



Faculty knowledge and perceptions of pharmacy practice and education at a traditionally Liberal Arts College

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Abstract

Objective: To describe a non-pharmacy, undergraduate faculty's knowledge and perceptions regarding pharmacy education and practice, including whether they would address pharmacists as "doctor."

Methods: This was a voluntary, cross-sectional study. A 37-item survey was delivered via electronic mail to 82 non-pharmacy faculty members, which contained items related to the study objectives and demographics.

Results: A total of 81 (99% response rate) non-pharmacy faculty members began the survey, with 72 complete responses used for analyses. The majority of responders held a PhD (64%) or Master's (31%) degree. Overall, 21% identified pharmacists as "doctors"; these responders were likely to express positive views of pharmacy education (93% vs. 63%, $p = 0.028$). Only 51% preferred to consult a pharmacist regarding medication-related questions. Most responders expressed moderate (43%) or low (47%) knowledge of pharmacy education. All responders held a positive (69%) or undecided (31%) view of pharmacy education. When asked about community pharmacists style of introduction, 63% ($N = 45$) of respondents indicated that community pharmacists do not introduce themselves.

Conclusions/implications: This highly educated population does not identify pharmacists as "doctors" and may be unaware of the changing role of pharmacists. Since the role of the pharmacist is expanding in the healthcare system, particularly with medication therapy management and clinical practices, it is important for pharmacy faculty members to improve non-pharmacy faculty members' knowledge regarding pharmacy and the education of pharmacists. Additionally, the findings from this study imply that pharmacy educators need to encourage student pharmacists to ensure time is spent communicating their expertise to the general population.

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Background

Doctorate-level programs in allied health professions are generally intended to provide graduates with clinical skills that fill key roles in the United States healthcare system.^{1,2} The profession of pharmacy has undergone changes in

training in the last several decades. In 1997, the Accreditation Council of Pharmacy Education (ACPE) initiated standards and guidelines requiring all schools of pharmacy to transition from the Bachelor of Science to the Doctor of Pharmacy as the entry-level degree.³ This transition reflected changes in practice, since pharmacy was evolving to become a patient-centered profession working within interdisciplinary teams. Pharmacists were incorporated within teams to meet the needs of an aging population that was becoming increasingly dependent on drug therapy.⁴ Furthermore, the implementation of medication therapy

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management (MTM) services as part of the Medicare Modernization Act of 2003 broadened the role of community pharmacists, as they could now receive payment for clinical services provided.⁵ ACPE continues to revise these standards to ensure that students are prepared to meet changing healthcare needs.^{6,7}

As increasing numbers of allied health professions, including nurses, physical therapists, and pharmacists, require or promote doctorate-level degrees, the physician community has become increasingly mobilized to protect the use of the term “doctor.”⁸ The primary concern expressed by many physician groups is that use of this term increases confusion on the part of patients. The American Academy of Family Physicians (AAFP) has published position papers emphasizing the central role of the physician in patient care, but does indicate some support for expanded training for allied health professionals.^{9,10} A search of the primary literature revealed little information concerning public perceptions regarding which healthcare professions should use the title “doctor” in patient-care situations or regarding the knowledge of different healthcare professionals.

Manchester University, formerly known as Manchester College, is a traditionally liberal arts college located in North Manchester, IN.¹¹ The University has an undergraduate population of approximately 1300 students in 55 areas of study. In 2009, the creation of a new Doctor of Pharmacy program was announced. The Manchester University College of Pharmacy, located in Fort Wayne, IN (approximately 40 miles from the undergraduate campus) was granted precandidate status by the Accreditation Council for Pharmacy Education (ACPE) in February 2012 and enrolled its inaugural class in August 2012.¹¹

Due to the changes in pharmacy practice and pharmacy education in the last 15 years, it is unknown whether non-pharmacy faculty members are aware of the role of pharmacists in healthcare today, particularly at a university with little previous exposure to pharmacy as perceptions may be similar to the general educated public. A search of the primary literature revealed little previous work to describe the perceptions of pharmacists and their education held by faculty in non-pharmacy areas of higher education. Anecdotally, several potential knowledge gaps were identified regarding pharmacy practice and education through formal and informal interaction with colleagues within the undergraduate faculty at Manchester University.

This study was undertaken in order to describe a non-pharmacy, undergraduate faculty’s knowledge and perceptions regarding modern pharmacy education and practice at a university with a new pharmacy program. Specifically, there were three study objectives regarding non-pharmacy undergraduate faculty: (1) to determine which healthcare professional responders would be addressed as “doctor”; (2) to describe general knowledge and perceptions of the

pharmacy profession; and (3) to describe general knowledge and perceptions of pharmacy education.

Methods

This was a single-site, voluntary, cross-sectional study. An electronic survey was developed and administered using SurveyMonkey[®]. The survey, along with instructions for completion, was delivered via electronic mail to all Manchester University faculty members in non-pharmacy fields (i.e., undergraduate faculty at the North Manchester campus) during February 2012. It was communicated that completion was voluntary. A reminder to complete the survey was sent approximately one week following initial distribution. No additional reminders were sent due to the response rate.

The survey consisted of a total of 37 questions that were developed and piloted with non-pharmacist faculty and staff at the Fort Wayne campus. Questions were developed based on the limited results obtained from a literature search over the course of several planning sessions among all authors. A total of 13 questions addressed demographics and 24 questions addressed the research objectives above. Of the 24 research questions, 11 addressed the pharmacy profession while 13 were focused on pharmacy education. With the exception of items addressing the percentage of time that faculty members are engaged in specific activities (e.g., teaching and service), questions were multiple choice with nominal answers. Unless specified, participants could only select one answer. Questions and answer items were static (i.e., presented in a consistent order; answers were provided alphabetically, unless there was a more logical order).

Statistical analyses

All initial responders were counted in the initial response rate; responders must have provided an answer for question 12 or 24 (“my view of pharmacy education is” or “my overall impression of pharmacy education is”) in order for their responses to be analyzed and counted in the overall response rate. These items were selected as they represented key assessments of the undergraduate faculty’s perceptions of pharmacy education. These items were also both included in an effort to assess consistency of responses throughout the survey, as similar responses would be expected for each item.

Data were analyzed in SPSS v. 19.0 (Armonk, NY). Descriptive statistics, including mean with standard deviation (SD) for continuous data and number with percentages for nominal data, were used to analyze demographic information and research questions. Pearson chi square, contingency tables, and Fisher Exact tests were used to assess relationships for key items directly related to the study objectives with demographic and survey responses. Five key items were explored: whether a responder would

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