

Monash Pharmacy Education Symposium  
2013

# The "way" and "why" of teaching

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THE UNIVERSITY OF  
SYDNEY



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FACULTY OF  
PHARMACY

# This presentation

- curriculum design based on graduate outcomes
- curriculum creep
- professional and generic graduate attributes
- student experience and feedback
- embrace new learning platforms to effectively engage learners

# Hypothesis

## Why we teach what we teach

- What we were taught
- What we research

## The way we teach what we teach

- Economic feasibility and convenience
- It's what we have always done (academic inertia)

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The way we teach what we teach

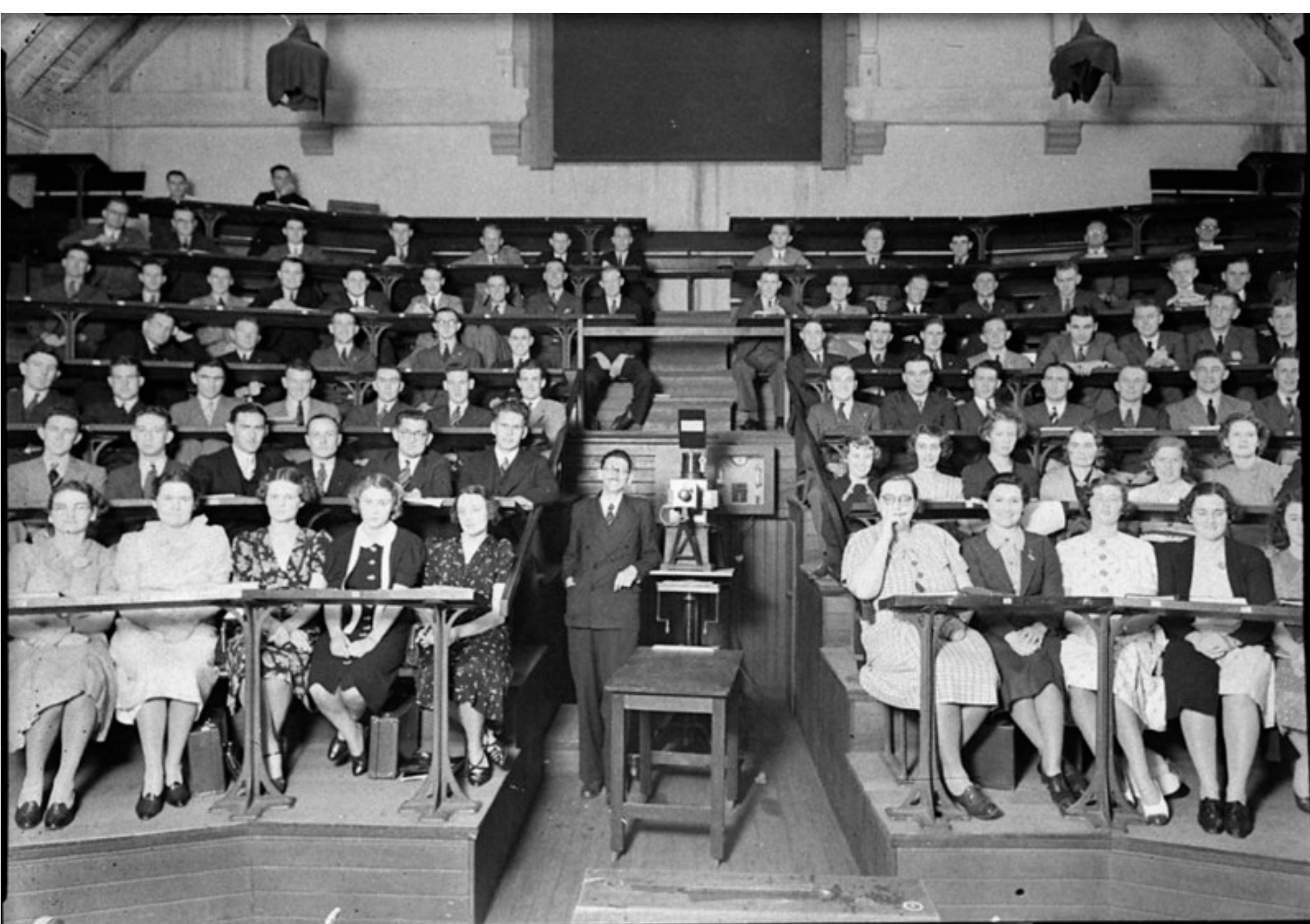
- Economic feasibility and convenience
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“Lecturing is that mysterious process by means of which the contents of the note-book of the professor are transferred through the instrument of the fountain pen to the note-book of the student without passing through the mind of either.”

