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Opinion

## Pharmacy student preferences on instructional strategies in a mental health elective

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### Abstract

The purposes of this study included (1) a review of students' perceptions of the effectiveness of instructional activities to improve knowledge of issues surrounding mental illness and (2) an assessment of students' perceptions of instructional tools to de-stigmatize issues surrounding mental health issues. A non-experimental survey design study was conducted between 2008 and 2012 to identify students' attitudes. The results of this study found significant differences in students' perceptions of instructional strategies for improving knowledge and for de-stigmatizing mental health issues. The results of this study detailed students' predilection toward authentic experiences in the form of patient speakers to improve learning about mental illness and to de-stigmatize issues surrounding mental illness. The use of motion pictures was also highly valued as instructional tools for teaching and de-stigmatizing issues surrounding mental health issues. In conclusions, personal narratives were presented in a variety of modalities including text (books), audiovisual (motion pictures), and the face-to-face first and second person accounts of patients and family members. Students' perceptions of the instructional strategies corresponded with the delivery modality, ranking live experiences higher than multimedia and textual representations of personal narratives.

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### Introduction

A primary goal of pharmacists is to identify and resolve medication-related issues and ensure safe and effective use of medications.<sup>1</sup> To this end, pharmacists must gather information from the patient regarding medication concerns, use of other medications and substances, and mental and physical health problems. It has been demonstrated that pharmacists can improve patient outcomes, prescribing practices, and patient satisfaction in the mental health population.<sup>2</sup> To be successful in this endeavor, pharmacists' attitudes and communication skills are important in developing rapport with patients and other health professionals.

The National Institute of Mental Health reported in 2013 that one in four adults experiences mental illness in a given year and that one in seventeen persons live with a serious mental illness such as schizophrenia, major depression, or bipolar disorder.<sup>3</sup> A recent study has indicated that 20% of the adult US population is now prescribed a psychotropic medication.<sup>4</sup> The increasing need for mental health services provides additional opportunities and challenges for pharmacists to have a positive impact on this patient population.

Current literature suggests that pharmacists are less comfortable discussing clinical symptoms and medication information with mentally ill patients compared to patients with other chronic conditions. Rickles et al.<sup>5</sup> reported that pharmacists had a lower willingness to provide services for mental illness versus asthma. Phokeo et al.<sup>6</sup> examined community pharmacists' attitudes toward and professional interactions with users of psychiatric medications. A greater

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proportion of pharmacists expressed discomfort discussing symptoms and medications with patients who had mental illness (36%), compared to patients with cardiovascular disease (6%). Scheerder et al.<sup>7</sup> reported discrepancies in pharmacists' practice involving depressed patients when compared to other conditions. Overall, 70% of pharmacists reported maintaining a trusting relationship with most or all patients with other conditions but only 32% reported this with depressed patients. This discrepancy may be the result of negative attitudes toward individuals with mental illnesses. There is also reluctance on the part of the patient to discuss their condition with pharmacists. Black et al.<sup>8</sup> found that 26% of patients acknowledged that they did not feel comfortable speaking to the pharmacist about their mental health medications.

There has also been research assessing pharmacy students' attitudes. Bell et al. compared the attitudes of third-year pharmacy students with those of pharmacy graduates. The third-year students had not received any mental health instruction up to this point whereas the graduates had completed didactic instruction and clinical practice experiences. There was no statistical difference between the two groups regarding stigmatizing attitudes, and the authors concluded that mental health instruction and clinical practice in the workplace may not decrease students' stigmatization toward people with mental illness.<sup>9</sup> We feel these findings suggest that pharmacy schools need to foster an awareness of mental health issues in order to improve attitudes toward and, in turn, improve care of this growing patient subpopulation. To that end, it is incumbent on pharmacy schools to identify and incorporate instructional strategies and tools that assist in the preparation of students to care for mental health patients and de-stigmatize mental health issues.

The Center for Advancement of Pharmacy Education (CAPE) Outcomes for 2013 highlights the importance of the pharmacist in patient-centered care as the medication expert, health and wellness promoter, and patient advocate.<sup>10</sup> Of the pharmacy schools surveyed in 2007, all had incorporated psychiatric pharmacy material into therapeutics courses, but only approximately 27% offered elective didactic courses in psychiatry.<sup>11</sup> Psychiatric therapeutics courses alone do not improve the attitudes of pharmacy students toward mental illness.<sup>9,11</sup> Cates et al. surveyed pharmacy students (P1–P4) assessing their attitudes, social distance, and exposure to the mentally ill. They found that fourth-year students had more favorable responses than second-year students on an attitude scale (Index of Attitudes Toward the Mentally Ill), but exposure of third-year students to mental illness in a therapeutics course did not result in statistically significant changes.<sup>12</sup> Psychiatric elective courses focused on mental illness in pharmacy have been shown to improve student pharmacist perceptions of mental illness, regardless of whether or not the student had taken a psychiatric therapeutics course prior to the elective.<sup>13,14</sup>

Despite the growing need for mental health services and the demonstrated efficacy of psychiatric elective courses to improve student pharmacists' perceptions of mental illness, there have been no studies, to our knowledge, focused on the evaluation of instructional activities for an elective course of this type. PHAR 652 Introduction to Mental Health for Pharmacists was a 1.5-credit hour elective offered to second-year (P2) and third-year (P3) students before they ranked their selections for Advanced Pharmacy Practice Experience Rotations (APPE). The objectives of this elective were to improve students' knowledge of mental health issues and to de-stigmatize issues surrounding mental health patients. There was a focus on the historical treatment of mental illness and progression of treatment to the point of therapeutic intervention. Our conclusions are drawn from course evaluations in which students' expressed their perceptions of the effectiveness of instructional activities to improve their knowledge of mental illness, and students' perceptions of the impact of instructional tools to de-stigmatize issues surrounding the mental health population. We also considered quantitative data, which compared student perspectives of instructional strategies, and student comments.

### Description of elective

PHAR 652 Introduction to Mental Health was a 1.5-credit hour elective for second- and third-year pharmacy students. The purpose of the course was to familiarize pharmacy students with the treatments and treatment controversies surrounding mental health care in the United States and to enable students to articulate ethical principles relevant to pharmacy practice. Introduction to Mental Health preceded students' exposure to the therapeutics course covering psychiatric medications and disorders. This study included four fall semesters between 2008 and 2012.

When PHAR 652 was created in 2008, there was scant evidence in the literature to support effective teaching strategies and instructional practices that would improve student knowledge surrounding mental illness or that would assist in de-stigmatizing mental health disorders. The selection of learning activities to incorporate into the course stemmed from related and available opportunities in the community, as well as, active learning projects that could be incorporated into the course. Numerous instructional strategies were attempted in this study and four categories of instructional activities remained constant over the five-year period: patient encounters, motion pictures, a required book, and student presentations. This study considers student preferences of six specific instructional artifacts within these four categories of activities.

Patient encounters included pharmacy students attending, as a class, a National Alliance of the Mentally Ill (NAMI) meeting. This was a peer-to-peer meeting involving trained mental health consumers talking about their illness and providing support for others. It was held in

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