



Preceptor Partnership: Collaborative Development of a Shared COEPA-based APPE Evaluation across a Seven-Program Experiential Consortium

OBJECTIVE

- To evaluate the thematic findings of two preceptor focus group sessions to inform the development of an updated COEPA-based consortium APPE evaluation tool

METHODS

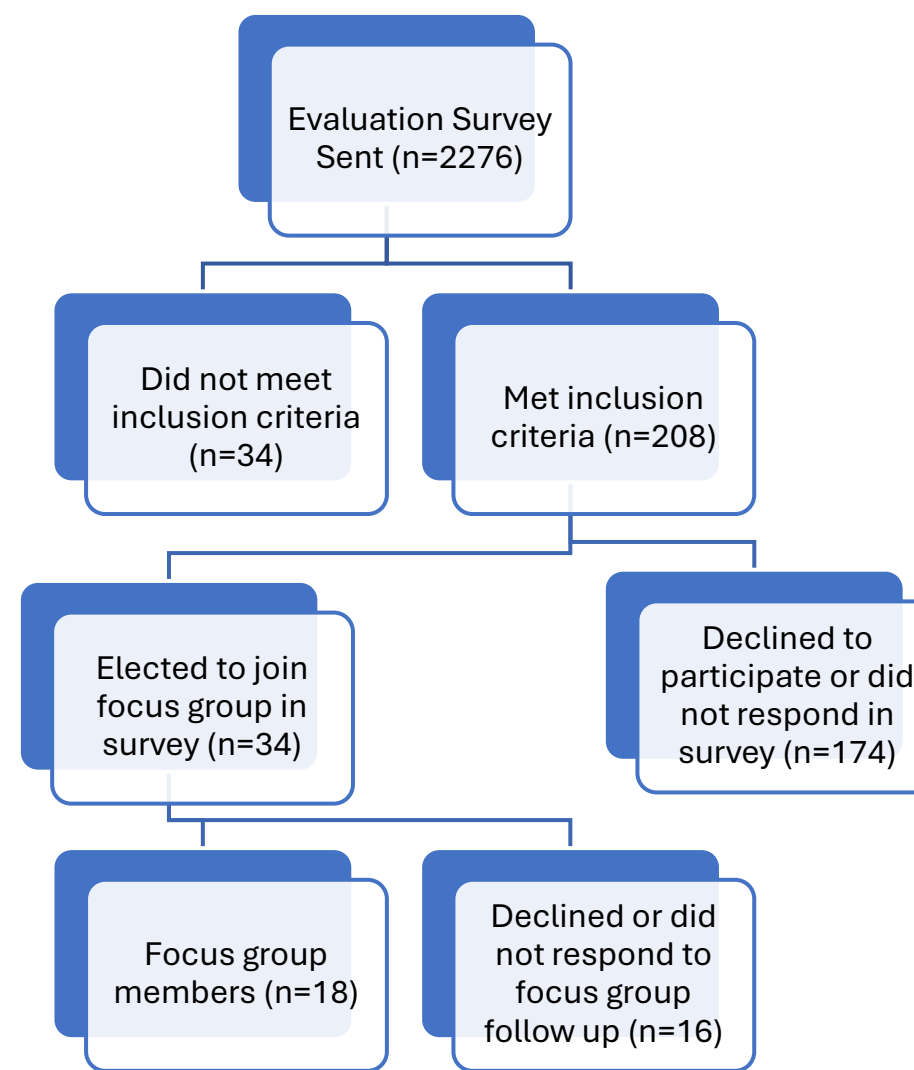
- Researchers utilized a modified-delphi process to gather feedback & modify a COEPA-based APPE evaluation¹

Step 1: Survey on Prototype APPE Evaluation

- The Northwest Pharmacy Experiential Consortium (NWPEC) surveyed preceptors across the seven-college consortium to obtain feedback on a prototype APPE Evaluation incorporating new COEPA 22 standards²; *Inclusion criteria: Instructed ≥ 3 APPEs in past 2 years*

Step 2: Identifying Focus Group Participants

- Surveyed preceptors could indicate interest in attending a subsequent focus group session
- Those expressing interest were invited to participate via e-mail



Step 3: Develop Focus Group Questions

- Focus group questions were developed based on survey feedback from 208 preceptors
- Enhancing clarity and applicability of certain sections of the evaluation were primary themes from the survey

