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Experiences in Teaching and Learning

Assessment of a simulated contraceptive prescribing activity for pharmacy students

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ABSTRACT

Background and purpose: The role of the pharmacist has been shifting rapidly. One example of change is the passage of legislation allowing pharmacists to independently initiate self-administered hormonal contraceptives in several states. There is no evidence of this specific topic being covered in pharmacy school curricula, and many states are requiring additional post-graduate training. This activity was designed to determine the utility of a contraceptive prescribing simulation activity for pharmacy students.

Educational activity and setting: Pharmacy students enrolled in a women's health elective learned about relevant state legislation and attended a clinical skills center simulation activity where they utilized an available prescribing algorithm. Students completed two scenarios and received grades based on their clinical decision-making and patient interaction skills. An electronic survey was distributed post-activity to assess student satisfaction and confidence when prescribing contraceptives. Responses and grades on the assignment were analyzed to determine the activity's utility.

Findings: Students finished with median scores of 15, 14.8, and 14.5 out of 15 possible points for the three scenarios. Students reported overall satisfaction with the activity, with general agreement that the activity was realistic and made them feel like they were prepared to prescribe contraceptives.

Summary: Independently initiating contraceptives is a novel practice area for pharmacists. This activity introduced students to the process of prescribing using realistic forms and scenarios. The utility of the activity was twofold - it introduced students to the changing environment of pharmacy practice and allowed students to apply their knowledge of contraceptives and women's health. Students performed well on the activity and reported high levels of satisfaction.

Background and purpose

In recent decades, there has been a shift in the role of the community pharmacist from primarily dispensing medications to a role that includes more clinical responsibilities.¹ Community pharmacists have demonstrated a positive impact on patient care outcomes in areas such as immunizations, medication therapy management (MTM), and chronic disease state management.^{2–5}

Pharmacists are increasingly being called on to play a larger role in family planning. In the United States, unintended pregnancy

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rates hover around 45% despite the availability of very effective contraceptive methods.⁶ In an effort to increase patient access, several state and federal laws have been proposed or passed with the intention of expanding the pharmacist's role in hormonal contraceptive (HC) access.⁷ Pharmacists already have responsibilities in the provision of emergency contraception, both through counseling on over-the-counter products and prescribing where state laws allow.⁸ In addition, pharmacists in Washington state were some of the first to participate in direct access to HCs at the pharmacy. A collaborative drug therapy management protocol was established between pharmacists and prescribers in the state.⁹ Analysis of the collaborative agreement showed that community pharmacists were able to effectively screen and select appropriate contraceptive options. Both patients and pharmacists reported satisfaction with the service.

Oregon and California were the first states to pass legislation and adopt protocols allowing trained pharmacists to independently initiate HCs.^{10,11} Individuals in Oregon may visit their pharmacists to be prescribed an oral or transdermal contraceptive product. California's protocol allows pharmacists to furnish self-administered oral, transdermal, vaginal and injectable HCs. The patient completes a self-assessment questionnaire, and the pharmacist evaluates the responses and measures the patient's blood pressure in order to make a recommendation.

A survey of reproductive healthcare providers published in 2016 showed that the majority of responding providers are in favor of increasing pharmacist involvement in contraceptive access.¹² Hesitations shared by the respondents included concerns about the pharmacist's ability to manage side effects and the willingness of pharmacists and pharmacies to accept a larger role in contraceptive access.

A 2009 study looking at pharmacist's attitudes towards HC demonstrated that pharmacists are interested in and comfortable with providing contraceptives.¹³ The main concerns reported by pharmacists included concerns about lack of time, reimbursement, and physician support. A 2015 cross-sectional study of Oregon pharmacists, administered prior to implementation of the state's prescribing protocol, showed that 57% of responding pharmacists were interested in prescribing.¹⁴ Interest may have been decreased by a lack of confidence in prescribing ability; 61.4% of respondents reported interest in further training about HCs, and 72% expressed interest in receiving further training to identify women with medical contraindications to HC.

In a survey of second and third year pharmacy students from California, responses indicated that pharmacy students were strongly interested in prescribing HCs.¹⁵ The study showed that although 90% of responding students reported high levels of confidence in their HC counseling skills, 79% felt they needed more education in order to make the appropriate initial HC selection for a patient.¹⁶ In order to effectively prescribe HC, pharmacy students need to develop certain skills in addition to clinical knowledge. This includes being aware of legislation that allows for prescribing (including the details of reimbursement for services), understanding the elements of the pharmacist's protocol, and carrying out an effective interview, assessment and recommendation with the patient.

Healthcare simulation is a technique that is used in the training of healthcare providers. It allows for the replication of real-life practice and is intended to improve student knowledge and skills that can later be translated into actual patient interactions.¹⁷ Advantages of simulation include the ability to address gaps in clinical learning and the creation of a controlled environment.¹⁸ This setting allows for practicing specific scenarios. It also promotes patient safety since the skill is being practiced on a standardized patient or mannequin instead of a real individual. Disadvantages include the realism aspect, ie. since it is not real, students may become disengaged or lack sincerity in their actions. In addition, these programs can also be costly and may not be readily available to all pharmacy schools.

Pharmacy schools that are adopting simulation lessons have utilized it in a variety of ways with positive results.^{17,19} Some examples include obtaining a medical history and practicing counseling with standardized patients, inter-professional activities using simulated mannequins and virtual clean rooms for USP 797 and nuclear pharmacy training.

There are several types of simulated learning in healthcare, but a very common method is the use of standardized patients (SP).¹⁷ These individuals are coached to portray patients in a realistic fashion that can target student communication and intervention skills. Human patient simulation based learning can be assessed in several ways: satisfaction and confidence according to self-efficacy surveys, knowledge and retention, performance based skills assessment, assessment of critical thinking and problem-solving skills and assessment of behavior and team interaction.¹⁹

In the Accreditation Council for Pharmacy Education (ACPE) 2016 Standards for Pharmacy Education: Standard 12 relates to pre-advanced pharmacy practice experience curriculum and specifically recommends the use of simulation in the classroom to prepare students for practice.²⁰ This activity was designed to incorporate simulation with the teaching of hormonal contraceptive prescribing.

Educational activity and setting

Midwestern University Chicago College of Pharmacy is a private institution located in Downers Grove, Illinois that offers a four-year Doctor of Pharmacy program. There are approximately 200 pharmacy students per class year. This activity was carried out in a women's health elective class comprised of third-year pharmacy students (n = 11) and took place in the clinical skills center (CSC) in Spring 2016. The institution's CSC utilizes actors in the role as standardized patients for simulated medical encounters created by faculty. Faculty members created the cases used in the activity and trained the CSC standardized actors.

One week prior to the CSC workshop, the pharmacy students enrolled in the women's health elective were introduced to the topic of pharmacist contraceptive prescribing during a 90-min lecture on contraceptive access. All students had completed the women's health and contraception module in a previously required pharmacotherapeutics course. Students were provided with a brief instructional overview of the protocol documents being used in Oregon, including the Hormonal Contraceptive Self-Screening Questionnaire, the 2010 Summary of Medical Eligibility Criteria for Contraceptive Use (MEC), and the Standard Procedures Algorithm (Appendices 1–3).²¹ They completed practice cases in small groups during the lecture portion of the class to develop

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