

## SPECIAL ARTICLES

### Establishment of a Multi-State Experiential Pharmacy Program Consortium

Lori J. Duke, PharmD,<sup>a</sup> Whitney L. Unterwagner, PharmD,<sup>b</sup> and Debbie C. Byrd, PharmD<sup>c</sup>

<sup>a</sup>College of Pharmacy, University of Georgia

<sup>b</sup>College of Pharmacy and Health Sciences, Mercer University

<sup>c</sup>College of Pharmacy, University of Tennessee

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In 2002, a regional consortium was created for schools and colleges of pharmacy in Georgia and Alabama to assist experiential education faculty and staff members in streamlining administrative processes, providing required preceptor development, establishing a professional network, and conducting scholarly endeavors. Five schools and colleges of pharmacy with many shared experiential practice sites formed a consortium to help experiential faculty and staff members identify, discuss, and solve common experience program issues and challenges. During its 5 years in existence, the Southeastern Pharmacy Experiential Education Consortium has coordinated experiential schedules, developed and implemented uniform evaluation tools, coordinated site and preceptor development activities, established a work group for educational research and scholarship, and provided opportunities for networking and professional development. Several consortium members have received national recognition for their individual experiential education accomplishments. Through the activities of a regional consortium, members have successfully developed programs and initiatives that have streamlined administrative processes and have the potential to improve overall quality of experiential education programs. Professionally, consortium activities have resulted in 5 national presentations.

**Keywords:** experiential education, consortium, introductory pharmacy practice experience, advanced pharmacy practice experience

#### INTRODUCTION

With implementation of the doctor of pharmacy degree (PharmD) as the first professional degree, experiential education has assumed a greater emphasis in the professional curriculum. In contrast to the bachelor of science in pharmacy degree program, experiential training has expanded from limited practical exposures in the final semester to an integrated approach spanning throughout the professional degree program. With implementation of the Accreditation Council for Pharmacy Education (APCE) Standards 2007, experiential education must now encompass a minimum of 30% of the PharmD curriculum. Of this, introductory pharmacy practice experiences (IPPEs) must comprise 5% and advanced pharmacy practice experiences (APPEs) must represent 25% of the curriculum.<sup>1</sup>

Due to expansion of existing doctor of pharmacy programs and establishment of new colleges and schools of pharmacy, student enrollment and graduation rates have risen dramatically.<sup>2</sup> Given the trend of higher enrollment, it is reasonable to assume that graduation rates will continue to grow as more enrolled students progress through their respective programs. A curricular consequence of higher student enrollment is continued escalation in the need for quality introductory and advanced experiential sites and preceptors. As a result of this expanded role of experiential education and growing student enrollment, faculty and staff members dedicated to administering experiential education programs face unique challenges and opportunities.

The American Association of Colleges of Pharmacy (AACP) Experiential Education Section has provided a national forum for experiential faculty members throughout the country to discuss issues specific to the area of experiential education. Although the AACP Experiential Education Section is valuable, the vast differences nationwide in curricular design as well as infrequent meetings necessitate that schools and colleges of pharmacy collaborate regionally to solve complex issues

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**Corresponding Author:** Lori J. Duke, PharmD, Assistant Dean for Experience Programs, UGA College of Pharmacy, RC Wilson Bldg., Rm. 152, Athens, Georgia 30602-2351. Tel: 706-542-5315. Fax: 706-542-6022, E-mail: LDuke@mail.rx.uga.edu

in a timely manner and provide networking opportunities for scholarship and career development.

## **DESIGN**

Within the state of Georgia, The University of Georgia College of Pharmacy and Mercer University College of Pharmacy and Health Sciences synchronized their APPE course dates in 2000 in an effort to increase site availability and reduce student overlap for preceptors participating in both programs. This change received positive feedback from regional preceptors and led to a desire to streamline other experiential processes. In Alabama, other types of informal collaborations had occurred between Auburn University's Harrison School of Pharmacy and Samford University's McWhorter School of Pharmacy.