Step 4: Conduct Focus Group Sessions

- Two preceptor focus group sessions were held in December 2023 & January 2024
- One primary moderator conducted both sessions; two additional consortium members helped with time keeping, question facilitation, and note taking

Step 5: Analyze Feedback from Focus Group Sessions

- After the conclusion of both focus groups the findings were themed

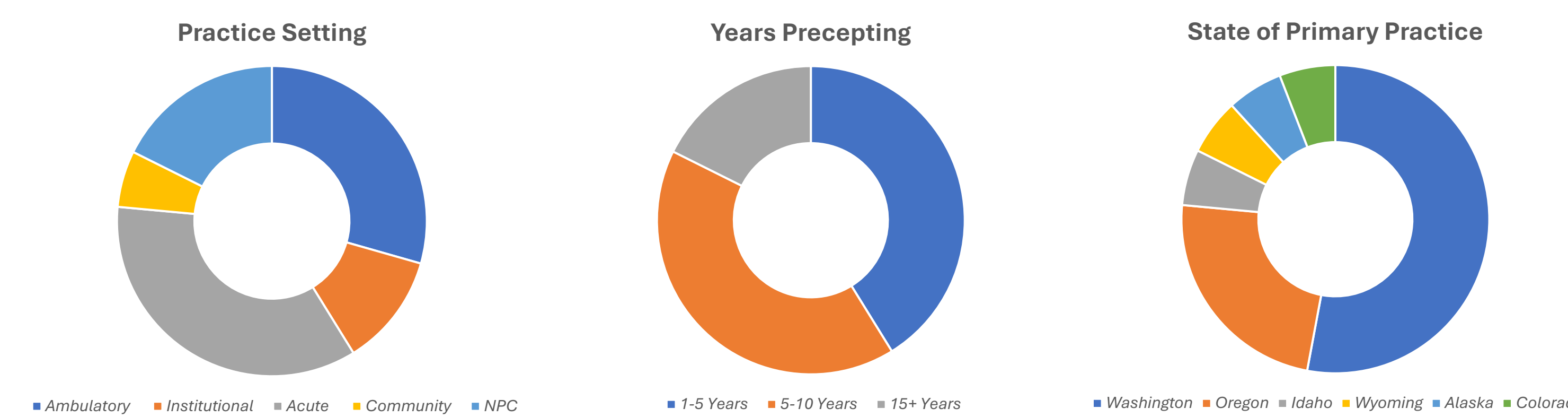
Step 6: Feedback Informed Changes to the APPE Evaluation

- The focus group feedback played a critical role in informing changes to the prototype APPE evaluation
- Focus group preceptors were asked to provide feedback on the final evaluation changes; no further changes were recommended

RESULTS

Focus Group Participant Background

- Eighteen preceptors participated in the focus group sessions
- Preceptors represented both non-patient care elective sites and core practice settings (community, institutional, acute care, ambulatory care)
- Six of the seven colleges within the consortium were represented across the focus group sessions



Focus Group Themes & Ideas from Focus Group Sessions

EPA scale: Numbering and wording were difficult to navigate

- Are the numbers needed in the EPA scale? A descriptive title is easier to follow.
- Make 3A & 3B entrustment levels their own rows.
- The description of what I would say to the student when assigning the task is very helpful.

Pharmacists' Patient Care Process: Increase applicability to more rotations

- Would it be possible to call calculations out as a specific skill?
- Students are not always able to follow up with the same patient, which makes follow up and monitoring challenging to evaluate.

Population Health Promoter: Increase applicability to work at site

- The current wording makes it sound like the student is following up with a large population of patients. Focusing on a small panel of patients is more reasonable.
- Could transitions of care or addressing social determinants of health be added?

Practice Professional: Too technical and challenging to evaluate students in this section

- Practice professional sounds like we are talking about professionalism, which is not the intent.
- Practice management sounds like the student needs to be able to independently manage the entire practice, which is not reasonable.
- Focusing on operations for this area seems to better summarize the work you are describing.

