribed for a patient (p &lt; 0.05). Students identified and provided a recommendation and intervention for a total of 59 drug-related problems with a 48% acceptance rate. No</td>
</tr>
</tbody>
</table>

APPE = Advanced Pharmacy Practice Experience; HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems; VA = Veterans Administration; IPPE = Introductory Pharmacy Practice Experience; PCMH = Patient-Centered Medical Home; DRP = Drug-Related Problems


<sup>vi</sup> Shepler BM. Cost savings associated with pharmacy student interventions during APPEs. *Am J Pharm Educ.* 2014;78(4):71
Shogbon AO, Lundquist LM. Student Pharmacists’ Clinical Interventions in Advanced Pharmacy Practice Experiences at a Community Nonteaching Hospital. Am J Pharm Educ. 2014;78(3) Article 150


Kassam R, Collins JB, Berkowitz J. Comparison of patients’ expectations and experiences at traditional pharmacies and pharmacies offering enhanced advanced pharmacy practice experiences. Am J Pharm Educ. 2010;74(5), Article 90


Fit K. Documentation of Student Pharmacists’ Interventions from Medication Histories in a Primary Care Setting. J Pharm Technol. 2008;24:6

play a critical role in oversight and education of student pharmacists completing the experiential portion of their training. To optimize training of student pharmacists, preceptors must remain current on the latest educational concepts (eg, Pharmacists’ Patient Care Process and Entrustable Professional Activities) and implement best practices to enhance engagement of student pharmacists in the health care setting. Focus groups and surveys of adjunct/affiliate preceptors and experiential education directors conducted by the 2016-2017 PAC indicate the need for additional preceptor development resources and advocate for a standardized training program for new preceptors. Preceptors also desire increased opportunities for networking with other preceptors to gain information on best practices and successful techniques for incorporating learners into the health care setting. In addition, experiential education directors, preceptors, and new pharmacy practice faculty conveyed interest in creation of an AACP membership category for adjunct/affiliate preceptors to help address preceptor training and development needs. AACP is in a prime position to support schools/colleges of pharmacy and augment ongoing preceptor development efforts and programs that advance the profession. As such, the PAC recommends that AACP should formally embrace and engage preceptors in the academy by developing a plan for establishment of a new membership category for adjunct/affiliate preceptors.

In response to the charge by President Joseph DiPiro, the PAC examined literature on value-added contributions of student pharmacists and preceptors in the experiential environment. A review of the literature demonstrates that interventions by student pharmacists have shown improved patient satisfaction and significant cost avoidance in many practice settings (community, ambulatory care, transitions of care, hospital/health systems); however, cost avoidance figures are usually “soft” cost estimates drawn from the literature. The U.S. health care system is in a period of intense and rapid transformation. To expand the role of pharmacy practice and advance provider status, academic pharmacy must collaborate with pharmacy practitioners and other health professions in documenting and demonstrating the value of student pharmacists and pharmacy preceptors. In addition, schools/colleges of pharmacy and other stakeholders in experiential education should conduct research and disseminate findings on value-based outcomes of student pharmacists and preceptors in health care settings and patient care.

REFERENCES
Appendix 1. Executive Summary: The Value of Student Pharmacists in Experiential Education

Introduction: Student pharmacists learn key practical knowledge during their experiential rotations that helps fine-tune their skills for real-world practice. In addition, evidence shows that students add value by enhancing business growth potential, solving drug-related problems, and decreasing the overall cost of healthcare while completing their rotations. This information not only includes the recognized value, but also provides a starting point for the necessary discussions regarding the roles that student pharmacists, preceptors, and experiential education may contribute to healthcare and patient outcomes across various settings.

Community Pharmacy: The community pharmacy setting provides the student pharmacist an ideal avenue to showcase their significance in a variety of ways.
- Healthcare recommendations more than offset the cost of having the student at the practice site.  
- Improved customer contentment, significantly higher level of satisfaction, and fewer service gaps have been demonstrated.
- Students decrease drug-related problems to improve the quality of patient care through medication therapy management (MTM) services.

Ambulatory Care: Evaluation of student pharmacist contributions in ambulatory care settings can be divided into clinical interactions/outcomes and economic outcomes. The clinical contributions include patient level outcomes (disease state management), quantification of interventions and acceptance of recommendations. Most commonly, analysis for economic value assessment is cost-avoidance.
- Student activities most commonly reported include chart reviews and medication reconciliations.
- Most student pharmacist recommendations include updating the medication list, ordering laboratory/diagnostic tests, providing education to the patient, and starting a new medication.
- Evaluation of economic value includes assessments of cost savings related to labor, adverse drug reactions, drug-related problems, and patient/provider education.
- Student pharmacists saved between $329 and $180,769 ($148 in savings needed to offset the cost of precepting).

Hospitals/Health Systems: Evaluation of student pharmacist contributions in hospitals/health-system settings can be divided into clinical interventions/outcomes and economic outcomes. Clinical interventions provided by student pharmacists in hospitals and health systems include patient education/counseling, drug therapy interventions, medication reconciliation, and MTM. Randomized trials have demonstrated.
- Student pharmacists contribute to a geometric mean total drug cost per discharge savings of $48.63 and a combined cost savings of $280,297 over 3.5 years.
- Student pharmacist interventions include patient education, order clarification, therapeutic dose adjustments, and lab monitoring, resulting in an estimated cost avoidance of approximately $23,000 per year.

Transitions of Care: As patient conditions change, health-system transitions of care refer to the movement of patients between healthcare providers and within or between healthcare settings (eg, hospital to home, hospital transfers). Poor coordination leads to inefficiencies, wasted resources, and care fragmentation. Ineffective care transitions between healthcare settings increases the risk of medication errors, leads to adverse events, prolongs length of stay, results in higher hospital readmission rates, and utilizes additional and costly healthcare resources. Pharmacists may be uniquely positioned to reduce medication-related problems and adverse outcomes associated with transitions of care. Pharmacy practice is becoming more reliant on engagement of student pharmacists and pharmacy residents for provision of essential patient care services.
- Student pharmacists impact the economic and patient satisfaction outcomes through demonstrated reduced discharge medication costs and improved patient satisfaction.
- Student pharmacist involvement increases patient education rates and allows for dispensing of appropriate and affordable prescriptions prior to discharge.
- These services are offered through bedside medication education and assisting pharmacy departments in expanding services with a net neutral effect on full-time equivalents.

Summary: The U.S. healthcare system is in a period of intense and rapid transformation. Healthcare stakeholders are modifying the delivery methods and payment vehicles in order to improve quality and to reduce costs. Efforts to avoid unnecessary healthcare costs can help in the conversion to a more efficient system. Data suggests student pharmacist interventions across all care settings typically demonstrate an impressive cost avoidance. The cost avoidance figures, however, are “soft” cost estimates and are usually drawn from the literature.

This literature review reinforces that there are many different practice settings that offer a positive learning environment for student pharmacists, while also allowing them to showcase their potential to add value to patient care and the healthcare system. Student pharmacists, being our future pharmacist practitioners, are capable of improving the quality of care and reducing costs of the healthcare system.