Edwin Emery Slosson, 1910





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Q8. The antipsychotic, levamisole, has an average concentration of 100 ng/ml in plasma. It is given to a patient with an apparent volume of distribution of 100 L. The concentration of the drug in the plasma is 100 ng/ml. The concentration of the drug in the plasma is 100 ng/ml. The concentration of the drug in the plasma is 100 ng/ml.

1. The drug is given to the patient at 100 ng/ml.

A. 100 ng/ml  
B. 1000 ng/ml  
C. 10 ng/ml  
D. 10000 ng/ml  
E. None of above

Answer:  
TS/2020, in the 100 ng/ml, the concentration of the drug in the plasma is 100 ng/ml. The concentration of the drug in the plasma is 100 ng/ml. The concentration of the drug in the plasma is 100 ng/ml.

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Q8 The antipsychotic, levamisole, has an average concentration of 100 ng/ml in plasma. It is a weak base and an apparent weakly acidic drug. The concentration of the drug in the plasma is 100 ng/ml. The concentration of the drug in the plasma is 100 ng/ml. The concentration of the drug in the plasma is 100 ng/ml.

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C. 100 ng/ml  
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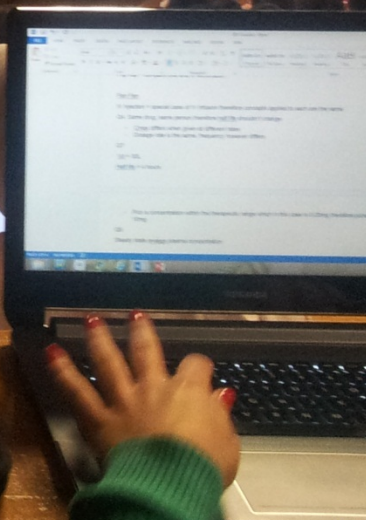
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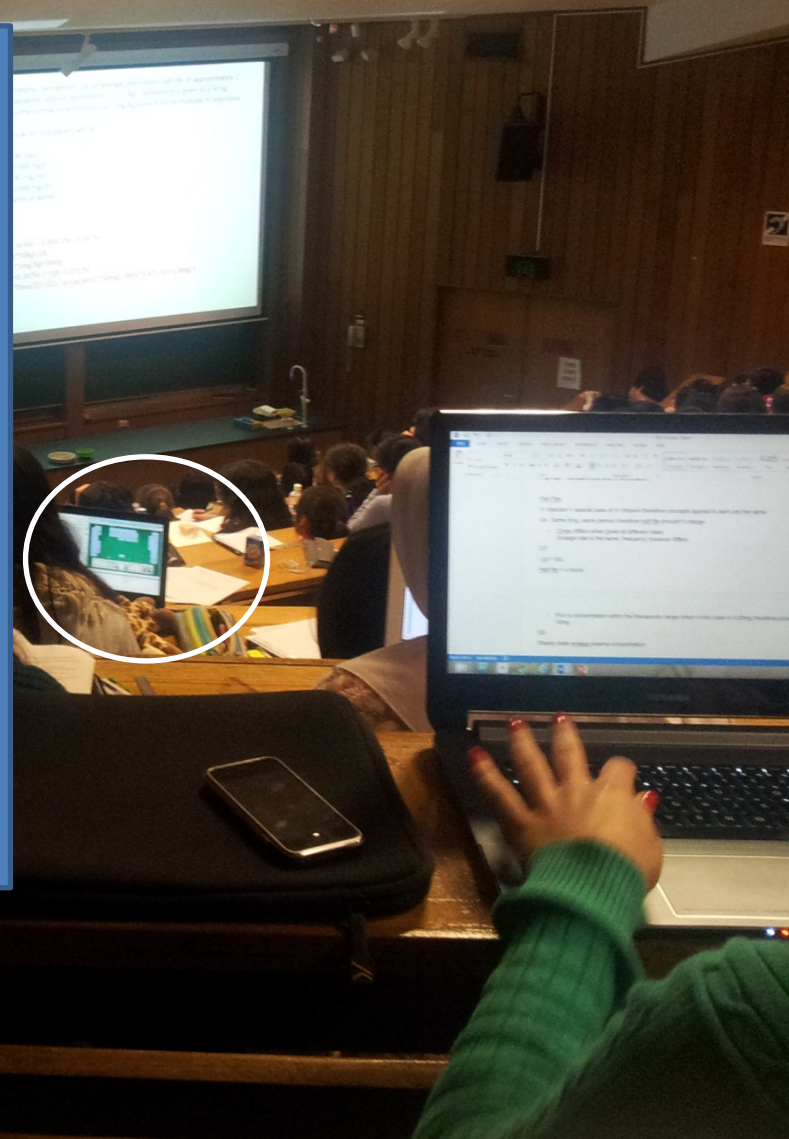
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2010

