Welcome New Preceptors and Sites!

With the inception of the new IPPE program and the ever expanding APPE program, we have gained several new preceptors and sites. We apologize for any that may have been left off of this list.

- FDA – Rockville, MD (Diane Bartell, R.Ph.)
- Conway Medical Center – Conway, SC (Roger Beverly, Pharm.D. and Robert Gajewski, R.Ph.)
- The Washington Hospital – Washington, PA (John Crumrine, R.Ph.)
- The Johns Hopkins Hospital – Baltimore, MD (Kimberly Durand, Pharm.D.)
- CVS Pharmacy – Summersville, WV (Georgiana Jarvis, Pharm.D.)
- Langley Air Force Base – Hampton, VA (Major Brian Logue USAF)

Congratulations to our two APPE preceptors of the year:

**Patty Johnston, R.Ph.** – Colony Drug, Beckley, WV

**Virginia (Ginger) Blosser, R.Ph.** – Montgomery General Hospital, Montgomery, WV

Mark Your Calendar

Please mark your calendar for the following upcoming dates and deadlines:

**Community IPPE**
- First year students (P1) will complete their capstone rotation in the community setting from May 7, 2007 through May 18, 2007 at the same site where they completed their fall and spring hours.

**Institutional IPPE**
- Second year pharmacy students (P2) will complete a two-week rotation at a hospital site at the conclusion of their spring semester. There will be three two-week sessions in which these rotations will be done. Those dates are:
  - Section 1 – May 7, 2007-May 18, 2007
  - Section 2 – May 21, 2007-June 1, 2007

**APPE**
- Student Assessment Forms from Block 1 are due on or before June 22, 2007
- Block 2: June 18, 2007 – July 13, 2007
- Student Assessment Forms from Block 2 are due on or before July 20, 2007
- Block 3: July 16, 2007 – August 10, 2007
- Student Assessment Forms from Block 3 are due on or before August 17, 2007
- Summer vacation break: August 11 – August 19
- Block 4: August 20, 2007 – September 14, 2007
- Student Assessment Forms from Block 4 are due on or before September 21, 2007

Welcome New Affiliates

Q&A on the APPE Assessment Form

Student Evaluations: Much More Than Just One Student’s Grade

Pictures from IPPE Service Learning Projects

From the Directors’ Chairs

Who to Contact?

Contact Information

---

**APPE**
- Student Assessment Forms from Block 1 are due on or before June 22, 2007
- Block 2: June 18, 2007 – July 13, 2007
- Student Assessment Forms from Block 2 are due on or before July 20, 2007
- Block 3: July 16, 2007 – August 10, 2007
- Student Assessment Forms from Block 3 are due on or before August 17, 2007
- Summer vacation break: August 11 – August 19
- Block 4: August 20, 2007 – September 14, 2007
- Student Assessment Forms from Block 4 are due on or before September 21, 2007

---

**Welcome New Preceptors and Sites!**

With the inception of the new IPPE program and the ever expanding APPE program, we have gained several new preceptors and sites. We apologize for any that may have been left off of this list.

- FDA – Rockville, MD (Diane Bartell, R.Ph.)
- Conway Medical Center – Conway, SC (Roger Beverly, Pharm.D. and Robert Gajewski, R.Ph.)
- The Washington Hospital – Washington, PA (John Crumrine, R.Ph.)
- The Johns Hopkins Hospital – Baltimore, MD (Kimberly Durand, Pharm.D.)
- CVS Pharmacy – Summersville, WV (Georgiana Jarvis, Pharm.D.)
- Langley Air Force Base – Hampton, VA (Major Brian Logue USAF)
A new student assessment form was introduced with the beginning of the 2006-2007 advanced practice experiential year. The form is competency-based and is derived from recommendations of the Institute of Medicine’s (IOM) 2003 report *Health Professions Education: A Bridge to Quality.* The 2006-2007 form was based on a 9-point scale, the revised form uses a 5-point scale and we have modified the competency areas of evaluation.

