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Research Article

Evolution of a regional pharmacy residency teaching and learning curriculum program

Amber R. Wesner, PharmD, BCPS^{a,*}, Richard Pierce, EdD^b, Nicole Slater, PharmD^c,
Mark Johnson, PharmD, BCPS^a

^a Department of Pharmacy Practice, Bernard J Dunn School of Pharmacy, Shenandoah University, Winchester, VA

^b Division of Technology in Education, Shenandoah University, Winchester, VA

^c Department of Pharmacy Practice, Harrison School of Pharmacy, Auburn University, Mobile, AL

Abstract

Purpose: To provide an overview of how technology assisted in growing a small face-to-face residency teaching and learning curriculum program (RTLCP) into a regional online program, to assess the impact of the program on participants' confidence regarding their pedagogical skill set, and to assess participants' perceptions of satisfaction and effectiveness of the program.

Methods: A retrospective analysis was conducted to evaluate the RTLCP program using descriptive information collected between 2007 and 2014. A survey was administered, using a pre-post design, to assess participants' perceptions of the program's effectiveness and the participants' satisfaction with the program during the past two years. A detailed description of each program component and how those have changed over time was described.

Results: During the past two years, a total of 38 residents completed the RTLCP program. Of the 38 residents, 32 completed the pre-survey and 22 completed the post-survey representing an 84% and 58% response rate, respectively. A statistically significant improvement was found for 92% (25/27) of categories surveyed regarding teaching ability and pedagogical skills. Areas showing no significant improvement included the following: the ability to perform grading ($p = 0.0958$) and the ability to evaluate exam statistics ($p = 0.0578$).

Conclusions: The RTLCP at Shenandoah University has successfully expanded its reach through the use of synchronous and asynchronous technological advances. Participants of the program significantly increased their knowledge of pedagogy and multiple teaching experiences increased participant's confidence in their ability to apply that knowledge to various educational settings.

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Introduction

Teaching is an essential component of residency training. Based on the American Society of Health-System

Pharmacists (ASHP) standards for residency accreditation, teaching, education, and dissemination of knowledge is competency 3.2.b and must be satisfactorily accomplished prior to completion of the residency.¹ Teaching is not only a mandatory component of residency programs, per the ASHP Commission on Credentialing, but also many applicants now seek a teaching certificate component when evaluating residency programs. Given the wide applicability of teaching skills, many programs seek to provide a formalized teaching program for their residents. However,

* Corresponding author: Amber R. Wesner, PharmD, BCPS, Department of Pharmacy Practice, Bernard J Dunn School of Pharmacy, Shenandoah University, 1775 North Sector Court, Winchester, VA 22601.

E-mail: awesner@su.edu

formal teaching and learning programs require significant resources, and many programs are not affiliated with a college or school of pharmacy to partner with in order to provide this important component. With an ever-growing expectation for student pharmacists to complete residency programs and teach in some capacity upon completion of the residency program, it is crucial to implement teaching and learning curriculum programs that allow residents to learn the fundamental skills needed to step into those roles.² Developing high-quality, effective teaching programs and creating an efficient means of distribution to many sites are essential. Distance education and blended instructional models have been beneficial in several studies, which have utilized technology to expand their own programs to non-affiliated sites.^{3,4}

The Pharmacy Residency Teaching and Learning Curriculum Program (RTLCP) at Shenandoah University is a collaborative program between the School of Pharmacy and the School of Education and Human Development that combines both the knowledge and practice of teaching in a comprehensive year-long program. Now entering its eighth year, the program has been highly successful in further developing participants' teaching skills.⁵ These skills have been applied in a variety of practice settings, including academia and clinical practice. Through the use of synchronous and asynchronous technology, residents and preceptors from distant residency sites are now taking part in the RTLCP. In 2010, the program was expanded to include two distant residency programs that were not officially affiliated with Shenandoah on a trial basis, and then further expanded in 2014 to 13 additional distant programs in a six-state region. Distant residency sites are defined as those being an hour or more away from the university. Distant participants are expected to complete the same requirements as those of the onsite affiliated residency programs through the use of teaching mentors and provided guideline documents. Shenandoah university provides the program to affiliated residency programs without cost and bases the cost to non-affiliated residency programs based on the number of APPE and IPPE students the site takes (for every one APPE or two IPPE students taken, one RTLCP credit is given at no charge). Shenandoah provides two faculty coordinators for the RTLCP and faculty mentoring for onsite programs.

Despite little change in the overall purpose of the program since its inception, the delivery methods and content of the RTLCP have advanced to keep pace with the demands for program growth by offering the RTLCP to outside participants through the use of technology. Additionally, the program recently underwent content updates based on the recommendations from the American College of Clinical Pharmacy and American Society of Health-System Pharmacy.^{6,7} These updates include that each participant maintain an online teaching portfolio, is assigned a teaching mentor, is offered multiple methods to obtain teaching requirements (such as in-service presentations or grand rounds at their respective sites), and actively

participates in the pedagogy discussions through online meeting capabilities.

The purpose of this study was to describe the evolution of a regional teaching and learning curriculum program. This article will address how technology assisted in growing a local teaching program into a regional program, to assess the impact of the program on participants' confidence regarding their pedagogical skill set, and to assess participants' perceptions of satisfaction and effectiveness of the program.

Methods

A retrospective analysis was conducted to evaluate the RTLCP program using descriptive information collected between 2012 and 2014. Components of the program considered in this study included the following: a pedagogy seminar series, didactic experiences, experiential precepting, small group facilitation, teaching philosophy statement development, and creation of a teaching portfolio. Distant residency programs were recruited by e-mailing programs in a six-state region without known RTLCPs using the ASHP Residency Directory and invited to participate in the program. Additional residency programs have been identified from past graduates of Shenandoah. Of the programs contacted, 30% chose to participate. A program description and promotional advertisement was also added to the school of pharmacy website as well.

A survey was administered using a pre-post design immediately before beginning the program and within two weeks of finishing the program, to assess participants' perceptions of the program's effectiveness and the participants' satisfaction with the program during the past two years. Survey questions required participants to rank themselves on a 5-point Likert scale where one indicated a very low level of confidence and five indicated the highest level of confidence at conducting a variety of pedagogical skills. Survey questions are presented in Table 1. On the post-survey three additional open-ended questions were added where participants could share their opinions of strengths of the program, areas for improvement, and overall experience in the program. A single investigator reviewed the responses and coded them into similar categories. Surveys were optional to complete, but highly encouraged. For statistical analysis, survey answers were stratified into two groups as low level of confidence (responses of very low, low, and neutral on the Likert scale) and high level of confidence (responses of high and very high). After categorizing the data in this way, data were analyzed using Fisher's exact test. A p value < 0.05 was considered significant, and data were analyzed using IBMSPSS/PCv22 (IBM, Armonk, NY). This study was approved by Shenandoah University's Institutional Review Board.

For a detailed description of each program component from 2007 to 2011, the reader is referred to a previous publication.⁵ The major programmatic changes, including

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