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Reflective Practice - Wisdom of Experience

What does experiential education look like in a global pandemic? Reflecting back and looking forward

Janet Cooley a,⁎, Suzanne Larson b, Alison Stevens c

a University of Arizona College of Pharmacy, 1295 N. Martin Avenue, PO 210202, Tucson, AZ 85721, United States
b Midwestern University College of Pharmacy, Glendale, 19555 N 59th Avenue, Glendale, AZ 85308, United States
c St. Louis College of Pharmacy, 1 Pharmacy Place, St. Louis, MO 63110, United States

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ABSTRACT

Purpose: The purpose of this reflection or wisdom of experience article is to describe and reflect on the impacts of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on experiential education (EE) leadership and teams. Additionally, this reflection will shift the focus from the spring 2020 environment of SARS-CoV-2 to what EE teams and college administration can learn from those experiences. Moving forward, EE teams and administrators can be better equipped to proactively plan for future emergencies.

Description: Using the “What? So What? Now What?” model of reflection, this manuscript will broadly describe the experiences of three EE administrators and their teams during the SARS-CoV-2 pandemic. Proposed lessons learned as well as future planning strategies will be presented.

Analysis/Interpretation: The world of education was unprepared for the SARS-CoV-2 pandemic, and most sectors were left scrambling to adjust to new models very quickly with no planning or preparation. In the realm of pharmacy education, SARS-CoV-2 caused complete disruption for pharmacy students on rotations, clinical sites, preceptors, and EE teams. In reflecting on spring 2020, much can be gained and applied to future planning efforts so that institutions can be better prepared for future crises.

Conclusions/Implications: While still in the pandemic, schools must plan for the coming year. EE teams can work together to prepare for emergencies, craft contingency plans, and build additional capacity into their teams and available rotation offerings.

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Purpose

After a number of turbulent months associated with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), we recognized the need for community, reflection, and future planning. As administrators working in experiential education (EE) at three different colleges of pharmacy (COPs), we chose the “Wisdom of Experience” article as a platform to process what we collectively have experienced, and to simultaneously support and stimulate thought in our colleagues. The three EE teams represented in this reflection have varied structures and experience levels, with teams having two to four full-time staff (non-pharmacist support) and one to three EE faculty and administrators (pharmacists). Several well-written manuscripts have been published on the impact of SARS-CoV-2 on pharmacy education, but this work focuses entirely on EE and future emergency planning efforts.1–5

⁎ Corresponding author.
E-mail addresses: cooley@pharmacy.arizona.edu (J. Cooley), slarso@midwestern.edu (S. Larson), alison.stevens@uhsp.edu (A. Stevens).
Description

As we reflect back on our 23 combined years in EE, March is typically an exciting month for our departments. Schedules for the next academic year are being finalized, and the sense of accomplishment that follows is within reach. Pride exudes because of the small part you played in the growth of the current advanced pharmacy practice experience (APPE) students who are nearing the end of their rotations and getting ready to embark on their career. Finally, let us not forget about spring break as a crucial time for faculty and students to reset before pushing through to the end of the semester.

March 2020 brought an unthinkable enemy and turned out to be an exciting month for a completely different set of circumstances. In a matter of days, the SARS-CoV-2 pandemic changed the world of EE and all of academia, likely for the foreseeable future. Uncertainty gripped faculty, staff, students, and preceptors as all were called to react and adjust expectations with little to no training or past experience to draw from. With the world of pharmacy academia turned upside down, faculty and staff at COPs were disoriented and confused. Fuller et al1 detailed that typically paradigm shifts happen over many years rather than with the immediacy that SARS-CoV-2 presented. This reflection will explore the impact of SARS-CoV-2 on EE using the “What? So What? Now What?” model of reflection.

Analysis/Interpretation

What?

Due to the pandemic, rotation sites were forced to cancel student experiences mid-cycle and sometimes even mid-rotation with an unknown timeline for when students could safely return. Facilities were forced to deal with staffing changes, distancing restrictions, personal protective equipment shortages, and navigating transmission risk.1 Any additional capacity plummeted as more and more facilities closed doors to non-essential personnel. Alternative learning plans and remote rotations were developed with limited resources, training, and vetting. For some, school administrators made decisions to cancel learning experiences with little communication or warning. It seemed like every day brought a new set of challenges for faculty, staff, and students with no end in sight. Anxiety was at an all-time high as faculty struggled to provide experiences for students to complete course requirements. Students were equally anxious about completing courses and being able to graduate on time. The landscape was constantly changing, and no one seemed to have the answers that all yearned for.