Descriptors for the 5-point scale are listed below. Preceptors are to use the descriptors to determine how best to describe the student’s performance during the two- and four-week evaluations. It is imperative for us to have an accurate assessment of the students’ performance in order to both assist the student with remediation if necessary and to evaluate our own didactic curriculum.

The following questions and answers should help preceptors appropriately use the new student evaluation form that was implemented this summer. Carefully read the information provided. If you have additional questions about using this form, please contact Carla See at (304) 293-1504 (csee@hsc.wvu.edu) or Jenny Ostien at (304) 293-1464 (jostien@hsc.wvu.edu).

1. **What score represents satisfactory completion of a competency?**
   The revised form uses a scale of 1 through 5. A description of the values is found in the chart below.
   
   1 = Student **could not perform** this skill/activity with any degree of competency.
   
   2 = Student had **significant deficiencies** in the needed skills/activities or only achieved competency expectations with a **substantial requirement** for intervention, assistance, or directed questioning.
   
   3 = Student performed skill/activity at a level of competency which **met** expectations using professional standards with the **need for some** intervention, assistance, or directed questioning.
   
   4 = Student performed skill/activity at a level of competency which **met** expectations using professional standards with **very little need** for intervention, assistance, or directed questioning.
   
   5 = Student performed in an **exemplary** manner and **exceeded** competency expectations with **no need** for intervention, assistance, or directed questioning.
   
   N/A = Could not assess

2. **When is it appropriate for a student to receive a score of “5”?**
   A score of 5 is the BEST. It means that the student can serve as an ideal role model for that task or behavior and that there is nothing that can be improved upon. In other words, the student can be trusted to perform like an independent practitioner on that task/behavior. Only give a score of 5 if it is truly merited.

3. **Unlike the old form, this new form does not ask me to calculate a student’s overall rotation score. Why not?**
   A student is required to receive an average score of “3” to pass a rotation. However, as the evaluation form indicated: “**It is possible to pass a rotation and not pass a competency.** A score of 3 or above is a passing grade for each competency or competency element. If the student receives a score of less than 3 on an individual If the student receives a score of less than 3 on an individual competency or element, the School will work with the student to develop an action-plan to remediate that competency/element.” We do not want preceptors to worry about “failing” or not failing a student. Give a score for each competency, or element within that competency, that BEST reflects performance.

4. **Do I need to check boxes listed under a competency?**
   Checking boxes is not required. However, the check box statements listed under a competency allow you to easily indicate those key areas in which a student could show at least some improvement or further development. The boxes checked at the 4 week evaluation may be different from those checked at the week 2 evaluation.
5. What are the most frequent grading mistakes?

1) Failure to grade the student longitudinally. For each block, the preceptor should grade the student as if the student were to graduate tomorrow. In other words, how ready is the student to graduate and work by themselves? The preceptor should not grade by how they think the student performed for that block; i.e., “for a Block 1 student, the student is a 5”.

2) Giving a high score in order to encourage the student. WVU Pharmacy students understand the grading scale. If a preceptor shows the student the definitions, then asks the student how they would grade themselves, most will not grade themselves with all 5’s. Honest evaluations of student performance help the school learn where it needs to improve in preparing students for rotations and it help the students know what they need to work on in remaining rotations.

It is recommend that you use written comments to provide encouraging remarks.

Remember that the whole point of the evaluation is to HELP the student. If you do not provide an honest appraisal of the student’s performance with suggestions or advice on how to improve, they will not improve. Giving an unjustly high score will be more damaging to the student over time than giving them a low score that they merit.

3) Failure to provide a thorough Week 2 evaluation. Final scores can be appealed by the student if it cannot be shown that they were given adequate warning that there was a problem. When reviewing the scores with student for their 2-week evaluations, be sure to give the students as much advice as possible for improvement. Pay extra attention to any scores less than 3. Remind student that ANY final 4-week score of less than 3 will mean the School will be contacting the student about developing and implementing a specific plan for improvement of that task/behavior.

4) Failure to write written comments. Students like to receive written comments. Encouraging words provide positive reinforcement. In addition, written comments can provide more specific information that future preceptors can utilize to help the student on their next rotation.

