



Commentary

Informal learning processes in support of clinical service delivery in a service-oriented community pharmacy

Brandon J. Patterson, Pharm.D., Ph.D.^{a,e},
Brianna K. Bakken, Pharm.D.^{b,f}, William R. Doucette, Ph.D.^{c,*},
Julie M. Urmie, Ph.D.^c, Randal P. McDonough, Pharm.D., M.S.^d

^aGlaxoSmithKline, Philadelphia, PA, USA

^bUniversity of Iowa Hospitals and Clinics, Iowa City, IA, USA

^cCollege of Pharmacy, University of Iowa, Iowa City, IA, USA

^dTowncrest Pharmacy, Iowa City, IA, USA

Summary

The evolving health care system necessitates pharmacy organizations' adjustments by delivering new services and establishing inter-organizational relationships. One approach supporting pharmacy organizations in making changes may be informal learning by technicians, pharmacists, and pharmacy owners. Informal learning is characterized by a four-step cycle including intent to learn, action, feedback, and reflection. This framework helps explain individual and organizational factors that influence learning processes within an organization as well as the individual and organizational outcomes of those learning processes. A case study of an Iowa independent community pharmacy with years of experience in offering patient care services was made. Nine semi-structured interviews with pharmacy personnel revealed initial evidence in support of the informal learning model in practice. Future research could investigate more fully the informal learning model in delivery of patient care services in community pharmacies.

© 2016 Elsevier Inc. All rights reserved.

Keywords: Informal learning; Community pharmacy; Pharmacy technician; Clinical pharmacy services

The expansion of pharmacy services beyond traditional dispensing services in community pharmacies represents a major change in pharmacy

operations. Increasing complexities of health care delivery necessitate health organizations to transform in ways that foster organizational and

Disclosure: The authors declare no conflicts of interest or financial interests in any product or service mentioned in this article, including grants, employment, gifts, stock holdings, or honoraria.

Funding: Financial support was provided through a grant from the Community Pharmacy Foundation, "A Comprehensive Longitudinal Assessment of an Innovative Community Pharmacy Practice," Grant #103.

^e Dr. Patterson was a Ph.D. Candidate at the University of Iowa at the time of data collection, data analysis and initial writing. He was an Assistant Professor of Pharmacy at the University of the Sciences Philadelphia College of Pharmacy during final writing and review.

^f Dr. Bakken was a Pharm.D. Candidate at the University of Iowa at the time of this study.

* Corresponding author. College of Pharmacy, University of Iowa, 115 S. Grand Ave., Iowa City, IA 52242, USA. Tel.: +1 319 335 8786.

E-mail address: william-doucette@uiowa.edu (W.R. Doucette).

individual learning.¹ Pharmacists providing clinical pharmacy services have successfully offered medication therapy management, immunizations, hypertension, and diabetes disease state management in community pharmacy settings.^{2–4} These operational changes can lead to increases in work complexity for pharmacy staff, and overcoming this complexity can be accomplished through learning.⁵ Integration of clinical pharmacy services into a pharmacy's operation often requires careful consideration and balancing of budgeting, staffing, and physical resources.^{6,7} Pharmacy organizations stand to increase capacity to implement new service delivery through development of competent and engaged staff members. The process of individual learning within health care organizations and the interplay between individual and organizational learning, is not well documented in health care settings, especially community pharmacies. Research is needed to clarify processes used by community pharmacy staff in support of advancing clinical pharmacy services delivered to ambulatory patients.

Two additional factors fuel the need for organizational learning in community pharmacies: patient demand for consideration of their individual needs and reduced reimbursement for traditional pharmacy services (e.g. dispensing). To successfully address these challenges, community pharmacies can embrace learning and development to enable pharmacy personnel to modify their practices, sustain demanded service levels, and innovate while remaining profitable. Learning and developmental goals of organizations can help enable staff toward attainment of financial and customer-oriented outcomes for organizations using comprehensive management techniques, such as a balanced scorecard approach.^{8,9}

While many barriers that prevent clinical pharmacy service delivery have been identified, only recently have researchers begun to critically examine specific pharmacy settings to elucidate fundamental and mutable inhibiting factors.^{10–13} One recent investigation explored barriers and facilitators to community pharmacy clinical pharmacy service delivery using a human factors approach.¹² Half of the participants interviewed in that study identified informal and formal training for pharmacists, pharmacy technicians, and support staff as a driver of clinical pharmacy service delivery, especially emphasizing the need for training in non-clinical skills. Additionally, a strong empirical stream of research has demonstrated the need for and utility of additional pharmacy technician training.^{14,15} These studies

suggest that technicians are looking for ways to improve their skills specifically in both formal certification processes and more informal on-the-job training modalities. Indeed, a well-trained pharmacy staff is highly desirable.¹⁶

Research further exploring alternative learning approaches used by pharmacy staff in community pharmacies is warranted. Additionally, a framework from the organizational literature exploring human resource development may be beneficial to helping explore and ultimately examine aspects of learning essential to pharmacy practice change. In the organizational and adult learning literature, informal learning is an intentional process where individuals gain new knowledge, attitudes, and skills through on-the-job experience coupled with feedback and active reflection.^{17–19}

This commentary seeks to describe a model that helps to advance understanding of pharmacy staff processes in implementing innovative clinical pharmacy services and to present evidence from a case-study project that supports the use of the model in pharmacy administration research.

Model of informal learning

A model of informal learning is provided in Fig. 1 and elaborated upon in the following paragraphs.¹⁹ Oftentimes, informal learning focuses on achieving one or more aims: becoming proficient in work-related activities, interacting with internal and external audiences, and engaging in change.⁵ While informal and formal learning often differ on many aspects including location, time-frame, assessment and others, it can be argued that informal and formal learning represent different points on a single learning continuum and that distinguishing between the two should be approached with purposeful reasoning to address a specific aim.²⁰ It is likely that informal learning in pharmacies can be an important complement of formal training that supports successful delivery of clinical services.

Individual and organizational factors can influence informal learning in work settings in ways that are inhibitory or beneficial.^{19,21} Individual learners have different motivations and personalities, self-awareness, self-efficacy, and feedback orientations. Additionally, proactivity to create knowledge from experiences and to apply creativity in overcoming workplace challenges can differ across staff members.²² Examples of *individual factors* that may contribute to informal

Download English Version:

<https://daneshyari.com/en/article/5551392>

Download Persian Version:

<https://daneshyari.com/article/5551392>

[Daneshyari.com](https://daneshyari.com)