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Opinion

Developing a practice site in the non-academic community hospital: A primer for pharmacy practice faculty members

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Abstract

The need for quality advanced pharmacy practice experiences (APPEs) and clinical practice sites for pharmacy faculty in inpatient settings continues to increase with the expansion of colleges of pharmacy. Since the patient care model in non-academic community hospitals often differs from the traditional model in an academic institution, the development of a practice site and experiential education in this setting requires a strategic approach by the faculty member. This article was developed by three full-time pharmacy practice faculty at different colleges of pharmacy who were each tasked with developing a new part-time practice site at a non-academic community hospital. Included are strategies for establishing the site, overcoming barriers to the creation of an optimal practice environment, and keeping the momentum once the site has been established. The various roles of a faculty member in this setting and some of the advantages to practicing within a non-academic community hospital are also presented. As the landscape of pharmacy education continues to evolve, successful development and perspectives from these practice sites should be shared.

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Introduction

Many pharmacy practice faculty members may complete a significant portion of their formal training as students and residents in large academic medical centers. Following their post-graduate training, faculty members may practice at non-academic community hospitals yet have little or no experience in these types of facilities. The growth in the number of colleges of pharmacy and the increased need for experiential education sites (both introductory and advanced) has required some practice faculty members to develop practice sites outside of traditional academic medical centers

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in order to meet growing pharmacy education needs. Based on data from the American Hospital Association Hospital Statistics and Association of American Medical Colleges, $\sim\!7\%$ of all registered United States hospitals are members of the Council of Teaching Hospitals and Health Systems. Consequently, the vast majority of registered hospitals are non-academic community hospitals. Previously published articles address the importance and development of advanced clinical pharmacy services in the non-academic community hospital setting. While the size, scope, and services provided may vary significantly, non-academic community hospitals present a unique set of opportunities and challenges for a faculty member newly entering this practice environment.

This article was developed by three full-time practice faculty members at different colleges of pharmacy who have compiled their shared experiences related to establishment of

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clinical practice sites at non-academic community hospitals (range in size: 185–450 beds). Although specific aspects of practice vary somewhat at each institution, the challenges and successes were similar. The purpose of this article is to provide perspectives to other full-time pharmacy faculty who are assigned to or charged with developing part-time clinical practice sites at non-academic community hospitals. This article aims to define the roles and responsibilities of the faculty member, describe how to establish the site, suggest ways to overcome barriers to creating an optimal practice environment, give examples of how to keep momentum after establishing the site, and highlight advantages of this type of practice setting.

Defining roles and responsibilities of a faculty member at a non-academic community hospital

The overarching goal of developing a practice site is to optimize patient care and provide a structured environment for student learning during Advanced Pharmacy Practice Experiences (APPEs). There are four primary duties for a practice faculty member with a part-time role at a nonacademic community hospital including provision of clinical pharmacy services, service to the health system, creation of educational opportunities, and development of scholarly endeavors. Contemplating these duties and understanding the needs of stakeholders at the facility is a critical early step in the development of patient care activities at a new practice site. Institutional stakeholders may include students, physicians, patients, fellow pharmacists, residents, pharmacy administration, and hospital administration. Additionally, the college of pharmacy where the full-time faculty member is employed should be considered a major stakeholder. All of the varied expectations should be defined prior to or during the early phase of assuming the position at a practice site. It is necessary to ensure that the goals and expectations of the practice faculty, including patient care and educational opportunities, are aligned with those of all stakeholders prior to assuming the role at the practice site. Ideally, the faculty member should also be involved in the goal-setting sessions to ensure that all parties develop achievable goals. Overarching goals should include:

- establishing clinical pharmacy services that ensure optimal medication therapy for the patient population served,
- (2) identifying opportunities for service to the health system that are mutually beneficial to the institution, faculty member, and college of pharmacy,
- (3) creating educational opportunities for students that meet the objectives set by the college and the Accreditation Council for Pharmacy Education (ACPE), and
- (4) identifying and cultivating areas for scholarly activity.

Table 1 includes suggestions for specific approaches to meet these goals.

Establishing a practice site

Providing clinical services with the intention to precept pharmacy students starts with establishing a practice site. Although the practice faculty member may not be involved in the selection of the practice site, identifying an appropriate practice site is paramount for success. The site should meet the needs of the curriculum and align with faculty interest and expertise.⁶ A potential site should have patient care needs for which the faculty can utilize their skills, as well as the ability to accommodate experiential students.⁶ Availability of physical space for both the students and faculty, opportunities for developing a patient care practice, and access to inter-professional collaboration should be considered when identifying a site in a non-academic community hospital. Early interactions with administration at the site can ensure that the college's and the hospital's goals are achievable. A great way to help solidify these goals is through the formation of a contract.

A contract between the college and the practice site should address issues of expectations, funding, and roles and responsibilities. Just as the contract or business agreement with the site defines the faculty member's scope of practice, understanding the funding of this position helps to determine prioritization of workload at both the college and the clinical practice site. All parties should agree on the percentage of time spent at both the college and the practice site, though it may not always be possible to precisely determine depending on teaching requirements at the college. A schedule should be provided and accepted by both the college and the practice site with the understanding that certain events such as graduation and other major college and/or hospital meetings may alter the precise balance of this time.

While a contract or business agreement cements the relationship among the college, faculty member, and practice site, creating a job description is an excellent way to ensure that roles and expectations at the site are clear. The job description (Table 1) should be concise, yet it should consider all aspects of practice, scholarship, service, and citizenship. When possible, it should provide specific examples of plans for patient care activities and collaboration opportunities with other members of the health care team. Participation in hospital committees or other service activities also may be agreed upon by all involved parties and defined within the job description. While it is important that the job description is comprehensive and precise, appropriate latitude should be afforded so that as the practice site develops, opportunities are not missed. Upon completion of the job description, both the practice site and college approval should be sought. Copies of this document should be kept on file by the practice site, the college department chair, and the faculty member.

Patient care activities are largely dictated by the scope of clinical services that currently exist at the site and the

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