Communication from administration, within departments, and between sites and preceptors could not keep up with the minute-by-minute changes that were being made. As a result, pharmacy practice experiences and quality improvement measures suffered. Things that used to consume the minds of EE faculty and staff (such as Entrustable Professional Activities, preceptor development, site visits, and authentic interprofessional experiences) were placed on an indefinite hold. Many in the experiential world approached each day as a “war room” scenario, putting out one fire while five more materialized in its place. EE administrators were operating with an enormous amount of stress yet sought to navigate the uncharted waters with confidence and poise, in efforts to provide stability and leadership to students, preceptors, and EE teams.

Students, faculty, and staff were also forced to convert their home environment to a learning or office environment with limited resources and minimal transition time. They were called upon to be teachers to their own children and ensure that basic necessities were obtained in the midst of furloughs and depleted national supplies. All involved were pulled in many different directions trying to complete their job or school responsibilities while still being a good spouse, parent, friend, etc. It was the perfect storm of a scary situation with no roadmap to follow. The strain on physical and mental health of all parties was apparent, exacerbating the already present decline in the well-being of healthcare professionals and students.1,2,6 Members of the academy banded together and tried to provide as much guidance as possible in an ever-changing situation. However, at times it seemed like there was conflicting information or different interpretations of standards and guidelines that fueled the anxiety and uncertainty.

While SARS-CoV-2 has changed the world in a variety of ways, through reflection, we have begun to seek out some positive aspects of this pandemic. To begin, the EE academy at large has responded quickly with a spirit of collaboration for collective brainstorming and sharing of resources. Historically, the EE section has a reputation within the body of the American Association of Colleges of Pharmacy (AACP) membership of being engaged and collaborative, and this pandemic has brought out the best in terms of EE collaboration. In a matter of days, a series of brainstorming sessions were orchestrated by the AACP EE Section Chair, Trish Devine. These sessions were designed to help EE section members share creative solutions with each other, yet the real value of these meetings may have been the comradery that comes with sharing difficult experiences.

Additionally, within individual college structures, the faculty and staff engaged in EE have had an opportunity to shine. Rotation schedules that took months to create and refine fell almost completely apart in a matter of days. EE teams worked quickly to re-schedule, re-create, and re-think student placements, with the looming pressure of finding a way to ensure on-time graduation for the Class of 2020. As EE teams have risen to this challenge, colleagues from other departments and offices within COPs have developed a newfound appreciation for the work involved in executing the experiential curriculum.

So What?

As rotations have been re-imagined, new opportunities for remote learning, telehealth, and new technology have been readily embraced. As many healthcare experiences have moved into remote appointments, a corresponding focus has shifted to the student role in
remote patient care. Embracing technology advances, advancements of pharmacy practice, and remote educational opportunities has been hastened due to SARS-CoV-2.

Additionally, SARS-CoV-2 has illuminated individual and team capacities to innovate, problem solve, and provide leadership and direction to preceptors, sites, and students. Skill sets that were previously unexplored, such as providing leadership in remote workplaces and developing proficiency with new technologies, were developed. Creative problem solving was embraced in an unprecedented fashion. Innovative solutions were considered, vetted, and implemented in record speed.

Previously, many workplaces may have been hesitant to promote work from home initiatives, as this was uncharted territory in many institutions. SARS-CoV-2 forced many academic institutions to have employees working remotely. Through this pandemic, workplaces have proven the ability to have employees work from home successfully. As we navigate this pandemic, the shift in the workplace cultural expectations regarding working while sick is also changing. Symptoms such as a low-grade fever or cough now require an immediate response, including removal from workspace and duty, and creation of contingency plans for employee sicknesses and missed work. Since EE teams are historically small, even one missing member can result in a significant workload increase for the remaining team. In EE teams with multiple sick team members, the workload consequences are staggering.

Now What?

As months have passed, policies have been developed and revised, communication has improved, but the underlying uncertainty and anxiety still persists. In this uncertain environment, we must process not only what has happened and the fatigue we are all still experiencing, but continue planning for another academic year. Also, it seems an opportune time to reflect and think about how we, in EE and administrators in COPs, can be better prepared for emergencies in the future.

