



Short communication

Implementing a learner-centered introductory pharmacy practice experience model at a community hospital

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Abstract

Objectives: To implement and evaluate a learner-centered introductory pharmacy practice experience (IPPE) model for doctor of pharmacy students at a community hospital.

Design: A learner-centered IPPE model was implemented to promote engagement and self-learning for IPPE students. A Core Teaching Team (CTT) was established to provide consistent training and didactic lectures to all IPPE students on selected topics at the practice site. Pharmacy instructors were trained to conduct learner-centered teaching as well as to provide effective and immediate feedback to IPPE learners upon completion of each teaching and learning. An IPPE Learning Assessment Grid (ILAG) was used to track learners' progress and to select weekly IPPE activities and pharmacy instructors.

Assessment: The outcome of the IPPE model was assessed through a survey to pharmacy instructors at the practice site and through evaluations from IPPE learners.

Conclusion: A learner-centered IPPE model was associated with preceptor and learner satisfaction and facilitated pharmacy instructor teaching.

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Introduction

In 2007, the Accreditation Council for Pharmacy Education (ACPE) adopted new Accreditation Standards and Guidelines for the Professional Doctor of Pharmacy program.¹ These Standards emphasize the importance of clinical experience in the education of pharmacy learners, and they established the concept of the introductory pharmacy practice experience (IPPE) as a critical element

of future pharmacists' education and training. IPPE must involve actual practice experiences in both community and institutional settings and allow learners, under appropriate supervision and as permitted by practice regulations, to assume direct patient care responsibilities. IPPE should begin early in the curriculum, be interfaced with didactic course work that provides an introduction to the profession, and continue in a progressive manner leading into the advanced pharmacy practice experiences (APPEs).¹ IPPE should instill the philosophy of pharmaceutical care, facilitate and enhance professionalism, increase motivation for learning in the didactic curriculum, and promote the self-learning process.²

A successful IPPE curriculum requires the pharmacy school to work closely with its experiential sites to develop

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high-quality rotations that maximize learning. Many creative and interesting experiential programs have been developed and reported in the literature over the past few years. Examples of IPPE that provided exposure to different pharmacy practice environments in order to improve a student's knowledge and competency include geriatric care, immunization, cultural sensitivity, and improving medication adherence.^{3–8} Examples of IPPE that were enhanced through integration with APPE and innovative forms of delivery, such as use of online modules and high-fidelity patient simulation, have also been previously described in the literature.^{9–12} However, the current body of knowledge lacks descriptive studies on how best to implement a structured, learner-centered IPPE.

A dedicated pharmacy staff is a critical component to implementing a successful IPPE rotation. At Baystate Franklin Medical Center (BFMC), we believe and promote that all members of the pharmacy department, including both pharmacists and technicians, serve as a *pharmacy instructor* to the IPPE learners. Technicians are frequently used as pharmacist extenders for daily tasks; this can be extrapolated to parts of a student pharmacist's education.¹³ Many of the technician duties align with the learning objectives of IPPE rotations. These activities may include processing, dispensing, and billing of medications. Perceptions of a pharmacy learners experience with learning from technicians have been reported as positive in the literature.¹⁴

This report describes the implementation of a Core Teaching Team (CTT) and an IPPE Learning Assessment Grid (ILAG) in a required IPPE at BFMC and the learner and instructor perceptions of the experience. The IPPE rotation described in this article was structured as a once per week, semester-long experience with learners in professional years one to three. This report intends to provide a reproducible model for other preceptors and institutions that are new to precepting pharmacy learners or for existing programs wishing to improve the structure of their rotations. The specific objectives were to (1) determine whether the CTT model provided pharmacy instructors with appropriate tools to teach IPPE students as demonstrated by a pharmacy instructor survey, (2) assess feedback obtained from experiential learners toward this IPPE model, and (3) identify areas of improvement based on feedback from pharmacy instructors and experiential learners.

Methods

Establishment of a pharmacy Core Teaching Team and preparation of pharmacy instructors and learners

The complex balance of pharmacist staffing and teaching responsibilities can result in a lack of contact time between IPPE learners and instructors. To enhance the quality of student pharmacist education, the institution established a Core Teaching Team (CTT) consisting of the pharmacy faculty appointed to the site, the designated IPPE

coordinator, and the pharmacy manager. The primary objective of the CTT was to provide learners contact time with at least one of the CTT members on any rotation day. The hospital's IPPE coordinator served as the core of the CTT and was responsible for conducting formal written performance evaluations and communicating with the college experiential office. CTT members were responsible for the oversight of learning, addressing instructor and learner concerns, assessment of overall performance, and the discussion of daily activities. CTT members gave didactic lectures on selected topics of interest and importance to learners throughout the IPPE.

Pharmacists and technicians cannot be expected to provide learners with a positive training experience if they have not been given a clear explanation of their role.¹⁵ To prepare pharmacy instructors to precept IPPE learners, a one-hour live continuing education (CE) session centered on teaching strategies was presented by members of the CTT. The CE focused on the rotation structure, the promotion of professionalism, effective feedback, and how to motivate learners. These focused areas were consistently reviewed and reinforced at monthly departmental pharmacy staff meetings.

Assessment of learning objectives through IPPE Learning Assessment Grid (ILAG)

The second critical component of a successful IPPE rotation is providing learners with specific and measurable learning objectives. The CTT developed the IPPE Learning Assessment Grid (ILAG) (Table 1) to evaluate progress and to direct teaching and learning activities. The ILAG translated IPPE learning objectives provided by the College of Pharmacy into measurable action items that were easily visualized using the following code. Objectives in the grid were evaluated using the outcome parameters of “not met,” “partially met,” and “met,” which correspond to a blank box, a half-colored box, or a fully colored box. This allowed learners to visually track their progress throughout the rotation. The goal was to have each learning objective “met” by the end of the rotation. All learning objectives were evaluated each rotation day. This review guided the learner activities for the day for both the instructor(s) and the learner. It also allowed for multiple instructors to easily visualize completed objectives and facilitated week-to-week instructor assignments. The use of this assessment grid created a sense of responsibility for both the learners and the pharmacy instructor. It was also used to facilitate student self-learning and reflection on addressing course objectives at the beginning and end of each IPPE day.

The main role of the CTT was to ensure that each learner progresses toward achieving the predefined learning objectives. Although each learner is assigned to a pharmacy instructor to gain knowledge of pharmacy operations, it is the responsibility of the CTT to validate that specific

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