**Student Focus Group Response**

September 2018

**Co-curriculum Comments**

* The Co-curriculum encompasses and addresses ACPE Standard 3: Approach to Practice and Care and ACPE Standard 4: Personal and Professional Development. In order to help all students develop in these areas (problem solving, education, patient advocacy, interprofessional collaboration, cultural sensitivity, communication, self-awareness, leadership, innovation and entrepreneurship, professionalism), the school-wide co-curricular presentations focus on topics related to these areas. With the implementation of the full plan this fall, mentoring groups and a portfolio system will be utilized to further explore these training sessions and related activities in order to meet these accreditation standards.

**Curricular Review Comments**

* Students commented that they want more opportunities to build confidence for communicating with healthcare professionals.
	+ The Curriculum Committee just finished reviewing the entire program with regard to learning opportunities pertaining to communication topics to ensure that there is adequate exposure throughout the didactic program and reinforcement through application within the lab sequences. As a result, additional lab activities (e.g., patient counseling, SOAP notes with feedback) have been added to address areas that required reinforcement. Furthermore, the committee determined the placement of the Pharmacy Communications course is ideally located in the P3 spring, just prior to APPE so that the clinically-relevant active-learning communication scenarios within the course would be fresh in everyone’s minds.
	The introduction of case-based Recitations into the lab sequences (beginning with ILS-III) is expected to be beneficial for building knowledge, skills, and confidence with communicating a patient care plan that is relevant to the Therapeutics modules that are being taught concurrently. The next offering of the P3 year curricular sequence will include additional reinforcement of OSCEs and evidence-based practice (e.g., journal clubs) that we expect to further enhance confidence and APPE-readiness.
* Students commented that they would like to have more active-learning.
	+ There is a concerted effort to enhance active-learning throughout the entire didactic program. Our long range plan is for this to result in a new classroom design with technology to support active-learning for both on-site and off-site interaction.
* The questions have been raised as to why we have revised the curriculum, and why it was not done sooner.
	+ The ULM College of Pharmacy has always graduated high-quality, practice-ready pharmacists; however, for every professional program there is always room for improvement. Through ongoing analysis of data from course reviews, standardized student exam scores, and student focus groups, the faculty has been making a continuous collaborative effort to identify ways to improve the practice-readiness of our candidates. The most recent rigorous evaluation has resulted in a revised curriculum that reflects ongoing improvements to content integration, delivery, and assessment across the program. Assessment measures have been implemented to ensure that the faculty instructors within each course are routinely collaborating to enhance discipline-specific content integration and to establish and improve clinical correlations. The College uses a Continuous Quality Improvement (CQI) tool that involves an annual review of each course by all participating faculty. This CQI review encourages scheduled interaction between the faculty with the intent of continuously improving content integration, delivery, and assessment. The annual course CQI and the periodic formal course reviews both place tremendous value on the feedback received from our students. Specific courses that have been recently reviewed formally this year include Drug Action I & II, Pathophysiology I & II, Calculations, Biopharmaceutics & Pharmacokinetics, Parenterals, and Pharmacy Communications. In summary, to ensure continuous improvement of our curriculum, assessment tools have been placed to provide real-time evaluation of the curriculum to identify and expeditiously implement needed course adjustments to optimize educational outcomes for both the current and the new curricular sequences.
	+ As to the question of why was this revision not done sooner, as one can imagine, such a major revision takes a tremendous amount of time for planning and implementation. This revised curriculum has been at least three years in the making. Those who are in the pre-2017 curriculum need to know that many of the revisions that have been formalized in the new curriculum have already been gradually implemented within your degree plan. Some of those revisions may be imperceptible, while others (e.g. RxPrep) are clearly more obvious. Please know that we are making every effort to practically implement as many of the planned revisions into every sequence so that everyone in the program will reap the benefits.