The evolution of the Southeastern Pharmacy Experiential Education Consortium (SPEEC) began in 2002 when pharmacy experiential directors at The University of Georgia, Auburn University, and Mercer University began initial discussions on developing a regional experiential consortium for experiential faculty and staff members to identify, discuss, and solve common experience program issues and challenges. This interest arose because all 3 institutions shared experiential practice sites in the Columbus, Albany, and Atlanta areas within Georgia. Invitations to join the consortium were extended to experiential faculty and staff members at Samford University in Alabama and South University in Georgia since these institutions either would share or currently shared pharmacy experiential sites with one or more of the founding member institutions. In addition, these 5 schools and colleges of pharmacy were close enough geographically to allow for face-to-face meetings several times per year. Initial meetings rotated among the member campuses. For the past 2 years, we have conducted meetings at a centrally located site to reduce transportation costs and travel time requirements for participants. The consortium continues to utilize face-to-face meetings rather than employing technology as this atmosphere has proven most conducive to optimal productivity during the meetings. Between scheduled meetings, individual consortia members interact via e-mail and telephone as needed to complete ongoing projects or discuss pertinent issues.

The group adopted bylaws in spring 2006 to establish the group's purpose, requirements for membership, election process and offices, meeting schedules and financial procedures. The bylaws were amended in fall 2006 and spring 2007 to the current version (Appendix 1). An archive of member information, meeting minutes, and projects is housed on a secure server at a member institution. Data are posted for member use through Open Blackboard.

From 2002 to 2007, SPEEC has grown from a group of individuals with similar job descriptions to a productive organization with numerous programmatic and professional accomplishments. Initial consortium meetings were used to increase our understanding of programmatic similarities and differences and to identify challenges and opportunities of collaboration. Subsequent meetings have been designed to accomplish projects and provide avenues for scholarship and career development. Upon establishing the consortium, members agreed and understood that not all institutions and/or members may choose to participate in every identified project. Most often, the decision not to participate in a project was due to either programmatic differences, lack of perceived benefit for their institution, or personal choice.

SPEEC member institutions differ based upon institutional support structure, geographic location, curricular design, and experiential education structure. Of the 5 institutions, 2 are state-supported (Auburn University and The University of Georgia), 2 are private institutions with religious affiliations (Mercer University and Samford University), and 1 is a private, for-profit institution (South University). Geographically, 2 institutions are located in large metropolitan areas (Mercer University and Samford University), whereas 3 are located in either smaller metropolitan or rural areas (South University, The University of Georgia, and Auburn University). In terms of curricular design, Auburn University, Mercer University, Samford University, and The University of Georgia each have a 4-year doctor of pharmacy program that begins once students complete the required prerequisite courses. South University, in comparison, has a 3-year PharmD program that commences after required prerequisite courses are satisfied. Experiential education is accomplished at the institutions using a variety of approaches including service-learning, longitudinal experiences, integrated practice experiences, and traditional pharmacy practice experiences of varying lengths. Additionally, differences in the organizational and reporting structure of the offices of experiential education exist between institutions.

## **IMPLEMENTATION**

Given the numerous institutional differences, a significant amount of time was required for consortium members to fully comprehend the curricular and administrative similarities and differences among various programs. By gaining a thorough understanding of not only the programmatic design but also the challenges facing each program, members were able to identify viable areas for collaboration within experiential education, understand the impact of programmatic differences on preceptor/site

availability in the region, and identify novel approaches to conducting introductory and advanced pharmacy practice experiences within their own institution. Since more similarities existed in the area of APPEs, it was decided that the consortium would initially focus on streamlining administrative processes in this area. Other focus areas included establishing opportunities for conducting educational research and scholarship as well as fostering networking and professional development opportunities for SPEEC members.

### **Evaluation Tools**

Although curricular differences exist among institutions, outcomes and expectations for APPEs are similar for most colleges or schools of pharmacy. In addition, preceptors who accept students from multiple institutions are unlikely to change the structure of the experience based upon the individual and specific college or school outcomes. Therefore, if colleges and schools can align expectations and administrative functions, it is possible to obtain an experience that more closely conforms to the desired student outcomes while streamlining the process for preceptors.

Between 2003 and 2004, SPEEC developed a series of uniform evaluation tools for use by the institutions, preceptors, and students within the APPE program. Since each college or school had either adopted or was in the process of acquiring the same online electronic system for managing experiential activities, members felt that this provided a unique opportunity to create a consistent framework that functioned more efficiently from a preceptor or site standpoint and allowed for lower programming costs for joint project initiatives.

