



Facilitating skill development using student-directed activities and personalized formative feedback

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Abstract

Objective: To describe the process and outcome measures of implementing student-directed activities and faculty formative feedback as methods to develop interviewing, assessment, SOAP note writing, patient presentation, and patient counseling skills.

Methods: Student-directed activities and personalized formative feedback from faculty were implemented to facilitate skill development in first-year pharmacy students. These processes occurred in three steps in which students (1) obtained foundational knowledge through the completion of independent student-directed learning activities, (2) applied knowledge and development of skills through peer teaching activities and peer/self-assessment, and (3) received personalized formative feedback from faculty during verbal assessments. Outcome measures were determined by students' performance in course evaluations and faculty/student survey data.

Results: Overall, 70 students and six faculty completed the survey. Based on student survey data, 74% indicated that student-directed activities enhanced learning, 57% indicated that peer feedback facilitated their ability to write SOAP notes, 78% were confident in their interviewing skills in a community site, 76% were confident in their patient presentation skills to a community preceptor, 97% indicated they had developed adequate foundational skills for writing SOAP notes, and 100% valued receiving personalized faculty feedback. The entire faculty was fairly confident in the students' interviewing skills.

Conclusion: Student-directed activities facilitated the development of skills, which was augmented by peer feedback and self-assessment. Students perceived personalized faculty feedback as beneficial and recommended continuation of such feedback in future classes.

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Background

Students enrolled in professional pharmacy education programs have traditionally been instructed using a didactic lecture format. This style of teaching relies on professor/

instructor lecturing to the class. The professor/instructor may use media and/or handouts to assist the student in following along with the topic. Although traditional didactic lecturing may be effective for delivering a great deal of information in a concise manner to a large group of students, this method lacks promotion and application of knowledge, skill development, and higher levels of learning. Furthermore, the testing technique which often accompanies the didactic style of teaching generally relies on multiple-choice or short-answer questions. This testing

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format is unlikely to prepare the pharmacy students appropriately for real-life practice and may not adequately fit the testing aptitude of all those enrolled.

The American College of Clinical Pharmacy (ACCP) is keenly aware of the educational gaps that exist in many schools of pharmacy. Recently, ACCP released a white paper which described its recommendations regarding pharmacy's future. These recommendations emphasize patient-centered care. ACCP also acknowledged the discrepancy between pharmacy education and pharmacy practice. This report recognizes that pharmacy educators need to place more emphasis on the preparation of students using problem solving, critical thinking, ethics, communication, and self-directed learning.¹ Similar to this report, the 2013 AACP Center for the Advancement of Pharmacy Education (CAPE) outcomes further emphasize the importance of this need and additionally state, "attention should also be paid to integrated assessments to ensure that students are retaining, integrating, and applying the knowledge, skills, and attitudes."² Today's pharmacists must be able to improve the quality of their patients' lives, which involves the use of complex problem-solving processes, critical thinking skills, clinical reasoning, and reliance on lifelong learning. The entire profession of pharmacy is moving toward a patient-centered environment, including optimized disease state management. It is imperative our students engage in clinical reasoning, hypothesis generation, data gathering, and data analysis while continuing to use their basic science foundation, including pharmacokinetics, physiology, and pharmacology to generate diagnostic and treatment options for their patients.³

The University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences prides itself on developing confident, competent pharmacy practitioners and thus shares the views of ACCP and has modified our curriculum to meet the 2013 AACP CAPE outcomes. To aid in this educational process, course directors are encouraged to introduce, or increase, current student-directed learning activities and augment their course with more formative faculty feedback. Although self-care was historically taught using student-directed learning activities (weekly pre-readings and a quiz to ensure preparation) as well as active learning techniques (case-based discussion and role-playing), the course did not utilize peer feedback or formative faculty feedback to enhance student knowledge and skills. In response to this expectation, the skills development course maintained the historical student-directed and active learning activities but augmented the course by designing and incorporating additional student-directed activities and personalized faculty formative feedback to facilitate the development of interviewing, assessment, Subjective, Objective, Assessment, and Plan (SOAP) note writing, patient presentation, and patient counseling skills.

This article describes the process and outcome measures of implementing student-directed activities and faculty formative feedback as a method to develop interviewing,

assessment, SOAP note writing, patient presentation, and patient counseling skills in a large class of 160 students.

Methods

The skills development course is a three-credit hour course that is conducted for four hours every week for 16 weeks. Overall, 80 students are assigned to section one which meets for three hours on Mondays (9:00–12:00 PM) and the other 80 students are assigned to section two which meets for three hours on Tuesdays (9:00–12:00 PM). Both sections meet for an additional hour on Wednesdays (2:00–3:00 PM). Attendance is required for the full four hours each week. Student learning, knowledge, and skills related to self-care topics are primarily achieved through student-directed activities as well as formative feedback from faculty.

These processes occur in the following three steps (see Fig. 1):

Step 1: Students obtain foundational knowledge through the completion of independent student-directed learning activities.

Step 2: Students apply knowledge and develop skills through peer teaching activities and self-assessment in a large classroom.

Step 3: Students fine-tune their knowledge and skills in preparation for the formal evaluation through personalized formative feedback from faculty which occurs in small break-out rooms.

Step 1: Independent student-directed learning activities

Students are assigned to read one or two chapters from the Handbook of Nonprescription Drugs, 17th Edition prior to each class session.⁴ This independent learning component prepares students to come to class with adequate foundational knowledge. Based on concepts from the readings, a 10-point assessment is administered to ensure the student-directed learning had been completed. The quiz takes place during the first 15 minutes of the Wednesday one-hour class. The remaining 45 minutes of class time is used to review the answers to the quiz. This review provides students with formative feedback related to their understanding of the content and performance on the quiz. Equally important, when reviewing the quiz, the faculty member utilizes this platform to discuss additional key concepts relevant to the topic(s) and highlights clinical pearls and/or information which were not provided in the readings. Together, these activities are designed to augment the level of student understanding.

Step 2: Peer teaching activities with peer and self-assessment

Four times a semester, during the three-hour Monday and Tuesday classes, one hour is allocated to student-

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