**Other Comments**

* Students commented about the lack of focus on community pharmacy practice in our program.
	+ The School of Clinical Sciences is looking into a pathway that provides students with guidance in developing themselves into community pharmacy practice pharmacists in a similar manner to what already exists for students who are interested in residency training.
	+ We are exploring the idea of allowing students to participate in more than one community rotation during their fourth year as one of their elective rotations.

* Students commented about the lack of information they receive regarding financial aid.
	+ The OSPA has contacted the ULM Financial Aid office in the past about having more of a presence at our building. At that time, they did not have enough staff to do this. We will revisit this soon to see if we could have someone here at least a few times per semester. Currently, Financial Aid presents to P1 students at Boot Camp and P4 students before they enter their APPEs. They communicate with our students via email on a regular basis.
* Several comments addressed communication between the faculty/administration and the students.
	+ The OSPA Weekly is the primary mode of notifying students of upcoming events, college news, organization information, fundraisers, job opportunities, etc. We are going to create more organized headers/sections in this publication to hopefully make communication more clear.
	+ Students do sometimes complain about receiving too many emails which causes them to miss information at times. We recommend creating an OSPA Weekly folder to house all of these emails for later reference.
	+ Comments were made that students would like more feedback in response to their opinions and complaints. This document is in direct response to that in order to address student concerns and provide explanation and feedback. We will strive to continually improve in this area. We do ask that students understand that, while we welcome comments, constructive criticism, and suggestions, we may not always be able to implement the suggested changes. However, we are willing to provide explanations when this occurs.
* Students commented that the dress code is not enforced.
	+ Pharmacy Council revised the dress code at the end of the spring 2018 semester. This updated dress code has been sent to students and faculty and should be strictly adhered to. The students are expected to hold one another accountable for following this policy and should notify OSPA of repeat offenses who will address concerns accordingly - these issues may be forwarded to the student’s co-curricular mentor and may be reflected in the mentor’s evaluation of student professionalism.
* RxPREP Comments and Concerns
	+ The P3 students, faculty, and administration worked together to develop a NAPLEX review plan that satisfied all parties. P4 students will purchase and complete the RxPrep program during their fourth year of pharmacy school. They will register for a P4 capstone course during the spring semester of this year. Approximately 10 units and exams should be completed each month with the order determined by the student with possible input from preceptors.

	Course grading will include:

		- RxPrep exam score 50%
			* 2 attempts will be allowed
		- Average of highest score on each quiz 20%
		- Average OSCE Score for 4 OSCE’s 20%
		- Attendance at mandatory events 10%
			* Orientation, OSCE’s, RxPrep Exam, NAPLEX Review
	+ This plan will be assessed and revised as needed.
* IPE Comments and Concerns
	+ According to the IPE meetings we have attended, it is not recommended to have theater students involved as players in IPE programs. The restructure of IPE2 has addressed the difficulty students reported with scheduling time for the teams to meet. This IPE component will now have very little coursework. Student feedback suggests they would rather meet together on a Saturday instead of several meetings throughout the half semester course. The date for IPE 2 has already been scheduled (March 16, 2019) and will be held at Bayou Pointe. If pharmacy students feel that they are carrying the majority of the weight within an IPE team, they should document this in their peer evaluation and reflections at the end of the course. Physicians will be involved with pharmacy students in IPE3 (University Health agreement).
* Class Attendance Concerns
	+ We are working to ensure that all policies consistently represent the College’s attendance expectations.

