

survey.⁴ It is important for faculty members and practitioners to showcase how these models can be successfully implemented, as Cox and Lindblad have done,⁷ thus providing guidance for practice sites and preceptors that have not yet adopted this approach.

Active dialogue among stakeholders about various strategies is required to explore what will work in different practice settings. The Steering Committee for the Blueprint for Pharmacy⁸ has funded a proposal from the Pharmacy Experiential Programs of Canada (a subcommittee of the Association of Faculties of Pharmacy of Canada) to support a national multi-stakeholder workshop, which was held October 17, 2012. This workshop engaged participants to confirm the desired future for experiential education and actively discuss and prioritize collaborative strategies to address capacity for experiential education at the national level.

While some may agree with the analogy of a “perfect storm”,¹ the move to entry-level PharmD programs could perhaps be seen as the “perfect norm”. By increasing the number of senior students at practice sites, we can collectively increase the provision of patient care services. From a practice research perspective, we can design protocols to evaluate the quantity and quality of students’ contributions to patient care services. Just as students need to learn to work effectively in teams, faculties, practice sites, and preceptors need to collaborate to create sustainable and beneficial experiential training models that will produce confident graduates, able to accept responsibility and accountability for medication management.

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Experiential Education for Student Pharmacists: CSHP’s Endeavours

We thank Hall and others¹ for their thought-provoking article in the July–August 2012 issue of the *Canadian Journal of Hospital Pharmacy*, which supports the endeavours of the Canadian Society of Hospital Pharmacists (CSHP) over the past 8 years in advocating for a new approach to experiential education for student pharmacists. One of the 8 guiding principles proposed by Hall and others states that CSHP and the Association of Faculties of Pharmacy of Canada should be leaders in engaging various stakeholders to identify and address issues regarding experiential education in the hospital pharmacy setting. CSHP agrees with this principle, and we wish to highlight the Society’s endeavours in this regard.

In 2004, CSHP surveyed members who were hospital pharmacy directors across Canada to gauge their institutions’ capacity to accommodate more practical education for student pharmacists. Only 4 (12%) of 33 respondents indicated that they would be able to provide more comprehensive, longer, or additional clinical rotations. Inability to do so stemmed from lack of pharmacist practitioners, financial constraints, and other operational factors. These results were shared with participants in a symposium entitled “Managing the Change to Entry Level PharmD in Canada”, hosted by the Leslie Dan Faculty of Pharmacy of the University of Toronto in November 2004.² A similar survey conducted in 2009 yielded comparable results, with only 11 (15%) of 73 hospital pharmacy directors and managers indicating that they would be able to provide longer or more clinical practice rotations, arguing the same main concerns as in 2004.³ However, 46 (63%) of the respondents expressed their willingness to work with academic institutions in developing innovative models of experiential education for student pharmacists.

Hospital pharmacists have long played a pivotal role as providers of experiential education. So, since 2004, CSHP has taken every opportunity, both formally and informally, to convey to stakeholders the concerns of the hospital pharmacy community related to its capacity to expand experiential education for student pharmacists in the hospital setting. Furthermore, the Society has collaboratively sought solutions to mitigate these concerns. In particular, an advocacy campaign was conducted in 2006 to engage elected officials and senior bureaucrats in provincial ministries of health and of education, executive officers of academic institutions and associations, hospital leaders, and the broad pharmacy community in discussions on the impact of the increased demand for

experiential education on hospital pharmacy, the desire of hospital pharmacists to partake in the planning of pharmacy educational programs with enhanced experiential learning components, and the pressing need for enhanced funding to supplement hospital pharmacy staffing for the provision of experiential programs (www.cshp.ca/advocacy/campaigns/experiential_e.asp). Then, in 2010, CSHP and the Association of Deans of Pharmacy of Canada (ADPC) convened a think tank on student pharmacist experiential education, which involved deans of pharmacy, pharmacy preceptors, and directors and managers of hospital pharmacy. A follow-up meeting with ADPC and Pharmacy Experiential Programs of Canada (PEP Canada) later that same year yielded a series of recommendations and an action plan to help resolve current and future issues of capacity and workload associated with experiential education for student pharmacists in hospitals.

Wiser for its experience as an original partner in the Blueprint for Pharmacy initiative, CSHP submitted a proposal entitled “Enhancing and Building Capacity for Experiential Education of Student Pharmacists in Canadian Hospitals” to the Blueprint Steering Committee. Although this proposal remains as yet unfunded, an auxiliary project subsequently submitted by PEP Canada has received funding, as alluded to by Hall and others,¹ which allowed the presentation of an invitational workshop on October 17, 2012. Building on actions and ideas generated at the February 2010 think tank, the objective of the workshop was to explore and debate the design of various experiential models and concepts with a focus on enhancing capacity, while maintaining or strengthening students’ learning and the value to the practice sites. Two CSHP representatives participated in the workshop.

CSHP encourages more Canadian hospital pharmacists to experiment with innovative models aiming to increase the capacity of hospital pharmacies and pharmacists in providing high-quality experiential education to student pharmacists in entry-to-practice and advanced practice programs.^{4,5} In keeping

with its “Statement on Collaborative Development, Delivery, and Evaluation of Pharmacy Curricula”,⁶ mentioned by Hall and others,¹ CSHP is intent on continuing to collaborate with educational institutions, accreditors of educational programs, and regulatory authorities in designing educational curricula that will graduate pharmacists well prepared to fulfill their scope of practice, to meet the needs of today’s health care environment, and to ensure the safe and effective use of medications by patients.

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