In the aftermath of institutional SARS-CoV-2 cancellations, COPs have recognized a need to improve contingency planning and emergency response. Without this pandemic, appropriate emphasis on these aspects of a strategic plan may have gone unrecognized. Now is the time for EE teams to revisit or develop their own strategic plans. These can help to refocus energy and effort on the teams’ goals and to help guide decisions. Many colleges and schools may not have a plan for emergencies, and if such a plan exists, it may have neglected a world-wide pandemic. EE teams were not able to handle this pandemic proactively, but instead had to react. This experience has highlighted the previously unseen need for increased planning and preparation.

As we have discussed, EE was not prepared for a global emergency. One could argue that it was not possible to be prepared for a disruptive event of this scale. While we have done the best we can in this situation, we believe that we can start to plan more proactively and work together to break the cycle of reactivity. An initial first step is for the EE section of AACP to create an “Emergency Planning” task force. This team could be tasked to look back at this event, reflect on best practices, and help build templates for schools to use in planning for local, regional, and global emergencies. Ensuring the safety of students, faculty, staff, and preceptors should be at the forefront of people’s thoughts when developing these templates. Numerous resources are available to help start this work. In fact, a report by Cheung et al. from 2014 found that 96% of institutions (colleges or universities) did have an official emergency and disaster plan. However, 10% did not practice the plan, 27% had not conducted tabletop exercises of the plan, and 20% did not perform after-action reports. While the data is from a survey administered in 2010–2011, it is valuable to consider that most schools likely have a plan in place. One of the authors recently learned that their university had an emergency plan for pandemics in place when this occurred. However, since the EE team had not reviewed the emergency planning materials, they were not familiar with the Incident Command System that was put into place, and the plan also neglected to mention students on rotations or clerkships. This resulted in confusion around who was communicating with the students (the EE team director, the dean, the university president, or the university provost), and the EE team’s role or autonomy in decision and policymaking. Future practices will include EE team review of university emergency planning documents, further delineation about how student rotations fit into the plan, and practice drills.

Next, EE teams should seek to develop communication plans. The SARS-CoV-2 pandemic did not affect our lines of communication, but we have seen hurricanes, earthquakes and storms threaten communication between students and preceptors and schools. It would be very helpful to have templates for EE teams to fill in their own communication plans. A communication plan template could feature those key personnel that will help each school make important, timely decisions in times of crisis. Finally, a communication checklist would be very useful. In EE, we are often communicating with a number of stakeholders, including students, preceptors, site coordinators, human resource officers, and other school personnel. A communication checklist could help EE team members confirm that important information is being shared with all pertinent stakeholders.

Lastly, how can we be more proactive in creating capacity within our teams? Not only the capacity within sites to reschedule students, but also the capacity to redistribute team workload and possibly additional financial support. As EE teams quickly shifted from their normal workload to a “war room” scenario of responding to an enormous number of student and preceptor questions, rescheduling or cancelling rotations, and creating new learning opportunities, team members had to flex their skills and shift what they were doing. Introductory pharmacy practice experience (IPPE) and APPE schedules were rebuilt as sites cancelled student rotations, and previously completed rotations were reassessed and re-categorized to help students meet graduation and accreditation requirements. This need for capacity in rotations has led several EE teams to ask if we can think creatively about how we have scheduled students. What is the best way to allow students to use their worked hours to “replace” an IPPE requirement? Can we create a competency-based assessment model so that students can complete rotations in a wider range of environments, as long as they demonstrate competency or skills? Is there a way to build in “emergency rotation capacity” when the initial call for availability is sent out to preceptors so that information is known when scheduling students? All of these initiatives take time to research and implement, and as mentioned above, when EE teams are already minimally staffed, this can be challenging. These difficulties present an opportunity for teams to think creatively about employing student workers or requesting support from other staff or faculty, both full-time and adjunct. Another important
resource was presented at the 2019 AACP Annual Meeting, the “ACPE Experiential Education Workload Calculator.”7 This tool can be used by EE teams to quantify the work that is currently being done, map potential areas of cross training, and assist with planning for additional training to prepare for emergencies.7 It is important that there is capacity within the team to work proactively and not just keep things running.

Conclusions/Implications

We do not know the answers to these questions and the myriad of others that have surfaced since March 2020. However, we do know that this has been a very difficult time to be in experiential education. EE teams, students, and preceptors deserve extra recognition for persisting in these incredibly challenging times, and we offer this reflection as kudos, validation, and comradery to our colleagues in EE. We believe EE teams are ready to start working proactively so that in the future, with or without SARS-CoV-2, we are better equipped to navigate future obstacles of this proportion. Proactive planning will allow EE teams to take control of these situations with confidence and direct students, faculty, and preceptors to success.

Disclosure(s)

None.

Declaration of Competing Interest

None.

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