Continuing professional development training program among pharmacist preceptors and nonpreceptors

Toyin Tofade, Sarah Chou, Leigh Foushee, Stephen M. Caiola, and Stephen Eckel

Abstract

Objectives: To administer, observe, and evaluate the effectiveness of a condensed continuing professional development (CPD) training program among chain community pharmacy preceptors and nonpreceptors in North Carolina.

Methods: 120 community preceptors and nonpreceptors affiliated with a large community chain pharmacy completed a 5-hour CPD program consisting of home study and live portions and were given pre- and postintervention surveys. The main outcome measures were knowledge and familiarity of CPD among community chain pharmacy preceptors and nonpreceptors, effectiveness of the condensed training program, and perceptions on implementing the CPD process after training.

Results: Before the educational activity, differences between participants were (1) the percent of women pharmacists (40% of preceptors and 65% of nonpreceptors) and (2) that preceptors were more likely to accomplish planned learning activities compared with nonpreceptors. Of 97 nonpreceptors and 23 preceptors trained, more than 90% reported being able to achieve the program objectives and responded positively to the survey questions and 100% indicated that the educational activity enhanced their knowledge and skill levels. At least 85% of participants responded that the program length was satisfactory. The postsurvey revealed that 87% of participants were at least moderately familiar with the concept of CPD. Of respondents, 83% indicated that they will implement CPD at their practice site.

Conclusion: A condensed CPD program is efficient and effective in training community chain pharmacy preceptors and nonpreceptors. The majority of the pharmacists who responded indicated that they will implement CPD at their practice site after going through this program.

Keywords: Continuing professional development, preceptors, community pharmacy, North Carolina.

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Practicing pharmacists and other health professionals in the United States use continuing education (CE) programs to maintain and increase knowledge and fulfill requirements for certification and licensure.[1] However, evidence indicates that participation in traditional CE activities has not influenced practice performance or improved patient outcomes.[2,3] Perhaps more important, traditional provider-planned CE most often does not meet the individual practitioner's professional development needs.[1] Continuing professional development (CPD) is a different educational framework used in other parts of the world that addresses the crucial aspect of individualized learning needs.[1,4] Although supportive research is lacking, evidence that CPD can change clinical practice is increasing.[5]

CPD is described as an "ongoing, self-directed, structured, outcomes-focused cycle of learning and personal improvement."[1] The CPD cycle generally consists of five different actions: four standalone actions (reflecting, planning, acting, and evaluating) and one action (documenting) that is a component of each distinct step. Each part of the cycle requires self-motivation, thorough reflection, and critical consideration. In North Carolina, the board of pharmacy accepts a documented CPD process as an alternative to reporting CE hours at the time of pharmacist license renewal. Before pharmacists are permitted to use CPD for license renewal, they must attend ap-

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propriate training on the CPD process. During 2006–07, five states (Indiana, Iowa, North Carolina, Washington, and Wisconsin) piloted a 21-hour certificate program to provide pharmacists with the knowledge and skills to implement a personal CPD process.[6] During the exit interviews, the North Carolina participants strongly stated that the amount of training time required in the pilot would be a barrier to having pharmacists adopt CPD. Those pharmacists were asked to identify the key components that should be retained and offer suggestions regarding consolidation of the training that would make it more attractive to prospective CPD users. A primary suggestion was to consolidate the CPD documentation forms used during the five-state pilot. These forms were designed by the Ontario College of Pharmacists and were used with permission.[7]

With the support of the North Carolina Association of Pharmacists and the North Carolina Board of Pharmacy, the CPD task force that managed the pilot program in North Carolina sought and received additional permission from the Ontario College of Pharmacists to construct condensed documentation formats based on their forms. The task force proceeded to design a written form and an Internet-based format that was housed on the board of pharmacy website. The task force then developed a 5-hour CPD educational program (2 hours self-study plus 3 hours live) to meet the training needs required by the board of pharmacy. The objectives of the 5-hour program were to prepare each participant to (1) review the CPD process and learning plan; (2) construct and refine learning objectives and individual learning plans; (3) discuss an effective documentation plan for learning activities, including use of the board of pharmacy Web-based tool; and (4) list tips for successfully implementing CPD into the learning process. The condensed version reduced the documentation used during the five-state pilot substantially while preserving the key components of the CPD process.