IMPACT OF PRECEPTOR INPUT

EPA Scale

Before Preceptor Feedback

EPA #	Scale Description
1	Observe Only
2	Direct Supervision
3	3a: Reactive Supervision *all findings double-checked
	3b: Reactive Supervision *key findings double-checked
4	Intermittent Supervision

After Preceptor Feedback

Entrustment Level	Scale Description	When Assigning the Task, Preceptor Would Say to the Student:
Minimal	Observe Only/ Minimal Entrustment	Watch me do this task
Low	Direct Supervision/Low Level of Entrustment	I'll watch you do this task
Moderate	Indirect Supervision/ Moderate Level of Entrustment *all findings double-checked	You go ahead and do this task, and I'll double-check all of your findings right away
Moderately High	Indirect Supervision/ Moderately High Level of Entrustment *key findings double-checked	You go ahead and do this task, and I'll double-check key findings right away
High	Periodic Supervision/ High Level of Entrustment	You go ahead and do this task, and I'll be here to consult with in case you need me. I'll double check key findings of your work periodically.

Before Preceptor Feedback

Prototype: Section 2 Subcategory Practice Professional

Practice Professional: Demonstrate the role of a pharmacist in managing legal, human, financial, technological and/or physical resources for day-to-day operations in the pharmacy. Including but not limited to managing patient care and actively participating in the medication use process.

Examples can include:

- Practice Management:** Demonstrate the role of a pharmacist in managing legal, human, financial, technological and/or physical resources for day-to-day operations in the pharmacy
- Patient Care Management:** Accurately prioritize multiple patient care responsibilities/needs in times of high activity and workload
- Operations Management:** Actively participate in the medication use process (e.g. dispensing, distribution, administration) and systems management

After Preceptor Feedback

Final Eval: Section 2 Subcategory Operations

Operations: Ability to integrate within daily operations and workflow of the site.

Examples can include:

- Practice Engagement:** Participate in day-to-day operations by applying legal, human, financial, technological, and/or physical resources
- Workload Management:** Effectively prioritize and self-manage multiple responsibilities/needs and other workload
- Operations Integration:** Actively participate in the medication use process (e.g. dispensing, distribution, administration) and/or other systems operations necessary for daily functions at the practice site

Before Preceptor Feedback

Prototype: Section 2 Subcategory Population Health Promoter

Population Health Promoter: Identify patients at risk for prevalent diseases or preventable adverse medication outcomes in a population and maximize the appropriate use of medications and pharmacist interventions in a population.

Examples can include:

- Assess Need:** Identify patients at risk for prevalent diseases or preventable adverse medication outcomes in a population (E.g., Assess 10 patients to ensure that they have received all ACIP recommended vaccines)
- Plan for Implementation & Evaluation:** Maximize the appropriate use of medications and pharmacist interventions in a population (E.g., For all patients that haven't received ACIP recommended vaccines, send a message electronically or call patients to schedule follow up appointment if need)

After Preceptor Feedback

Final Eval: Section 2 Subcategory Health Promoter

Health Promoter: Assess factors that influence health and wellness and develop strategies to address those factors.

Examples can include:

- Transitions of Care:** Contribute to continuity of care
- Population Health:** In a panel of patients identify patients at risk for prevalent diseases or preventable adverse medication outcomes and maximize the appropriate use of medications and pharmacist interventions (E.g., Assess completion of ACIP-recommended vaccines; Medication Use Evaluation)
- Mitigate Health Disparities:** Consider and/or address social determinants of health, diversity, equity, inclusion, and accessibility
- Educate on or participate in health promotion**

CONCLUSIONS

- Designing focus group questions based on the initial survey feedback on the prototype APPE evaluation helped optimize time and target feedback from the focus groups
- Preceptors provided instrumental feedback in refining a new consortium wide COEPA-focused APPE evaluation and helped to ensure the language and functionality applied to all rotation sites

LIMITATIONS

- The discussion and engagement of each focus group varied slightly despite having a single moderator
- Information collected may not be representative of the entire population of preceptors across the NWPEC
- Delineating single opinion from the group opinion is inherently difficult with focus groups

REFERENCES

- Fink A, Koseoff J, Chassin M, Brook RH. Consensus methods: characteristics and guidelines for use. *Am J Public Health.* 1984;74(9):979-983. doi: 10.2105/AJPH.74.9.979
- Medina M, Stolte S, Conry J, et al. Revising the Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes and Entrustable Professional Activities (EPAs): The Report of the 2021-2022 Academic Affairs Standing Committee. *Am J Pharm Educ.* 2023;87(1):ajpe9453. doi:10.5688/ajpe9453