Preparing Tomorrow’s Pharmacists: Should All Institutional Pharmacists Be Willing and Able to Train Pharmacy Learners?

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One of the Canadian Society of Hospital Pharmacists’ values is “member dedication to our Society and the profession.” Does this dedication to the profession carry with it an expectation that hospital pharmacists will take on some responsibility for training tomorrow’s practitioners? Adopting this concept, which has been embraced by many health care professionals, will ensure sustainability of well-trained care providers for the future.

Pharmacy educational programs in Canada are moving to Doctor of Pharmacy curricula that include more extensive and advanced experiential education than previous baccalaureate programs. Engaging all hospital pharmacists as preceptors could help to ensure that students gain real-life experience in a variety of settings, under the mentorship of experienced practitioners.

In this issue, Cameron and others share strategies used by a multisite teaching hospital, within an academic health sciences centre, to increase capacity for pharmacy learner experiential rotations. One of their approaches has been to develop a “pharmacy-wide change management plan” that sets a “mandatory minimum teaching expectation for all pharmacists.” Going further, they have incorporated this teaching role within pharmacists’ annual performance reviews, indicating that, in addition to patient care and administrative activities, teaching is also important.

Academic health sciences centres have a tripartite mandate of care delivery, research, and teaching, with particular emphasis on educating the next generation of health care providers. Hence, this preceptorship expectation may be more realistic for health care practitioners working within an academic health sciences centre model. But what about pharmacists working in community hospitals or smaller health care facilities? Is it reasonable to expect all pharmacists working in institutions, regardless of the type of site, to contribute to learner training? Effectively incorporating learners within the pharmacist’s daily practice can benefit both the pharmacist and the learner, and can potentially contribute to improved patient outcomes, even in smaller settings.

In 2011, the Cleveland Clinic Florida, a 155-bed community teaching hospital, implemented a change in its pharmacy practice model, with the goal of providing pharmacy services to all inpatients. Within this model change, they incorporated the Layered Learning Practice Model to train pharmacy residents and students. By effectively incorporating learners within their practice, pharmacists were successful in enhancing the care that they provided. They were also able to effectively support the colleges of pharmacy by increasing the total number of Advanced Pharmacy Practice Experience rotations offered, from 98 to 226 over 2 years.

Similarly, Cameron and others indicate that the transformative changes in their pharmacy department enabled them to achieve a “3.5-fold increase over 4 years in rotation capacity”.

With respect to impacts on patient care, the practice model change at the Cleveland Clinic Florida was associated with an increase in patient satisfaction scores (from 58% to 70% in just 18 months) and a positive effect on the “communication of medication” domain; in addition, the number of pharmacy interventions per patient day increased from 0.9 to 1.4. Having pharmacy students on rotations also enabled the institution to meet its requirements for medication reconciliation. Limitations relating to students being available only during certain months and problems in ensuring coverage during the evenings and on weekends have required ongoing discussions with the colleges of pharmacy about the structure of student rotations and hours of service.

In a recent Directors’ Forum published in the journal Hospital Pharmacy, Weber noted that one of the key issues facing US pharmacy leaders in 2015 was related to the Pharmacy Practice Model Initiative (recently renamed as the Practice Advancement Initiative) of the American Society of Health-
System Pharmacists (ASHP) and, consistent with a resulting ASHP policy, emphasized a growing focus “to continue to enhance the role of pharmacy students.” The goal of the initiative is to expand pharmacy services through initiatives that broaden the pharmacist’s role “across the continuum of care.” This practice model recognizes the role of pharmacy students within it by creating accountable and integrated roles for them. By effectively incorporating students into day-to-day practice, pharmacists’ services and the impact on patient outcomes can both be enhanced.

With ongoing cutbacks in institutions and the requirement to do more with less, as well as the expectation of positive patient outcomes, learners, as pharmacist “extenders”, can enable pharmacists and institutions to meet their goals for patient care. Pharmacists in institutions both large and small, whether academic or community, can enhance the care they provide to patients through effective incorporation of learners’ activities within their daily practice. Institutions and academia therefore need to work closely together to develop indicators of success that encompass specific parameters related to patient care activities. In addition, jointly identifying factors indicating student readiness for practice can help to inform academic institutions about their curricula. For more pharmacists to take on a teaching role, investment in adequate supports to sites and preceptor training is also essential.

By fostering a collaborative partnership between institutions and faculties or schools of pharmacy, we can ensure that the patient, the pharmacist, the student, the academic institution, and the health system will all benefit! Such collaboration calls for pharmacists and institutions to embrace the practitioner-teacher role and requires that both academic institutions and clinical sites work in partnership for the mutual benefit of the patient and the profession.

References

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