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Short communication

Development and implementation of a long-term care-based introductory pharmacy practice experience course

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Abstract

Objective: To implement and assess a long-term care-based Introductory Pharmacy Practice Experience (IPPE) course entitled Early Pharmacy Practice Experience (EPPE 2) to teach pharmacy students about geriatric care.

Design: The IPPE course consisted of a didactic and experiential education component. Students were each assigned to a nursing facility resident whom they were expected to visit for a minimum of one hour per week over 24 weeks. During these visits, students undertook a series of assessments and specific long-term care-related assignments. Students met biweekly for group discussion with their team consisting of faculty mentors and other students. Students' attitudes toward their nursing facility experience and the course were evaluated through a self-administered 26-item attitude survey. Students' learning outcomes were assessed through content analysis of their reflective essays.

Assessment: A total of 141 second-year students took the EPPE 2 course in 2010–2012. Students performed well during the EPPE 2 course (e.g., 87.2% obtained A's in the spring semester). Most students had positive attitudes toward their nursing facility experience and the EPPE 2 course. For example, most students agreed that they learned first-hand about patient care, "real patient care," building relationships with patients, common disease states and drugs, and many life lessons among other things.

Conclusions: Through a combination of experiential and didactic learning, EPPE 2 was a useful learning experience about geriatric pharmacy care for the students. The course enhanced students' knowledge and comfort levels with nursing facility residents most of whom are elderly. Most students rated their nursing facility experience and the course positively.

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Introduction

There are 40 million elderly people (aged 65 years and older) in the United States (US), accounting for 13% of the population.¹ The number and percentage of the elderly is increasing in the US with about one in five Americans projected

to be elderly by the year 2030.² The increasing aging population will result in increased demand for long-term care (LTC) services and facilities such as skilled nursing facilities. Most nursing facility residents are 65 years or older.^{3,4} Elderly patients take many prescription medications thus increasing their potential risk of suboptimal pharmacotherapy⁵ and drug-related problems (e.g., improper drug selection, adverse drug reactions, medication errors, and drug interactions). Pharmacists play an important role in minimizing the occurrence and impact of these drug-related problems. It is recognized that LTC facilities should have a consultant pharmacist who is specially

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trained to deal with and to address the special medication needs of LTC patients.⁶ In addition, all pharmacists should have minimum level of competence in geriatrics.^{7–9}

Nursing facilities are potentially a good environment and setting for teaching pharmacy students about geriatrics—medical care for elderly people—and interdisciplinary collaboration.^{8,10,11} Clinical training (e.g., introductory pharmacy practice experiences and advanced pharmacy practice experiences) in geriatric facilities has been described previously.^{12–14} However, no known course in the literature has used a nursing facility setting to teach pharmacy students about caring for the elderly targeting the outcomes that are unique to this study.

Schools of pharmacy should prepare future pharmacists to adequately care for the elderly.^{7,8,15} Several schools of pharmacy offer geriatric Introductory Pharmacy Practice Experiences (IPPEs) utilizing different formats.^{12–14} However, the Institute of Medicine reported that many pharmacy students do not have adequate exposure to geriatrics in their educational programs.⁷ Many pharmacists have little knowledge and skills in managing the needs of elderly patients.^{10,16} Only a small fraction of pharmacists (<1%) are certified or have specialty training in geriatrics.¹⁰

Upon matriculation of its first class of students in 2005, our school offered little exposure to direct patient care and training on geriatrics for our students. To address this curricular gap, our school developed and implemented the long-term care-based longitudinal geriatric Introductory Pharmacy Practice Experience (IPPE) course entitled Early Pharmacy Practice Experience 2 (EPPE 2) beginning in the 2007/2008 academic year. The objective of this study was to describe the implementation and assessment of this course/rotation to teach geriatric care to pharmacy students at our school.

Design

Institutional Review Board approval of the study was obtained. Our school offers an accelerated Doctor of Pharmacy degree program over three years. All second-year students are required to take the EPPE 2 course that spans the Fall and Spring semesters. The one-credit-hour EPPE 2 course has undergone some adjustments since it was first offered. This article is based on the course as implemented in 2010–2012 academic years. At the end of the EPPE 2 course, students are expected to: (a) develop a long-term relationship with an individual resident in the LTC setting; (b) develop an understanding of clinical and regulatory issues in LTC; (c) develop confidence in communicating with patients and health care providers; (d) develop an appreciation for the importance of the pharmacist's role in the LTC setting; and (e) improve their oral and written communication skills.¹⁷

Learning methods in the EPPE 2 course

The EPPE 2 course had a didactic and an experiential learning component. There are various methods through

which students learned in the EPPE 2 course as described briefly below.

Interaction with assigned resident and other health care providers

We utilized the nursing facility setting and residents to train students about geriatrics. Each student was assigned to one nursing facility resident. In cases of death, resident being transferred to a different institution, extended absence, and occasionally due to resident request, students were assigned to a different resident. Students were expected to visit their assigned resident over 24 weeks for a minimum of one hour per week. Only carefully screened and selected residents were utilized for this course. To be eligible, residents were expected to (a) be able to communicate and (b) not have behavioral issues. Only residents who were deemed by the course coordinator (DMA) to be able to facilitate the attainment of the students' learning objectives were utilized for this course. Some residents were assigned to students year after year. Students were expected to make 12 resident visits per semester on their own (i.e., without faculty). During these visits, students undertook a series of assessments and were expected to identify medication-related patient care needs. Students promptly reported any clinically significant issues that arose during the visits to their faculty mentors. Any issues deemed significant by the clinical faculty mentors were addressed through an established communication mechanism, which included faculty mentors forwarding these issues to the course coordinator (DMA) who then contacted the appropriate health care professionals at the nursing facility regarding the identified issue. If students encountered any urgent issues during the visit, e.g., chest pain and falls, they contacted the health care professionals providing direct patient care for the residents so the patients' immediate needs could be addressed.

Self-directed learning through completion of written assignments

Students were responsible for completing and submitting 21 and 22 assignments each in the Fall and Spring semesters, respectively. These assignments included SOAP notes, weekly progress notes, and reflective essays among others (Table 1).

Weekly progress notes

Students documented each resident visit through a progress note that was graded by faculty mentors. Each progress note was expected to be half to one typed page and to describe what had occurred since the last visit. The progress note contained at a minimum, week number, date, time, location, length of visit, activities during the visit, new subjective and objective information, complete problem list with an assessment of any new information, plan to correct each problem identified, student signature, and lab reference

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