SPEEC members began by developing a uniform APPE student evaluation tool. The tool was constructed so that it addressed outcomes within the respective college or school curricula and could be altered by preceptors to conform to various experience types. Preceptors use the evaluation tool for both midpoint and final assessments. Although the primary use was designed for preceptors, students also use the form as a means of self-assessment at both the midpoint and end of each APPE. The tool was adopted by 4 of the 5 member institutions. Samford University chose to continue with their existing evaluation tools because they did not have significant site overlap with other SPEEC institutions and felt their system better met their needs.

The second collaboration involved the creation of a uniform APPE evaluation tool for use by students to evaluate the overall experience, site, and preceptor. In addition, SPEEC also developed a common reporting mechanism to provide online data to preceptors using

a standard format. Through use of this common evaluation tool and common reporting mechanism, preceptors can more closely identify institutional expectations and are able to create an experiential structure that achieves the designated APPE outcomes for all involved programs. Other collaborations within this area include development of a standard student profile form, student verification form for immunizations, insurance, and other requirements, and preceptor of the year nomination form.

### **Policies and Procedures**

Since Auburn University, Mercer University, South University, and The University of Georgia share many of the same experiential sites and preceptors, consortium members from these institutions decided to coordinate experiential policies and procedures where possible to reduce administrative burden for preceptors and standardize expectations for APPEs.

With successful initiation of the uniform APPE evaluation tools, the above schools decided to develop a standardized preceptor application form. Members identified key information necessary for programmatic and accreditation issues and omitted extraneous information that had been collected previously but was not utilized. Upon conclusion, a streamlined, 3-page application form was adopted by 4 of the 5 affiliated institutions. As a result of the process, a pharmacist choosing to serve as a preceptor for multiple institutions within the consortium only had to complete a single application, which he/she forwarded to each institution.

Initial efforts on standardizing policies centered on aligning policies found within the respective institutional APPE manuals. For example, The University of Georgia and Mercer University have adopted a uniform attendance policy that deals with student absences and tardiness. Through having a coordinated policy, preceptors who accept students from these 2 institutions can easily address attendance issues and feel confident regarding corrective actions taken. Other policies that have been co-adopted by various member institutions include policies related to inclement weather, communication with experiential faculty and staff members, communication of patient care recommendations, change of APPE assignment, handling patient records, telephone/internet access, and duplication charges.

Outside of the APPE manual, member institutions have had many successes in coordinating other experiential policies. Most impressively, 4 of the 5 SPEEC institutions will have APPEs of the same length (5 weeks) and a uniform calendar will be fully implemented for the 2009-2010 academic year. Other areas of policy coordination include obtaining site-required background checks

and drug screens and using a random matching system for assigning students to geographic regions.

### **Preceptor Development**

Nationally, APPE faculty and staff members have a large variety of responsibilities. Components of their jobs include experiential scheduling activities, identifying potential experiential sites and preceptors, performing preceptor and site evaluations, ensuring student compliance (eg, immunizations, background checks, drug screens), initiating site agreements, providing student instruction, evaluating student learning outcomes, mediating problem situations, mentoring professional students, developing/implementing preceptor development programs, and conducting scholarly endeavors.

Within the 5 SPEEC institutions, faculty full-time equivalents (FTEs) dedicated to administration of the APPE program ranged from 0.5 to 3. Staff FTE allocations ranged from 0.5 to 1. In comparison, the number of APPE preceptors for the SPEEC institutions ranged from 250 to 703. Although experiential faculty and staff members understood the importance and necessity of developing and implementing comprehensive preceptor development programs, efforts were usually redirected towards responsibilities that ensured student matriculation through our pharmacy programs. A variety of taskforces, committees, and papers within the pharmacy education arena have discussed the need for a national preceptor development program; however, only limited progress has been made.<sup>3</sup> A 3-hour program was recently co-developed by NACDS and APhA that targets community preceptors. As yet, there is no comprehensive program that targets all facets of experiential training such as community, inpatient, and ambulatory care environments. Consequently, it remains an individual program responsibility to provide comprehensive preceptor training programs that meet the accreditation goals outlined in Standards 2007.<sup>1</sup>

SPEEC institutions collaborated in both traditional and nontraditional means to create and implement preceptor training programs. Early efforts centered on providing joint, live programming at state pharmacy association meetings. For example, Mercer University, South University, and The University of Georgia developed a 3-hour program entitled "Preceptor Primer" presented at the Georgia Pharmacist Association (GPhA) and the Georgia Society of Health-system Pharmacists (GSHP) meetings. Through this collaboration, each school and college was responsible for only 1 segment rather than developing an entire 3-hour program. Also, preceptors could see that the schools and colleges were attempting to work together to make processes more seamless for participating sites and preceptors.