**Student comments regarding IPPE and APPE experiences:**

* IPPE rotations are four credit hours during the summer which is not full time and does not allow for financial aid qualification.
	+ Not all students use financial aid in the summer to pay for IPPEs. Increasing IPPEs to five hours would not only add an additional week to the rotation but would also significantly increase the cost of the course. A one-hour online elective was created to remedy this problem and can be taken during both IPPEs allowing students to apply for financial aid if they choose to do so.
* They do not teach about insurance. Our P1 year we learned about compounding, but our rotations were in retail. We were not properly prepared for rotations.
	+ Insurance (adjudication, med rejections, etc.) has been incorporated into the lab prior to the IPPE Community experience.
* Faculty should have more control over rotation sites rather than a computer randomly picking.
	+ Randomization is the only way to be fair to all students. During the P4 year, all students are required to take one advanced community practice experience, one advanced institutional practice experience, one adult medicine experience, one ambulatory care experience, two patient care elective experiences, and one more patient care or non-patient care elective experience. Students are allowed to pick 20 different combinations of individual preceptors/sites, and specific rotation blocks (e.g., 1st, 5th, 7th), ranked according to preference for EACH of their seven APPEs. After assignments are made students are allowed 2 weeks to swap experiences among themselves or into open slots.
* Faculty are not updating us on sites or keeping them (sites) up to date.
	+ An affiliation agreement is in place for all experiential learning sites used by the college. These learning sites are located in COREELMS and students have access to this information. Unfortunately, when preceptors leave a site, or when a site closes (or merges with another), the Office of Experiential Education (OEE) is not automatically notified per the affiliation agreement. For this reason, once a year all sites are reviewed by the OEE to ensure they are active and up-to-date.
* Need to have more sites to choose from
	+ There are approximately 350 active practice experiences available for students. Students are also allowed to request new practice sites.
* When there are site changes by the faculty or if the sight itself has new requirements (NDA forms, etc.), students should be notified.
	+ Site assignments are only changed when absolutely necessary. As soon as the OEE receives information on site requirements, they are posted to COREELMS. Students are instructed how to find those requirements in COREELMS, and are also told to do this in advance of their practice experience dates so that all paperwork can be completed.
* School should offer assistance for housing
	+ Housing is not provided by the school during practice experiences but students may request assistance in locating housing from the Office of Experiential Education. We have compiled a housing list based on information obtained from previous students.

* Think that evaluations would be nice, but impossible because the preceptors would know their identity and they don’t want the preceptors to know.
	+ Students complete evaluations of the preceptor, course, and site at the end of every practice experience. An evaluation summary is provided to the preceptor at the end of each calendar year so they can see how they were rated by the students. The information is de-identified and summarized which minimizes the risk of the preceptor guessing who scored them in any particular way.
* Some practice sites are not good at teaching. Maybe the school could talk and check-in more with the preceptors.
	+ Students should be honest during their evaluations of the preceptor and site. These are read and taken into consideration for the following year. Also, the OEE and ULM administration conduct site assessment (physical visits, phone visits) on a regular basis to ensure preceptors are up-to-date and address any issues involving the College of Pharmacy.
* The school won’t hear complaints regarding preceptors because it’s already a struggle to get preceptors.
	+ There is a system in place to challenge practice experience issues. It is outlined in the IPPE and APPE student training manuals. Student evaluations are reviewed and closely monitored by the OEE. There is also a place for students to leave confidential comments for the OEE on these evaluations.
* The checklist is causing issues; might be a good idea for ULM to educate non-faculty preceptors on the requirements and the checklist.
	+ The “checklist” is a way to ensure that all students are receiving the same practice experience (performing the same entrustable professional activities). It is the students’ list of required activities, not the preceptor’s responsibility to ensure that the students complete them and meet all checklist requirements. All preceptors have been made aware of the new evaluations and new assignments through numerous emails and live CE programming. The Office of Experiential Education is always available to help troubleshoot or answer questions.
* Rotation assignments are hard to complete. Soap notes are the worst, why is it a requirement? Assignments need to be more community based. They should have preceptors give feedback on the list.
	+ SOAP notes are not part of the new community assignments. The new assignments are based on the entrustable professional activities (EPAs) that all students are expected to be able to perform without direct supervision upon graduation. All preceptors have been surveyed about the assignments and pharmacy preceptors were involved in developing these new assignments.