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Research

Evaluation of student pharmacists' awareness, perceptions, and interest in pursuing board certification

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Abstract

Objectives: To (1) determine awareness of the Board of Pharmacy Specialties (BPS) certification by current student pharmacists at all levels of pharmacy education, (2) evaluate student perceptions of effective educational formats for learning about BPS certification, and (3) assess students' interest in obtaining BPS certification in future careers.

Participants: State boards of pharmacy in all states were contacted to request licensed intern contact information; all students with valid e-mail addresses were invited to participate. Main outcome measures were as follows: participants were asked about awareness of BPS certification, where they learned about certification, interest in attaining certification, and demographics. Results: Overall, 1108 (15.3%) survey responses were included for analysis representing students from schools of pharmacy across the country. A majority of respondents (73.2%; n = 750) were aware of BPS certification and identified learning about BPS most from faculty members (n = 509) and preceptors (n = 289), primarily in required courses (n = 311) and advanced pharmacy practice experiences (n = 238). When asked about future plans, 43.3% (n = 472) stated they were likely to pursue BPS certification, 41.1% (n = 449) were undecided, and 15.6% unlikely (n = 170).

Conclusion: Most respondents were aware of BPS certification, learning the most through didactic and experiential activities, and many indicated they are likely to or undecided about pursuing BPS certification. Respondents unaware of or undecided about BPS certification represent an opportunity for colleges of pharmacy and professional organizations to formalize their role in student education about BPS and advocacy efforts.

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Introduction

The Board of Pharmacy Specialties (BPS) was established in 1976 by the American Pharmacists Association (APhA) to grant certification to pharmacists in specialized

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areas of practice for the purpose of improving the quality of care individual patients receive, promoting positive treatment outcomes and improving patients' quality of life. Since that time, the number of pharmacists certified as well as the number of specialties available has continued to grow. In 2013, approximately 19,000 pharmacists are certified in the six available specialties of nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pharmacotherapy, psychiatric pharmacy, and ambulatory care

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pharmacy.^{1,2} BPS recently announced approval of additional specialties of critical care and pediatric pharmacy and is exploring the addition of specialties in pain and palliative care, cardiology, and infectious disease.^{3–5}

BPS certification primarily affects pharmacists several years after becoming a practitioner; however, due to BPS certification potentially being an important factor to the evolving role of the pharmacist, it may be important for student pharmacists to be aware of BPS certification. As the role of the pharmacist moves from a product-centered model to a more patient-centered model, pharmacy organizations including APhA, the American College of Clinical Pharmacy (ACCP), and the American Society of Health-System Pharmacists (ASHP) have published white papers discussing the importance and value of certification through BPS. 6-8 In ACCP's 2006 white paper, authors forecast that in 20-30 years pharmacy technicians will have the primary role in dispensing prescriptions and pharmacists will be responsible for providing their patients with direct patient care. ACCP's vision for this same time frame is that most clinical pharmacy practitioners will be board certified specialists similar to the medical model with board certified physicians.^{5,9} ACCP supports board certification for all pharmacists who are responsible for the pharmacotherapeutic management of patients with complex or special drug therapy needs. 10-12 This position is in line with the 2013 BPS white paper that envisions that by 2017 board certification will be the expectation for pharmacists who are involved in direct patient care. 13 ASHP is another professional organization that identifies a role for BPS certification in their long range vision for the field of pharmacy stating that those pharmacists spending the majority of their time in a specialty area should pursue certification if available.8

In a 2004 white paper, APhA addressed the value of BPS certification finding that pharmacists who are board certified appreciate the value of the certification. Surveys of board certified pharmacists conducted in the early 1990s assessed the perceived value of and motivations for seeking certification and identified financial benefits, job and other professional opportunities, and reviewing knowledge and skills as key elements of value and motivation for seeking certification. 14,15 An additional recent survey of pharmacy practice faculty members found the most common reasons the faculty members obtained certification was for personal growth and to be recognized as an expert in the field. 16 Board certification is recognized by a few agencies to allow pharmacists increased responsibilities and/or benefits based upon receiving certification. 17,18 Despite these benefits identified by currently certified pharmacists and select agencies, the value has not been globally accepted by the general pharmacist population, other health care practitioners, payers, and the public.⁶

To achieve the vision of more pharmacists attaining board certification and BPS certification being recognized as a well-respected and accepted certification process both within and outside the profession, several steps must be

taken. One such step involves educating current student pharmacists about the importance and process of BPS certification. APhA has called for BPS to collaborate with colleges of pharmacy to promote the value of certification by encouraging PharmD students to seek BPS certification after graduation.⁶ ACCP urges pharmacy practice faculty and faculty with patient care responsibilities to pursue board certification due to the strong influence academia has on the culture of pharmacy. 4,19 The Council on Credentialing in Pharmacy also outlines a framework for active coordination between professional education, postgraduate training, and credentialing processes.^{20,21} A key role for pharmacy educators has been identified; however, it has not been clear whether schools of pharmacy are embracing this role to educate student pharmacists about BPS certification. No literature exists as to whether or not student pharmacists are aware or knowledgeable about BPS certification. However, emerging health care models due to the Patient Protection and Affordable Care Act may make BPS certification more critical to graduating students planning to practice in these models.²² The purpose of this research was to evaluate student pharmacist awareness, education received about, and interest in BPS certification. This prospective study surveyed 2010-2011 student pharmacists nationally at all levels of pharmacy education to evaluate their awareness and perceptions of BPS certification.

Objectives

The objectives of this study were to determine awareness of BPS certification by student pharmacists at all levels of pharmacy education, evaluate student perceptions of effective educational formats for learning about BPS certification, and assess students' interest in obtaining BPS certification in future careers.

Methods

State Boards of Pharmacy in all 50 states and Puerto Rico were contacted in September–October 2010 to obtain contact information for currently licensed pharmacy interns. The nine states that could provide electronic mail (e-mail) addresses, available as public record, for interns were included. An individual invitation to participate in the survey including a survey hyperlink was sent to all interns with valid e-mail in February 2011, which was followed by a reminder e-mail at one week and a second reminder e-mail two weeks after the initial e-mail. The survey closed three weeks after the initial e-mail. A diagram representing the methods is shown in the Figure.

The survey was anonymous and delivered using an online survey tool (Qualtrics, Qualtrics Inc.). The survey questions were developed by the study authors and were pilot tested among a group of pharmacy practice faculty and residents. The survey consisted of 22 questions including multiple-choice and Likert scale questions, including a brief

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