From 2006 to 2007, SPEEC developed and implemented a 5-hour preceptor training module, which was made available to all preceptors affiliated with 1 or more of the 5 member institutions. Modules were developed using online technology that allows preceptors to complete the programs at their own pace. Upon completion of the program, each preceptor receives 5 hours of continuing education credit. Modules within the program include: Professionalism, Structuring the Student Experience, Motivating Students in the Clinical Arena, Achieving Synergy in Clinical Teaching, and Assessment and Evaluation. Plans are underway to expand the program to 15 hours and include activities and assignments needed for a certificate program in preceptor training. Although the 5-hour course is voluntary for current preceptors, institutions hope to require it for all preceptors in the future. Due to the time and resource intensive nature of implementing a preceptor development program of this magnitude, it would have been virtually impossible for a single institution to achieve this result without outside assistance.

### **Scholarship**

Experiential faculty members have the same expectation as other faculty members in terms of engaging in scholarly activities. However, compared to traditional clinical and tenure track faculty members, experiential faculty members are often afforded less access to the tools and resources that foster scholarship. Important elements identified for creating and supporting a culture of scholarship include: senior faculty mentorship, opportunities to collaborate with faculty members who have similar interests, and adequate "protected" time.<sup>4,5</sup>

Within the arena of experiential education, the majority of program directors are junior faculty members who have not been employed long in their current position.<sup>6,7</sup> An article published by Harralson in 2003 found that 51% of APPE program administrators held the rank of Assistant Professor.<sup>6</sup> Similarly, in 1998, Sauer and Riel reported that 56% of experience program administrators had been in their position less than 5 years and that 73% did not have formal training or preparation for their position.<sup>7</sup> If these findings are combined with the fact that few faculty and staff members are allocated to experiential education endeavors, it is clear that experiential faculty members have restricted opportunities for mentorship by senior faculty members and for collaboration with faculty members of similar interests. In addition, since experiential faculty members are responsible for administering a minimum of 30% of the doctor of pharmacy curriculum, there is often a lack of "protected" time for these individuals to devote to scholarly activities.

When SPEEC was established in 2002, one of the primary missions of the organization was to provide avenues of scholarship for its members. Because half the members were at the rank of assistant professor, it was important to have scholarship be a primary focus of the organization to ensure the success of its members and maintain the stability and viability of our consortium.

At each consortium meeting, time is devoted to identifying opportunities for scholarship and reporting on the progress of current research efforts. A major research project is defined yearly which should result in both a poster presentation and academic publication. For each project, the group appoints a chair and co-chair who are responsible for leading the project through the various stages. Staff members are also included in the process where appropriate. Over the past 4 years, SPEEC has had a poster accepted for each AACP annual meeting. Thus far, the most difficult part of this process has been transitioning projects from abstracts and poster presentations to submitted manuscripts. Some of this struggle can be attributed to inadequate "protected" time and the large percentage of group members with limited writing experience. Within the next 12 to 18 months, renewed emphasis will be given to preparing and submitting manuscripts for the completed group projects. Strict deadlines and writing groups will be initiated to provide mentoring for junior faculty members. Individually, several SPEEC members have received invitations to provide platform presentations nationally on various experiential education topics. In 2003, selected SPEEC members presented during the AACP annual meeting on challenges in experiential education. In 2006, one member led the Practice Profiles of Exemplary Patient Care Practice and Experiential Education Sites Workshop at the 2006 AACP Institute on Building an Effective Structure and Process for Experiential Education while another member presented at the American College of Clinical Pharmacy (ACCP) annual meeting on integrating professionalism in experiential training.

### **Professional Development**

In examining experiential education turnover for the SPEEC institutions over the past 10 years, 2 institutions have each had 3 experiential education directors. Two institutions have had only 1 experiential education director. The final school has only been in existence for 5 years and has had only 1 experiential director. Five members each are at the assistant professor and associate professor levels, while 2 are at the full professor level. Interestingly, though, 9 of 12 members are in their first faculty position with a college of pharmacy. Although several of these individuals had long practice careers before their employ-

ment with a college or school of pharmacy, they did not have previous experience with the promotion process or expectations of being a faculty member. Six members are within their first 5 years of employment with a college or school of pharmacy. Consequently, many of these individuals would benefit greatly from a professional development program geared toward experiential education faculty members.

