

EXPERIENTIAL EDUCATION COMMITTEE REPORT

November 2020

August

I) Curricular revision proposal presented by M. Thompson on behalf of the Curriculum Committee

(See provided handout.)

A) APPEs

- 1) Will look very similar.
- 2) ACPE mandates that there must be 1440 hours across four practice settings (160 hours in each setting): inpatient general medicine, hospital / health system, community, and ambulatory care.
- 3) MTM may become optional with students having the choice to do 120 hours in a specialty are above and beyond their electives.

B) aIPPE

- 1) Originally designed to ensure APPE readiness.
- 2) 6 weeks long; mimics a fourth year rotation.
- 3) Possible split into two sections.
 - a) aIPPE I – three weeks (P2 spring or P2 summer)
 - i) Community or health system setting (must participate in both, but order doesn't matter)
 - b) aIPPE II – six weeks (P3 spring)
 - i) Community or health system setting (must participate in both, but order doesn't matter)
- 4) Proposal: IPPE hours would be met through aIPPE I & II
 - a) ACPE mandates 300 total hours
 - i) 150 split between community and health system
 - ii) 150 other settings or simulation

C) Exploratory IPPE 1 & 2 (P2 fall, P3 fall)

- 1) For students who have “tested out” of required community and health system hours, they could complete hours in the setting of their choice.
- 2) Designed so that students have more opportunities for career exploration.

D) Community and health system foundations (P2 fall, P3 fall as needed)

- 1) For students who don't have experience in either or both of these settings. This would take the place of what used to be their IPPEs.

E) Professional and Practice Development Program (present throughout program but large presence P1 year)

- 1) Service learning, professional identity formation, co-curricular activities.

F) Commentary and Q&A

- 1) M. Thompson to preceptors: Would exploratory be something you'd be willing to offer similar to own-choice visits.
 - a) Yes. Seems feasible.
 - i) Clarifying question from T. Patel – How many hours?
 - ii) M. Thompson – TBD.

- 2) J. Brunner – Scale should be balanced between experiential and didactic realms. Both are meaningful in terms of development.
- 3) S. Gleason – for prior experience, would you recognize worked hours, or simulation to assess competency?
 - a) TBD. It would likely be an aIPPE-like assessment.
 - b) D. Hammer adds that EPAs could be a good way of assessing competency.
- 4) M. Porter (P3) likes the idea of being able to opt out of hours (the introductory experiences) but feels that it may still be a good learning experience to have some interaction there (i.e., could be valuable to see a glimpse of Walgreens if student has quite a bit of CVS experience). Could there be something like a mandatory shadow day early on in the P1 year?
 - a) M. Thompson – Yes, perhaps that would fit well into the first year of PPDP.
- 5) For the two aIPPEs, one community and one hospital, would there be an opportunity if you've already gotten to your 150 community hours, could you do ambulatory or specialty?
 - a) E. Gilliam – the default is that it has to be community and health system, but if students work through requirements early on they can do something like ambulatory care here they can. The driving philosophy is for students to have more choice.
- 6) S. Gleason – What is the total number of hours for someone entering with no experience.
 - a) W. Nuffer – Not decided yet, but thinking in terms of having students be on site for an entire day at a time.

September

I) Preceptor updates

- A) J. Hamner (Children's) requests that APPE schedule for each block be communicated earlier, as the onboarding process at Children's is quite extensive.
- B) T. Patel (UHC) – Hospital is at full capacity with its learners as of block 4.

II) PPDP

- A) “Connecting Older Adults with Students Through Interprofessional Telecare” created in lieu of the traditional service learning component conducted at area elementary schools. P1 students will be making phone/video calls to socially isolated older adults at nursing and long-term care facilities. The Multidisciplinary Center on Aging is planning to publicize the program.
- B) P2s and P3s are currently advised to participate in flu clinics, and the P2s have an EPA requirement to provide a minimum of 10 immunizations.

III) Credit by challenge

- A) Two abbreviated challenges will need to be reviewed after the next meeting.

IV) OEP

- A) OEP will need to provide PPE for students completing rotations at UCH (and likely other sites as well) indefinitely. M. Thompson believes the school has received financial assistance via the CARES Act and should be using a portion of those funds to continue to purchase PPE to provide to sites.

B) Curriculum committee continues to work on revisions to the curriculum and will be presenting those changes in a couple of weeks.

V) DDP

A) Nothing to report.

VI) Scholarship

A) Article submitted to *Currents* is under review. Waiting on comments.

B) Editorial for AJPE next. Would like to have the editorial submitted around the time the *Currents* piece is published so that it can refer to the article's argument that students should be allowed increasing levels of autonomy as they progress in their pharmacy education.

VII) Confidential student-related matters

A) For a block 3 MTM rotation, eValue generated an "F" on a student's final evaluation, and the preceptor agreed with that grade. The grade will be recorded as an "F." The student maintains the right to appeal that grade.

1) M. Thompson asks for a volunteer or a recommendation for an action plan mentor for the student.

a) P. Rice volunteers to be the student's action plan mentor.

VIII) AHEC and school's operating budget

A) Over the last 18 months the school has been looking for ways to minimize expenses, but lately things have become even more pressing. Our dean and dean of finance have been reviewing areas to minimize spending, AHEC being one of them. AHEC locates housing for students completing rotations in rural areas of Colorado. Currently, students are required to complete two rural rotations. The school pays a large amount of money (in the six-figure realm) to pay housing for students via AHEC.

1) OEP has been directed to cut back AHEC costs.

a) Without the rural sites, there is not enough capacity to place students.

b) Removing students from these sites will certainly damage the school's relationships with those sites, a point that will be made to the dean.

c) If AHEC costs are drastically reduced, should the school use some of that money to begin paying sites to incentivize our Denver metro sites to make up for the lost rural placements?

2) Committee members feel that maintaining rural placements is important to sites and students alike. Members also feel that the school should not begin paying sites, as it is unlikely to increase the number of students a site is willing to take. It is also not a move that cannot be undone.