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Research

Public service announcements (PSA) to facilitate dietary supplement education

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Abstract

Objective: To implement and assess a revised public service announcement (PSA) project facilitating dietary supplement education (DS) in a required self-care course.

Methods: In 2012, students completed a PSA project as part of a team-based learning activity. In 2013, both PSA audience and topics were revised to be more specific and applicable to current trends. A new rubric that standardized the grading was used. Each student was responsible for an individual project consisting of a one-page summary on DS marketing examples, monographs, disease-specific counseling, or audience-specific counseling points. Students completed an anonymous Institutional Review Board (IRB)-approved survey assessing the format, individual project, and use of pharmacy resources.

Results: Of 123 surveys, 74 were completed. Of the students who responded, 86.5% agreed that the PSA activity enhanced their understanding of DS and 85.2% agreed that group members contributed equally to the project. Three quarters agreed that the PSA project was a worthwhile experience. Only 44.6% of students agreed that the individual assignment helped them create a better PSA. Over 90% of students agreed that they used multiple resources on their individual project, with over two-thirds reporting that they learned to better use pharmacy resources. Approximately half of those surveyed agreed the individual project was a worthwhile experience. Watching PSAs in class helped students learn better about DS and made them feel more engaged in class.

Conclusions: Most students agreed that the overall PSA project enhanced their understanding of dietary supplements. Revision of the project timeline will likely improve student involvement and preparedness for the PSA.

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Keywords: Self-care; Nonprescription medication; Dietary supplements; Public service announcement; Team-based learning

Introduction

In 2012, the most common type of complementary and alternative medicine (CAM) used among U.S. adults was non-vitamin, non-mineral dietary supplements (DS).¹ The National Health and Nutrition Examination Survey (NHANES) III conducted between 1988 and 1994 indicated

that among American adults, 42% used at least one DS. Between 2003 and 2006, this had increased to 53%.² In a 2011 telephone survey of 1579 adults from a population-based sample conducted by the Harvard Opinion Research Program, 38% reported using at least one DS in the past two years, while one in seven responders reported regularly using DS. Over one-third of these responders did not inform their physician about their DS use, and only about 5% had their provider tell them to cease use of DS.³

In a meta-analysis of 16 trials in the U.S. and Canada, pharmacists were surveyed on professional practice behaviors, knowledge, and attitudes towards CAM.⁴ Most pharmacists

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indicated a need for additional education on DS. Only a small proportion was very satisfied with their CAM knowledge base.⁴ One of the studies evaluated actual knowledge and the average score was less than 50%.⁴ In addition, many pharmacists actively sought out information on DS, indicating the need for continued education and self-teaching.⁴

With DS usage so common, pharmacists should be familiar with DS, including newer and less frequently used products. Pharmacists must be knowledgeable about DS and their potential effects on concomitant drug therapies and comorbid conditions, as well as their cultural importance. For many student pharmacists, initial learning about dietary supplements may be challenging. Given the growing diversity of supplements, the traditional lecture is unlikely to be an effective approach to learning about these products. Team-based learning (TBL), in which small groups of students prepare outside of class in order to apply the course material in class, potentially represents a better approach to developing the knowledge and skills necessary to gain a solid foundation in DS.⁵ Developing structured TBL activities that are challenging, yet simulate real-life scenarios related to the use of DS, may require significant preparation time on the part of the instructor.

In learner-centered teaching, the instructor fills the role of facilitator rather than lecturer, allowing students to be more active in their own education. Supplying students with multiple activities is used commonly in learner-centered approaches, allowing them to facilitate their own personal learning.⁶ Becoming an independent learner benefits students in professions such as pharmacy.⁶ In one study of third-year students, a learner-centered approach was applied to SOAP note presentations in a pharmacotherapy course. Self-efficacy for learning and performance, motivation, and intrinsic goal orientation all improved significantly, as assessed through the Motivational Strategies for Learning Questionnaire. By shifting the responsibility of learning to students, they rely less on lecturing and more on self- and peer-guided education.⁶ Self-guided education relies more on the use of up-to-date databases and primary literature compared with the lecture format.

These resources remain underused even though students recognize the importance of an adequate knowledge base regarding supplements. In one study, 208 first-year through third-year pharmacy students completed a 17-item questionnaire pertaining to: adequacy of herbal supplement knowledge, application of this knowledge, need for information, and attitudes towards safety and efficacy of supplements as well as provision of information as a responsibility of the pharmacist.⁷ Only 9% felt they had adequate knowledge, 39% felt they could apply the knowledge, and 95% indicated they needed more information.⁷ When asked about the use of resources: 49% indicated that their preferred source of information was their pharmacy course, in which less than one class period of a required course was dedicated to herbal supplements; only 6% stated journals.⁷

The purpose of this article is to describe the development of a public service announcement (PSA) activity on dietary supplements in a required self-care course for second-year pharmacy students and to assess student perceptions' of the activity.

Methods

In 2012, the three-credit required self-care course began transitioning to a hybrid TBL format. As part of the transition, the faculty member responsible for discussing the clinical use of dietary supplements decided to add a brief PSA activity, in addition to case discussions and the use of individual and group readiness assurance tests (iRAT/gRAT). In the preceding seven to ten years, the basic science and clinical use of dietary supplements had been taught using a predominantly lecture-based format. Students were provided with a detailed handout based on the complementary medicine chapters in the *APhA Handbook of Nonprescription Drugs*,⁸ updated annually with data from recent clinical trials.

The intended goals of the PSA project in 2012 were to enhance in-class discussion and student learning about common dietary supplements. The 25 TBL groups of four to five students were each given a common dietary supplement and target PSA audience (Table 1). The topics were developed based on questions from the faculty member's clinical practice as well as topics in the popular and scientific media. Groups had one week to develop the 30- to 60-second PSA, with teams given one of three class periods to work on it as a group. The faculty member provided students with general websites on how to create PSAs; students were instructed to use readily available technology resources including their tablets and cell phones for filming their PSAs. The resulting PSAs were shown in class with specific points about the DS emphasized during student discussion. Students were not provided with a specific rubric for the PSA activity due to the limited amount of time available to the students to create them. The PSAs were reviewed by the faculty member alone for the general accuracy of its content; the PSA was worth 20 points on the first exam.

Although students informally had indicated that they had enjoyed the activity, greater structure and other revisions were needed to enhance it. As a result, in 2013, the PSA activity was revised to include two new components, which included a rubric and a supplemental individual assignment related to the content of the PSA. The group PSA rubric (Fig. 1) consisted of five performance criteria: PSA content (ten points), eye contact (four points), audibility (four points), visual appeal (eight points), and student description (two points). A sixth component assessed the individual supplemental project (ten points). The expanded PSA project accounted for 40 points (ten points for the individual project and 30 points for the group PSA) on the first exam. The PSA rubric was initially based on one developed by

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