McKinnon described the primary components of a comprehensive faculty development program as: professional (scholarship/success), instructional (teaching improvement), leadership (curricular planning/change), and organizational (influence institutional policies, procedures, and culture).<sup>8</sup> Several studies of experiential directors within medical education indicate that directors on average have high levels of satisfaction with their job, however, there is concern that the culture does not provide sufficient support for their academic success.<sup>9-13</sup> Although there is no data within the pharmacy literature, it is likely that findings in our profession would be similar.

Within SPEEC, we strive to create an environment that assists the professional development of individual members and advances experiential programs at our respective institutions. Through the organization, members are provided opportunities to participate in scholarship activities, assume leadership positions, enhance instructional activities at their institution, create a culture of regional excellence in experiential education, and influence regional policies and procedures. Members have gained opportunities to network with other pharmacy experiential faculty and staff members during invited national presentations. As a result of the networking opportunities, we have not only identified new ideas for collaboration, but have also created relationships with individuals who may later serve as outside reviewers for promotion consideration. Individually, both faculty and staff consortium members have gained national prominence through their activities. One SPEEC member has held national office for the AACP Experiential Education Section, 1 member has been appointed to the ACCP taskforce on experiential assessment, one member has served on the AACP Professional Affairs Committee, and 2 members have completed the AACP Leadership Fellows Program.

### **DISCUSSION**

Although SPEEC has made significant accomplishments, many challenges and opportunities lie ahead for the organization. Fortunately, we have learned many things through our 5-year collaboration, which should help ensure our continued successes.

During the first several years of the consortium's existence, we chose to rotate meetings among the various

member campuses. As part of each meeting agenda, the dean of the host institution was invited to greet the members and attend the proceedings as much as he/she desired. In hindsight, this was an important step in our later successes as we developed a great deal of support from our upper administration since they were aware of the intent of our activities, dedication of our members, and involvement of both experiential faculty and staff members. Outside of the meetings, individual SPEEC members have maintained open communications with their respective deans and curriculum committee chairs so that they are aware of SPEEC initiatives which could impact local curricular issues and accreditation activities. Although we have not discussed it formally, it could be beneficial to actively inform other faculty members at our institutions about consortium activities so that we are more successful in efforts that are centered on synchronizing calendars, streamlining courses, and documenting preceptor training.

In terms of our meeting format, we have always encouraged open communication between all members. With the exception of excluding professional staff members from holding office, there are no other distinctions between faculty and staff members. Within the past year, we did move to establish a formal guest policy in our bylaws (Appendix 1) which limits nonmembers from being included in discussions related to research and scholarship initiatives. Although we value input from individuals such as department heads, curriculum chairs, or assessment chairs, we chose to limit nonmember participation to a consultant role on matters relating to the development and implementation of specific projects. We found having nonmembers involved in consortium discussions outside of a consultant role hindered meeting productivity and could jeopardize our research and scholarship initiatives.

Establishing a primary focus on professional development, networking, and scholarship sets our experiential consortium apart from other regional experiential education groups nationwide. In order to stimulate professional development of members, we have created opportunities for faculty members to share in the organizational leadership through running for office in yearly elections. Since the officers are responsible for setting the meeting agendas and ensuring progress is maintained throughout the year, it is vitally important that we elect individuals who have the ability to lead the group successfully. A critical component to ensuring our continued success has been to have senior members assist our elected officers in guiding processes, continuing momentum, and identifying collaborative opportunities. As with any organization, there is a risk that progress depends on the activities of a subset of

the membership. Consequently, it is our challenge to encourage active participation from all members and formulate a reward structure to acknowledge those that contribute most significantly.

Articles authored by both Harrelson and Sauer have documented large turnovers of experiential faculty members associated with colleges and schools of pharmacy nationwide over the past decade.<sup>6-7</sup> Within our own consortium, we have witnessed this phenomenon firsthand. Fortunately, the organization has maintained our philosophy and focus throughout our membership changes. However, it is reasonable to believe that our consortium will continue to be impacted by turnover due to the pressures associated with experiential education positions and the large number of junior faculty members.

