



Research Brief

# Evaluation of the impact of a continuing professional development worksheet on sustained learning and implementing change after a continuing pharmacy education activity

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## Abstract

*Background:* Continuing professional development (CPD) continues to gain acceptance as a model for health care professionals to engage in lifelong learning. Little is known about how CPD participants use the experience to develop learning plans and implement new knowledge into practice.

*Objective:* The primary objective of this study was to evaluate the effectiveness of instruments designed to guide the pharmacist through a CPD process to plan and participate in continuing professional education activities at a national meeting.

*Methods:* The study was a case-control study of pharmacists randomized from the participants of the 2010 American Pharmacists Association Annual Meeting. The test group (n = 47) was instructed to complete CPD planning worksheets designed to facilitate planning of their continuing pharmacy education activities before the meeting. The control group (n = 58) did not have instructions beyond the meeting program. Both groups completed 3 surveys assessing components of the CPD processes: 1 before and 2 after the meeting. The surveys focused on confidence in abilities to identify, plan, and evaluate learning as well as implementation of practice change.

*Results:* Nearly all the test groups reported successful application of learning (95%) and achieving their designed learning plan (87%). Practice changes were implemented in more than half (60%) of the test groups after using a CPD process to plan their learning activities. There were no significant differences among groups regarding the outcome measures.

*Conclusions:* Participants successfully used a CPD approach to meet their learning plans and achieve meaningful learning outcomes. Integration of CPD components into educational activities may help to promote practice change.

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*Keywords:* Continuing professional development; CPD; Continuing pharmacy education; Adult learning; Learning objectives; Pharmacist

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## Background

Pharmacy practice in the United States is regulated by boards of pharmacy in the 50 states, the District of Columbia, Guam, and Puerto Rico. Requirements for initial licensure and maintenance of licensure differ to some extent, but all 53 boards require pharmacists to complete a defined number of hours of board-approved continuing pharmacy education (CPE) to maintain their license.<sup>1</sup> Similar regulatory approaches for continuing education (CE) apply in most health professions.<sup>2</sup> Participation in CPE activities provides a measure of assurance that practitioners are maintaining and updating their professional knowledge and serves as a proxy for assuring the ongoing competence to practice. For more than 30 years, approaches to CPE and assurance of competency for pharmacists have remained largely unchanged. Pharmacists simply provide documentation of the number of CPE hours completed during each reporting period to their state licensing board of pharmacy. Most other health professions follow similar procedures of simply reporting hours. There is a growing body of evidence, primarily from the medical education literature, that CE can be more successful in both learning and practice change if the educational activities are in an area of interest or preference, related to daily practice, selected in response to an identified need, interactive and hands-on, use more than 1 intervention, continuing not opportunistic, self-directed (in content and context), focused on specific outcomes/objectives, use reflection, and include a commitment to change by the learner.<sup>3–6</sup> CE providers, practitioners, and regulators have not yet pervasively adopted such strategies, although there have been calls for an overhaul of the CE of health care professionals.<sup>7,8</sup> New ways to assure and enhance learning outcomes, increase application of learning in practice, and ultimately improve patient care are needed and are being actively explored.<sup>8</sup>

More than 25 years ago, Cox and Baker<sup>9</sup> and Stein<sup>10</sup> described the necessity for the identification of learning needs. A critical review of the continuing medical education in the United States by Manning<sup>11</sup> concluded that conventional formal CE, unless focused on specific behavioral objectives, does not alter a physician's practice measurably. Nona et al<sup>12</sup> also summarized the literature for continuing health professional education several years ago. In their review, they stress that a health professional's continuing development is

affected by the ability to document different levels of change. One method shown to influence change in behavior is a documented commitment to change. A study of 207 physicians who expressed a commitment to change after a CE program were more likely to change their actual prescribing compared with those in the control group.<sup>5</sup> A smaller study of 33 pharmacists showed a successful implementation of change when a commitment to change statement was written after the completion of the learning activity.<sup>13</sup>

Stimulated by the research and findings on CE in other health professions, there has been an increased level of interest within the pharmacy profession to explore and discuss different approaches and models as a strategy to enhance CE and its outcomes. Continuing professional development (CPD) has been explored as one of these approaches. CPD is defined as a “self-directed, ongoing, systematic, and outcomes-focused approach to learning and professional development.”<sup>6,14</sup> Over the past several years, statements and policies relating to CPD were adopted by a number of international, national, and state pharmacy organizations including the American Pharmacists Association (APhA).<sup>14,15</sup> Early policies primarily advocated the exploration of the concepts, whereas later policies encouraged the development of CPD tools and resources to support pharmacists in their learning and other steps toward implementation. CPD in pharmacy has been implemented, to some extent, in several countries, including the United Kingdom, New Zealand, and Canada.<sup>16–18</sup> In Canada, the pharmacy is regulated at the provincial level, and although different regulatory models have been adopted, the CPD principles are widely incorporated. Recently, in the United States, members of select pharmacy organizations and colleges of pharmacy concluded a CPD pilot experiment in 5 states and continue to move forward with various CPD initiatives.<sup>6</sup>

Recent changes in the accreditation standards for CPE providers that place a stronger emphasis on learning outcomes, application of learning in practice, and evaluation of the impact on patient care have the potential to lead pharmacists to becoming more engaged in their learning.<sup>14</sup> Although there are no current indications that the core requirements of a mandatory completion of a prescribed number of hours of CPE to maintain licensure are likely to change in the near future, the goal of the new standards is to facilitate a shift

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