### Highlights of the Revised APPE Student Assessment Form

- Preceptors will complete an evaluation at the end of week 2 and the end of week 4.
- The evaluation MUST be discussed with the student. In addition to asking preceptors on the form if the evaluation was discussed with the student, we also ask the student if the preceptor discussed the 2 and 4 work evaluations with them.
- An average score of 3 is required to pass the rotation. It is possible to pass a rotation and not pass a competency. The SOP will provide remediation for any student who receives a week 4 score of less than 3 in a particular competency. The SOP will then issue the final grade for the rotation.

---

**Student Evaluations**

**Much More Than Just One Student's Grade**

Marie A. Abate, BS, PharmD, Professor of Clinical Pharmacy

The 4th professional, or experiential, year, is of critical importance in our curriculum. It allows students to finally receive extensive hands-on education and training, working with real-life patients in different health care settings, and interacting with a variety of other health professionals. The 4th year is one of the best places for determining if there are any curriculum weaknesses. Why? Because the experiential students are evaluated based upon outcomes or competencies they should be able to achieve by the time they graduate. The evaluation form that you complete for each student on your rotation lists many of these important competencies -- communication skills, information retrieval and evaluation skills, assessing patients' medications, preparing a care plan, etc. What you may not realize is that each of these completed evaluation forms will not only affect that particular student's FUTURE learning, but it will affect whether or not CHANGES are made in our curriculum.

How can individual student evaluations affect learning and curricular changes? To determine if our curriculum is "successful," we need to globally look at how well students achieve each individual competency. This is part of our School's
Educational Outcomes Assessment Plan. To do this, we need to calculate student score averages (and ranges) across all rotation blocks combined. To illustrate, four individual students' rotation scores might look as follows (using the 5 point scale for the student evaluations -- we will be using this scale again this year):

<table>
<thead>
<tr>
<th>Competency</th>
<th>Student 1</th>
<th>Student 2</th>
<th>Student 3</th>
<th>Student 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Verbal Communication</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Written Communication</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Pharmacy Knowledge</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Student Average</strong></td>
<td><strong>3.75</strong></td>
<td><strong>3.5</strong></td>
<td><strong>3.25</strong></td>
<td><strong>3.5</strong></td>
</tr>
</tbody>
</table>

Looking at this, you might say that the students all performed similarly and at an acceptable level (a "3" is considered an acceptable score). However, let's look at how the students performed for each competency:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Student 1</th>
<th>Student 2</th>
<th>Student 3</th>
<th>Student 4</th>
<th>Competency Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>Verbal Communication</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2.25</td>
</tr>
<tr>
<td>Written Communication</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4.25</td>
</tr>
<tr>
<td>Pharmacy Knowledge</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4.5</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Student Average</strong></td>
<td><strong>3.75</strong></td>
<td><strong>3.5</strong></td>
<td><strong>3.25</strong></td>
<td><strong>3.5</strong></td>
<td></td>
</tr>
</tbody>
</table>

These represent the same data as in the previous table. Notice how there are now clear differences in performance for the different competencies, with Verbal Communication being significantly less than the others. This information allows us to determine that verbal speaking skills are weak and need to be enhanced in the curriculum, with professionalism an area that also requires attention.

The key point to remember is: IN ORDER FOR THE DATA TO HAVE ANY REAL MEANING (VALIDITY) FOR ASSESSMENT PURPOSES, THE SCORES GIVEN TO INDIVIDUAL STUDENTS MUST REFLECT THEIR ACTUAL PERFORMANCE. If the 4 students above received grades of all 4s and 5s for each competency (even through their performance did not really merit a score of a 4 or 5), it will appear to us that our students were highly proficient at each competency. Thus, we would conclude the no improvements in the curriculum are needed. For example, through the first half of the 2006-2007 rotations, student evaluation scores for the individual competencies have ranged from an average of 7.94 to 8.45 (using the former 9 point scale). Using our definitions for each number, we must interpret this to mean that our students are virtually perfect in their performance and no curricular changes are indicated. Is this really true??