Another challenge that presents both trials and opportunities for SPEEC is the adoption of the new ACPE doctor of pharmacy accreditation criteria, Standards 2007.<sup>1</sup> Given the significantly increased emphasis on strengthening both IPPE and APPE programs, the new standards have the potential to create a divisive, competitive attitude among the individual institutions. Since each institution is challenged with enhancing current IPPE programs, improving quality of existing APPE programs, identifying additional sites and preceptors, expanding preceptor development programs, and increasing administrative workload often without a commensurate increase in experiential faculty and staff members, it would be easy for SPEEC members to refocus time and efforts on institutional concerns rather than continuing to advance the consortium activities. It is imperative that consortium members instead try to look to SPEEC as a means of developing creative alternatives that ensure the success of all participating institutions in achieving the outcomes outlined within the doctor of pharmacy accreditation standards.

Lastly, an additional risk to the continued success of our organization is membership growth from other colleges and schools of pharmacy. Over the years, SPEEC has fielded numerous membership requests from regional colleges and schools of pharmacy. Requests have included institutions located in Florida, South Carolina, Tennessee, Louisiana, and Virginia. Although we have left open the possibility of expanding membership within our organizational bylaws, we have chosen to maintain membership only for those institutions physically located within Georgia and Alabama. The current institutions are within close enough proximity to meet regularly and have extensive overlap of experiential sites. With only 5 member institutions, we find it challenging to coordinate meeting dates and maintain forward progress on established projects. Given additional institutions within our

membership, it is likely we would meet less frequently and would focus more on global issues facing experiential education rather than on local issues affecting our daily operations. Although these more global issues are important, there are other organizations, such as the AACP Experiential Education Section, established for those purposes.

### **Future Activities**

SPEEC has identified 2 initiatives for 2008 and 2009 that should further reduce the experiential administrative burden, improve APPE training outcomes, and assist member institutions in meeting the revised accreditation standards. These initiatives are designed to maximize the success of previous projects directed towards standardizing policies and procedures within our APPE programs.

Since 4 of the 5 SPEEC member institutions have adopted common APPE student and preceptor evaluation tools, we plan to develop standardized objectives and syllabi for all core APPEs. This effort should further assist sites and preceptors training students from multiple SPEEC institutions with identifying primary expectations for these experiences. It should also increase the likelihood that students are provided an experience that matches our curricular outcomes. It will, however, require coordination with the various curriculum committees for the involved institutions to approve unified courses. Since we have had previous success in coordinating joint efforts through our curriculum committees related to developing and implementing uniform evaluation and assessment tools, we anticipate that we will be successful in unifying APPE course requirements.

Our second initiative is to develop and implement a common procedure for conducting and documenting site visits. We are currently reviewing required and recommended elements for APPE sites and preceptors to ensure students receive appropriate training opportunities and support. We plan to create assessment tools for use in initial and follow-up site visits to evaluate both the institution and individual preceptors. The tools will incorporate a rubric and checklist format to determine compliance with the established criteria and will provide space to document plans for areas needing improvement. We also plan to adopt a schedule for future visits based upon the visit findings. By using a uniform site visit process, we should more effectively communicate our expectations for APPE sites and preceptors, ensure more equality among APPEs, and establish a more regimented quality improvement processes.

### **CONCLUSION**

Instead of taking a competitive approach, SPEEC member institutions have found it more beneficial to col-

laborate to advance experiential education within Georgia and Alabama. We have successfully developed programs and initiatives that have streamlined administrative processes and have the potential to improve the overall quality of our experiential education programs. In addition to curricular issues, SPEEC has also focused on providing opportunities for professional growth and development of its members through various scholarship activities and networking opportunities. Although other experiential education offices within colleges and schools of pharmacy have developed collegial relationships designed to advance initiatives, we are unaware of any other group that incorporates professional staff members and includes professional development activities as primary goals of the organization. It is our goal to serve as a model for other regional groups of experiential education faculty and staff members throughout the country.

