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Research Article

Patient assessment skills currently taught in pharmacy curricula

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Abstract

Background: Accreditation standards and guidelines discuss the inclusion of patient assessment in pharmacy education; however, there is no detail on specific skills that should be included in the curriculum.

Objective: This study describes patient assessment items currently taught in pharmacy school curricula across the United States.

Methods: An online questionnaire was distributed to 128 schools of pharmacy. Totally, 80 patient assessment items were compiled from a course textbook and faculty experience. Participants indicated which items were taught in didactic portions of the curricula.

Results: Respondents stated anywhere from 5 to 78 of the skills were taught at their institution, with manual blood pressure and heart rate measurement performed at every institution. In addition, at least 75% of schools stated the following items were taught: breath sounds auscultation, heart sounds auscultation, monofilament testing, pain assessment, palpatory pressure measurement, peak flow meter use, peripheral edema inspection or palpation, point-of-care testing, respiratory rate measurement, and temperature measurement.

Conclusion: While a variety of patient assessment items exist, there is some consistency with regard to what items are taught in pharmacy curricula. These study results identified areas of consistency, and may help establish best practices for patient assessment items within pharmacy curricula.

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Keywords: Patient assessment; Physical assessment; Pharmacy education; Clinical skills

Introduction

In order to enhance patient-centered care, pharmacists have begun incorporating physical assessment skills into everyday clinical practice. The ability to perform these skills may provide pharmacists with an opportunity to augment their roles in collaborative practice settings.¹ It may also allow pharmacists in the community setting to provide more comprehensive care to patients located in areas with limited or no access to other health care providers.²

As the field of pharmacy moves toward a more patient-centered approach and tries to establish provider status, pharmacists may benefit from a solid foundation in patient assessment skills. A recent survey of pharmacists in North Carolina (NC) attempted to identify which patient assessment skills are pertinent to practicing pharmacists. Although there was a low-response rate, this survey showed that the top five skills that pharmacists reported as important to understand and perform were automatic blood pressure measurement, point-of-care testing, manual blood pressure measurement, heart rate measurement, and peak flow meter use.³ These skills can be applied to a variety of practice settings and should be included in patient assessment instruction.

Jones et al.⁴ compared physical examination instruction among U.S. schools of pharmacy and noted variability in

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competency expectations, extent of instruction, and evaluation across institutions. They concluded that there should be a minimum national competency standard for physical assessment skills in pharmacy education. The need for basic patient assessment skills in pharmacy curricula is reflected in Appendix 1 of the Accreditation Council for Pharmacy Education (ACPE) Standards 2016.⁵ However, there is no specific guidance in the Standards on which particular skills to include in curricula or how to incorporate patient assessment skills.

Currently, patient assessment skills in pharmacy curricula are taught in many different formats. The TOPAS (Teaching Patient Assessment Skills to Doctor of Pharmacy Students) study identified a few of these formats, including stand-alone courses and parts of other courses such as therapeutics, skills laboratory, pharmaceutical care, pharmacology, and pathophysiology. The majority of respondents (45%) indicated patient assessment was taught as a stand-alone course.⁶ The TOPAS study reported that content was most often taught by pharmacy practice faculty, nurses, physician assistants, physicians, and pharmacy residents. Content varied widely among schools of pharmacy, however, the top three topics covered by programs in the TOPAS Study include pulmonary examination, followed by vital signs, and cardiovascular assessment.⁶ While this study identified ways skills were being taught and which broad topics were covered, the study did not identify specific skills being taught. The authors discussed this as a potential area for further research.⁶

Rationale and objectives

Although it is established that patient assessment skills are important to pharmacy practice, there is limited published literature regarding which specific patient assessment skills are currently being taught to pharmacy students in pharmacy curricula. Therefore, it is unknown how much variability exists among school curricula. The TOPAS study provided broad information including topics covered, formats of instruction, and evaluation methods of patient assessment skills in U.S. schools of pharmacy.⁶ This study aims to expand on the TOPAS study by describing which specific patient assessment skills are currently being taught in pharmacy curricula around the United States. While there may be various interpretations of the terms physical assessment and patient assessment, these terms are used synonymously for the purposes of this research.

Since physical assessment is not necessarily a primary role of a pharmacist, and comprehensive physical assessments for diagnosis are outside the scope of a pharmacist's role, educators may be unclear as to what extent patient assessment should be taught in pharmacy curricula. This study could help institutions identify which patient assessment items should be included in pharmacy education. More specifically, comparison to the aggregate school data may help educators determine which specific patient assessment skills to incorporate into their own curricula.

Methods

Between June and July 2014, an online Qualtrics® (Qualtrics July 2014, Provo, UT) questionnaire was distributed via e-mail to pharmacy practice department chairs and/or Deans across the United States, as identified through the American Association of Colleges of Pharmacy (AACP) and school web pages. The survey was open for a period of four weeks. A reminder e-mail was sent after two weeks. Completion of the questionnaire indicated participant's voluntary consent. At the conclusion of the questionnaire, the participants could also voluntarily enter their contact information for a chance to win a gift card.

The questionnaire, as seen in the [Figure](#), consisted of 11 major groups of patient assessment categories, each containing multiple assessment skills, for a total of 80 patient assessment items. The list of skills was derived from a course textbook, Bates' Guide to Physical Examination and History Taking,⁷ the categories found in the TOPAS study,⁶ and faculty experience. The list was intended to comprehensively represent all of the topics covered in the textbook. Greater than 90% of the 80 items were derived from the textbook.

Participants were asked to check all the physical assessment skills taught in the didactic portions of their institution's pharmacy curriculum. Demographic information was also collected including institution type (private or public), how patient assessment is taught in the curriculum (stand-alone course, integrated in multiple classes, both, or other), and who teaches patient assessment (pharmacist, pharmacy resident, physician, medical resident, Ph.D., or other). The questionnaire was revised prior to distribution following an internal review by a school research group. The study was approved by the University Research Review Board. Descriptive statistics were used to describe background demographics and instruction of each item. The data were filtered within Qualtrics®, and then exported directly into Microsoft Excel 2010 (Microsoft, Redmond, WA) that was used for data analysis.

Results

The survey link was sent to 164 deliverable e-mail addresses, which represented 128 schools or colleges of pharmacy. Overall, 51 responses were received, resulting in a 31% response rate. Of the responses received, 33 were used in data analysis, as incomplete and duplicate school responses were excluded. If two responses were received from a school, the more complete response was utilized in data analysis. Of the 128 institutions, 26% are represented in the results.

Totally, 52% of responding institutions identified themselves as public. For instruction format, 30% stated content was taught in a stand-alone, dedicated patient assessment course. Another 42% stated content was integrated into multiple courses throughout the curriculum, such as in a

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