We know that preceptors (this author included) would like short, easy student evaluation forms to complete that don't take hardly any time. However, we are relying on all of you to provide us with information, that we can not obtain anywhere else, that shows us how well our students actually perform. We tried to make the form as easy to complete as possible, without sacrificing its usefulness for assessment purposes.

We also know that preceptors (this author included), would prefer to give students good scores. After all, most of these students are very nice, try hard, can do some things well, put in a lot of time, and we really don't want to hurt them, right? They have come a long way to get to the 4th year. What we may not realize, though, is by giving the students scores that their performance does not merit, we are actually hurting them.

How would giving a poorly performing student high scores hurt them? Let's look at the training of performing animals such as dolphins or whales as an analogy. To get these animals to perform a trick, such as swimming over a bar, positive reinforcement is used: Correct performance = reward, incorrect performance = no reward. First, they need to see the bar. Next,
they need to receive the reward every time they swim over the bar. They are not rewarded if they swim under the bar. What would happen if they received a reward even if they swim under the bar? Obviously, they will never learn what constitutes correct performance.

How does this apply to student rotation evaluations? Have clear, visible targets (explicit competency statements). Deliver reward when student performance meets or exceeds expectations (praise, high scores). Do not reward performance that does not meet expectations; rather, give students constructive feedback as to how they should improve. Giving students high grades they do not deserve can lead to students exerting minimal effort on future rotations, students who never achieve the desired competency because they never know where the "bar" is, students who believe they are more knowledgeable or skilled than they actually are (a potentially dangerous situation), and an inability of the School to identify curricular areas in need of improvement.

In conclusion, student precepting is a big responsibility that is greatly appreciated and which should be taken very seriously. Carefully assess student performance using the definitions for each numerical score provided on the evaluation form. If a student performs in an exemplary manner for a competency, they have earned a high score. Remember that the score should reflect only actual competency performance.

The Pharmacy Southern Experiential Learning (PSEL) Program

Full-time WVU School of Pharmacy faculty members are located in Charleston and many of the School’s preceptors are in the southern half of West Virginia. Unfortunately, temporary housing near Charleston is hard to find. This created many difficulties for students living in Morgantown during their fourth year who needed to do rotations in the southern part of the state. Therefore, the Pharmacy Southern Experiential Learning (PSEL) program was established in order to provide students the opportunity to live in the same geographic area and thus eliminate the need for paying for housing in both Morgantown and Charleston.

Sites within a one-hour drive from Charleston are identified as PSEL sites. The following counties comprise the PSEL program: Boone, Clay, Cabell, Fayette, Jackson, Kanawha, Lincoln, Logan, Mason, Putnam, Raleigh, Roane, Wayne, and Wyoming. Greenbrier and Mercer Counties may be used for rural rotations. The intent was that students could, if they chose, live in one location and commute to their rotation sites where housing was not provided.

Approximately one-third of the pharmacy class is assigned to the PSEL program. Some years have more or fewer students dependent upon rotation availability. Although the School has the option of assigning students to the PSEL program, most of the students volunteer. Students must complete a minimum of six (6) rotations in the designated PSEL area.

The Director of Advanced Pharmacy Practice Experiences still assumes administrative responsibility for students participating in the PSEL Program. Elizabeth J. Scharman, Pharm.D., a faculty member from the Charleston Division, is the program’s liaison.

All PSEL students participate in Journal Club which is held every other Tuesday at 3:00 p.m. During the 2007-2008 academic year, each student will be presenting at two journal club meetings. Preceptors and area pharmacists are encouraged to attend. Continuing education credit is provided (0.1 CEU’s per session). Tara White can be contacted at twhtehse@hsc.wvu.edu (304-347-1260) to obtain a current journal club schedule.
Second Year Student Pharmacists Implement Their Service Learning Projects

“Lending a Helping Hand” at the Alzheimer’s Association

“Living Healthy Living Right” at Health Right

Students at Ridgedale Elementary are “Learning Through Art” with the group for the Monongalia Arts Center

“Seniors on the Run” at Scott’s Run Settlement House

Poster preparation for the group at The Shack Neighborhood House
Capstone Institutional Rotation- Inaugural Year
Gina Carbonara, Pharm.D., Director of Introductory Pharmacy Practice Experiences

As the spring semester has ended in the classroom, our IPPE students have continued their learning at their pharmacy practice sites. We are excited this year to not only have our first year student pharmacists completing a Capstone Community Rotation, but also to have our second year student pharmacists completing a Capstone Institutional Rotation.

