



Opinion

Hybrid e-learning approach to health policy

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Abstract

Hybrid teaching methodologies involve combining traditional teaching techniques with advances in technology to deliver content. The main objective was to assess the impact of a hybrid teaching methodology on improving critical thinking in the health policy elective course. Secondary objectives included assessment of students' perceptions on healthcare policy in the field of pharmacy and the use of those perceptions to design and deliver an elective course incorporating e-learning strategies. A prospective, mixed method exploratory pilot study was conducted in two phases. Phase 1 employed the use of a focus group to determine students' preliminary understanding of the policy course and train them on practical principles in public policy advocacy, while Phase 2 focused on the delivery of the course content. The assessment of the course showed that adopting a hybrid approach to policy instruction produces varied results when looking at critical thinking as measured by the California Critical Thinking Disposition Inventory (CCTDI) and the California Critical Thinking Skills Test (CCTST). All the students felt that their ability to effectively participate in the policy course improved significantly but the assessment showed mixed findings. The course benefited from being new and giving the students a broad view of the policy process. Critical thinking was improved among our students who were enrolled in the health policy elective. Nevertheless, a further study with an increased sample size is needed to tease out the impact of these different methodologies in addition to other technology-based ones.

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Background

In 2007, the American Association of Colleges of Pharmacy (AACP) Academic Affairs Committee identified drivers for curricular change that they believe, if properly followed would address the central issues facing pharmacy education. More specifically, the committee emphasized

that new learning environments that optimize the use of technology are needed.¹ They also specified the benefits of learning by doing, the use of social interactions in teaching, and mentorship for the purposes of stimulating professional socialization. The committee stated that each of these drivers is needed to further pharmacy education.¹

As professional practice becomes increasingly dependent on computers and technology, it is imperative that "pharmacy students gain the skills, knowledge, and abilities required to function effectively and proficiently with computers."² In "Digital Natives, Digital Immigrants" Prensky notes that "our educational system (was not) designed to teach today's students," whom he deems as "digital natives." Digital natives "think and process information fundamentally differently from their digital immigrant predecessors."³ Thus, a new way of teaching digital natives is pivotal to effectively prepare pharmacy students for future success.⁵

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For teachers to adapt to this shift requires embracing new teaching methods, such as moving instruction to paperless methods “where teachers integrate, guide and facilitate learners to achieve desired learning outcomes.”² The incorporation of technology in teaching is consistent with the evolution of medical practice, current trends in pharmaceutical care delivery, and new methods of distance learning-based continuing education.⁴ For example, several technology-based instructional methods already exist for communication and patient care practice skills (e.g., telephone, e-mail interviews, audio and video tapes, patient simulations, blogs and online discussion threads, and virtual patient technologies) that promote student self-direction in the delivery of pharmaceutical care.^{6,7}

In the facilitator role, the teacher’s goal is to activate students to take more control of their own respective educational destinies.² It has been suggested that “learners today want to learn differently,” and ultimately, this is an important responsibility of the Academy.⁸ In the course of the health policy elective’s development, the course coordinators recognized the need for careful instructional design methods and assessment. These methods are inclusive of the scholarship of teaching and learning as well as implementation of new teaching techniques, with both student feedback and peer course evaluation.⁹ Such a course helps to ensure that the pharmacy school curriculum addresses competencies needed to work as a member of an inter-professional team as outlined in the Accreditation Council for Pharmacy Education (ACPE) guidelines (ACPE 9.1).¹⁰ The immeasurably vast expanse of biomedical information made accessible by technology, especially the internet, has necessitated the establishment of interdisciplinary teams in the health service workforce.⁴

The *raison d’être* for higher education is to “prepare students for future success.” In this context, success may be defined as “the ability to pursue and advance in the career of one’s choice; the ability to contribute meaningfully to one’s community; (and) the ability to pursue an intellectual life.”¹ The Academy recognizes the responsibility of pharmacy educators and administrators to adequately prepare pharmacy students for the increasingly changing pharmacy field.²

The relationship between schools of pharmacy and the pharmacy profession has been described as “an inextricable mutual linkage”³ fostering the profession’s capacity to meet society’s complex health workforce needs. Those needs are reflected in our country’s health policy debates and implementation. Examples include the 1965 amendments to the Social Security Act to create Medicare and Medicaid and the 2010 Patient Protection and Affordable Care Act, both of which sought the expansion of health services to more Americans by shifting care models. Pharmacy schools are also encouraged to pursue international collaborations, thereby improving pharmaceutical services on a macro or global health scale.⁴ To this end, in an ever increasingly intertwined global community, a health policy course

should also expose pharmacy students to global health problems and afford opportunity to apply critical thinking in learning and application to such problems, thereby fostering personal vision of and preparation for future roles and careers in a global health arena.

As the health policy debate ensues, it is important to equip students with the tools necessary to define the professional role of the pharmacist within statute and regulation. This article describes the implementation of a health policy elective at a four-year Doctor of Pharmacy program that employed technology-based active learning, critical thinking assessments, lecturers as leadership role models, and team-based and individual social interactions and professional socialization. The collection and evaluation of information from this course serve as a model to create active learning environments and motivate lifelong learners through hybridized e-learning strategies.

Description of health policy course

Howard University College of Pharmacy follows a four-year curriculum. Students attend didactic lectures for the first three years, complemented by experiential education during the summer of their first and second years, and throughout their fourth year. Electives are offered primarily in their second year. This is the first time that a health policy elective is being offered to the students. The health policy elective is a three-credit course that was first offered in Spring 2012. The class met twice a week for 14 weeks. The classroom portion was 1.5 hours weekly, supplemented by either 1.5 hours online activity or two hours of field experience weekly. Overall, 50% of the course was taught by outside lecturers who were either employed as government affairs personnel in professional organizations or worked on Capitol Hill in a policy capacity. The lecture topics are listed in a table in [Appendix 1](#).

This elective course provides a broad, introductory overview of general and multidisciplinary health policy concepts in the United States and internationally using a technology-driven combined didactic and experiential-based platform. The main goals and objectives of the course outlined in [Appendix 2](#) are for students to become familiar with major policy issues, to gain experience analyzing these issues, and to directly apply that knowledge by engaging in legislative or regulatory processes. The course was intended to stimulate critical thinking and leadership skills, to produce a greater awareness of health policy issues, and to encourage a more empathetic, interactive, and team-oriented health professional. Students were expected to produce written documents that were thoughtful and accurate, as well as organized, clear, and consistent with the rules of standard English. Any students requiring assistance were directed to the student’s writing section at the University’s Center for Excellence, Teaching, Learning, and Assessment (CETLA).

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