After the five-state pilot was concluded, a perception existed that preceptors and nonpreceptors would differ regarding the incorporation of a CPD concept into practice. A primary driver for CPD in academia is the Accreditation Council for Pharmacy Education 2007 standards requiring schools and colleges of pharmacy to demonstrate that their preceptors "have a systematic, self-directed approach to their own continuing professional development."[8] This study investigated whether (1) a subset of North Carolina preceptor and nonpreceptor pharmacists were already following a CPD-like process of self-directed learning and (2) a training program could increase their acceptance and willingness to engage in such a process.

Objective

The purpose of this study was to administer, observe, and evaluate a condensed CPD education and training program for community chain pharmacy preceptors and nonpreceptors in North Carolina.

Methods

The program was considered effective if more than 80% of participants reported being able to achieve the program objectives. The program was considered efficient if more than 80% reported that the amount of time spent during the training was sufficient for understanding the concept of CPD. The Wake Area Health Education Center has preset standards for program evaluation.[9,10]

In February 2009, the first condensed CPD workshop was presented to a group of pharmacists at the Wake Area Health Education Center in Raleigh, NC. Interest grew among some of the participants, and the same program was administered by request to a group of pharmacists in a large community chain pharmacy setting in Raleigh. The first condensed CPD workshop for the community pharmacists took place in April 2009. It was conducted for 23 pharmacists who were preceptors for one or more of the schools of pharmacy in the state. In May 2009, the same CPD program was presented to three groups of the same chain's community pharmacists who were not preceptors (n = 97). These pharmacists came from practices scattered across North Carolina.

Pre- and postintervention surveys (Appendix 1 in the electronic version of this article, available online at www.japha.org) were administered for each of the CPD training sessions. A postworkshop evaluation also was administered. These tools assessed participant knowledge of the CPD process and likelihood of adopting it as a model of self-directed learning. In addition to general demographic questions, the presurvey consisted of eight questions that measured (1) participants' pre–training program familiarity with CPD, (2) how often they already practiced particular components of the CPD process, and (3) parts of the process that they perceived as easy and difficult. After completing the 2-hour self-study and 3-hour live workshop, a postsurvey was given. This survey consisted of five questions that evaluated (1) participants' post–training program understanding of CPD, (2) how comfortable they were with implementing the CPD process, and (3) what tools or resources they needed to implement CPD. This postsurvey also asked for feedback to improve the workshop. Many of the survey questions were written in a multiple-choice format and selected from an interval scale. Participants rated their familiarity with CPD as unfamiliar, slightly familiar, moderately familiar, or very familiar. Questions regarding the frequency with which participants practiced aspects of CPD were rated as less than 25% of the time, 25% to 50% of the time, 51% to 75% of the time, and more than 75% of the time.

Using a Likert-type scale, the postworkshop evaluation asked whether the participant was able to (1) review the CPD process and learning plan; (2) refine the learning objectives, learning plan, and overall CPD process; (3) discuss an effective documentation plan for learning activities, including the North Carolina Board of Pharmacy Web-based tool; and (4) list tips for successfully implementing CPD into the learning process. The evaluation also requested responses to the following statements using a Likert-type scale: (1) "I had some knowledge/experience in this area before attending this activity," (2) "This educational activity enhanced my knowledge and skill levels," and (3) "Information and materials from this program will enhance my ability to improve patient care/outcomes." Last, open-ended responses were requested regarding the following statement: "After attending this activity, I will implement the following."

With regards to what they believed to be the easiest and most challenging parts of CPD, participants could circle any number of applicable steps and were then given open-text space to explain their choices. For the postsurvey, participants could rate their comfort level with implementing CPD on an interval scale (from very uncomfortable to very comfortable). All participants enrolled in the workshop were asked to take the surveys. All responses were anonymous. Participants chose a unique identifier for both pre- and postsurveys