We have 36 institutional practice sites in WV, PA, KY, and MD that have partnered with us for the IPPE Capstone Institutional Experience. The number of students at each site ranges from 1 to 6, with a special thank you to those sites that were able to precept 2 students for each of the 3 sessions.

The workbook of activities for the Capstone Institutional Experience was developed by working with Mary Stamatakis, Pharm.D., Renee Sager, Pharm.D., and Megan Duffin, Pharm.D as part of her APPE administrative rotation, Spring 2007. The discussion topics and activities were designed to assist with guiding the rotation and to provide a framework for an introduction to hospital pharmacy. Our hope is that the student pharmacists had the opportunity to participate in various activities throughout the 2 week rotation, and that they were able to build upon the knowledge and skills that they gained during their Community Experiences the previous year.

Janet Wolcott, Pharm.D., from Cabell-Huntington Hospital shared these comments with us following session one, “I do believe this has been a great experience for them both, and the staff has really enjoyed opening the eyes of the students to hospital pharmacy and all the possibilities. This has been a great experience.”

As this is the first year of the Capstone Institutional Rotation, your feedback is truly important to us. Please send us your comments and suggestions, as this will assist us in making the necessary updates to the program.

It is our hope that the IPPE experiences, community, institutional, and clinical will allow the student pharmacists to be better prepared for their APPE rotations during the fourth professional year and continue to add value to their sites. We also hope that providing the students earlier experiences in various settings within the profession of pharmacy will allow them to gain a better understanding of the many opportunities available to them. They will look to you, their preceptors, to assist them in their journey throughout pharmacy school.

Thank you all for you continued support of the IPPE program!

Who Do I Contact about What?

To better serve our preceptors, we have created a list of contacts for the most frequently asked questions in experiential education. If you don’t see the issue listed here, Jenny Ostien can direct you to the most appropriate person to assist you.

Gina M. Carbonara, Pharm.D.
Director of Introductory Pharmacy Practice Experiences
304-293-1471  gcarbonara@hsc.wvu.edu
- Introductory community pharmacy experiences
- Introductory institutional pharmacy experiences
- Service learning
- P3 clinical preparatory experiences

Carla J. See, MA, MS
Director of Advanced Pharmacy Practice Experiences
304-293-1504  csee@hsc.wvu.edu
- P4 (APPE) rotations
- contract and affiliation agreements
• preceptor approval process and adjunct faculty appointments for preceptors
• RHEP and AHEC issues

Jenny R. Ostien
Program Specialist for Experiential Education
304-293-1464  jostien@hsc.wvu.edu

• EMS
• Difficulty accessing SOLE and/or library services
• Changes in preceptor and/or site contact information
• Invoicing procedures and reimbursement

The next edition of the newsletter will be sent out in September. Please send any pictures or information for the next newsletter to Jenny Ostien by August 13, 2007.

Contact Information

Carla J. See, M.S., M.A.
Director of Advanced Pharmacy Practice Experiences
West Virginia University School of Pharmacy
P.O Box 9520
Morgantown, WV 26506-9520
(304) 293-5104
fax (304) 293-7672
csee@hsc.wvu.edu

Gina Carbonara, Pharm.D.
Director of Introductory Pharmacy Practice Experiences
West Virginia University School of Pharmacy
P.O. Box 9520
Morgantown, WV 26506-9520
(304) 293-1471
Fax (304) 293-7672
gcarbonara@hsc.wvu.edu

Mrs. Jenny Ostien
Program Specialist, Experiential Education
West Virginia University School of Pharmacy
P.O. Box 9520
Morgantown, WV 26506-9520
(304) 293-1464
fax (304) 293-7672
jostien@hsc.wvu.edu