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### **REFERENCES**

1. American Council on Pharmaceutical Education Standards 2007. Available at: <http://www.acpe-accredit.org/standards/default.asp>. Accessed July 11, 2007.
2. Profile of Pharmacy Students, Trend Data – 1990-2006. AACP. Available at: <http://www.aacp.org/ICV/Enrollment/FDP05.htm>. Accessed July 11, 2007.
3. Littlefield CL, Haines ST, Harralson AF, Schwartz AH, Sheaffer SL, Zeolla MM, Flynn AA. Academic pharmacy's role in advancing practice and assuring quality in experiential education: Report of the 2003-2004 Professional Affairs committee. *Am J Pharm Educ.* 2004;68(3):Article S8.
4. Kennedy RH, Gubbins PO, Luer M, Reddy IK, Light KE. Developing and sustaining a culture of scholarship. *Am J Pharm Educ.* 2003;67(3):Article 92.
5. Jackson TL, McCord AD, Dahdal WY, Zgarrick DP, Brock KA. The use of a scholarship committee to foster scholarly growth of pharmacy practice faculty. *Am J Pharm Educ.* 2005;69(5):Article 98.
6. Harralson AF. Financial, personnel, and curricular characteristics of advanced practice experience programs. *Am J Pharm Educ.* 2003;67(1):Article 17.
7. Sauer KA, Riel LJ. A description of the backgrounds and responsibilities of U.S. pharmacy experiential program (PEP) coordinators [abstract]. *Am J Pharm Educ.* 1998;68(2):Article 54.

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8. MacKinnon GE. An investigation of pharmacy faculty attitudes toward faculty development. *Am J Pharm Educ.* 2003;67(1):Article 11.
9. Boehler ML, Rogers DA, Schwind CJ, Williams RG, Dunnington G. Who are the surgery clerkship directors and what are their educational needs? *Am J Surg.* 2003;185:216-8.
10. Sierles FS, Magrane D. Psychiatry clerkship directors: who they are, what they do, and what they think? *Psych Quart.* 1996;67:153-62.
11. Fincher RE, Lewis LA. Profile of medicine clerkship directors. *Acad Med.* 1997;72(Suppl):112-4.
12. Coates WC, Gill AM, Jordan R. Emergency medicine clerkship directors: defining the characteristics of the workforce. *Ann Emer Med.* 2005;45(3):262-8.
13. Greenberg L, Sahler JZ, Siegel B, Sarkin R, Sharkey SA. The pediatric clerkship director. *Arch Pediatr Adolesc Med.* 1995;149:916-20.

### Appendix 1. Bylaws: Southeastern Pharmacy Experiential Education Consortium

#### **Article I – Name**

This entity shall be known as the Southeastern Pharmacy Experiential Education Consortium (SPEEC).

#### **Article II – Purpose**

The purpose of this entity is to provide a standardized preceptor training program, including forms and documents, to schools/colleges of pharmacy located in the southeastern United States. The consortium will also conduct research projects, maximize use of all available resources, and engage in scholarly activities to advance the career's of its members.

#### **Article III – Membership**

Any Director of Experiential Education, supporting faculty, administrative assistants, or other faculty/staff associated with the administration of experiential learning may become a member. Additional schools/colleges of pharmacy who wish to become a member of SPEEC must apply and be voted on by the current membership with a majority vote winning.

A representative from each school/college of pharmacy must be present at 50% of the meetings per calendar year to maintain membership.

#### **Article IV – Officers**

There shall be two officers of SPEEC known as the Chair and Secretary. Each office held will be a two year commitment with the member elected as Secretary for the first year and Chair for the second year.

Chair – the Chair shall be a pharmacist member of SPEEC and be responsible for creating the meeting agenda and leading each meeting.

Secretary – the Secretary shall be a pharmacist member of SPEEC and be responsible for setting up meeting times and facilities and taking minutes at each meeting.

Elections – Each year at the first meeting of the calendar year, the members will vote on an incoming Secretary to serve a two year term. If a position becomes vacant within the two year period, an election may be held via email to fill the vacancy.

#### **Article V – Meetings**

Meeting Frequency: SPEEC will meet on a quarterly basis or more often if project deadlines are eminent.

Guest Policy: Members are allowed to bring guests to consortium meetings; however, they must first inform the Chair of the name(s) and position title(s) of the guest(s) prior to the meeting so that the information can be listed on the meeting agenda. Guests will not be allowed voting privileges, nor will they be allowed to attend portions of the meetings dedicated to discussing research and scholarship issues or organizational leadership issues.

#### **Article VI – Voting**

Each school/college of pharmacy shall have one vote in each election.

#### **Article VII – Financial Procedures**

Each school/college of pharmacy shall rotate the expense of meeting rooms and/or lunch on a quarterly basis.