# National Competency Standards Framework for Pharmacists in Australia



AACP  
AUSTRALIAN ASSOCIATION  
OF CONSULTANT PHARMACY

University College of Pharmacy  
The University of Western Australia



Australian  
Pharmacy  
Association

Pharmacy  
Practice  
Australia



PDA  
Pharmacy  
Development  
Australia

The Pharmacy  
Guild of Australia

Pharmaceutical  
Society of Australia

shpa  
Society of Hospital  
Pharmacists of Australia

## An Advanced Pharmacy Practice Framework for Australia

October 2012

Developed through the Advanced Pharmacy Practice Framework Steering Committee  
on behalf of the pharmacy profession in Australia

AACP  
AUSTRALIAN ASSOCIATION  
OF CONSULTANT PHARMACY

The Australian  
College of Pharmacy

Australian  
Pharmacy  
Association

Pharmacy  
Practice  
Australia

PDA



PDA  
Pharmacy  
Development  
Australia

The Pharmacy  
Guild of Australia

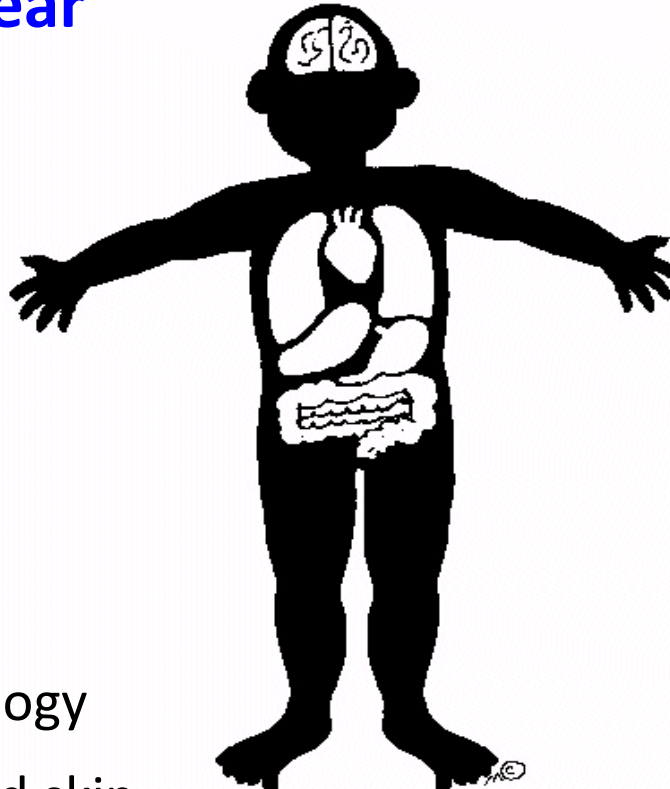
Pharmaceutical  
Society of Australia

shpa  
Society of Hospital  
Pharmacists of Australia



## Integrated Units of Study in Third Year

- 1: Cardiovascular
- 2: Respiratory
- 3: Endocrinology
- 4: Gastrointestinal
- 5: Mental Health
- 6: Neurology
- 7: Oncology/Immunology
- 8: Musculoskeletal and skin



## National Health Priorities

1. Cardiovascular health
2. Asthma
3. Diabetes Mellitus
4. Obesity
5. Mental Health
6. Cancer Control
7. Arthritis and Musculoskeletal conditions
8. Injury prevention and control

# “Curriculum creep”

- Courses have clear objectives
- Linked to learning outcomes and competencies  
.....but course content changes
- Incremental changes (tinkering) in content over time
  - Year to year
  - Lecturer to lecturer
  - Assessment to assessment
- Shifts the focus for students

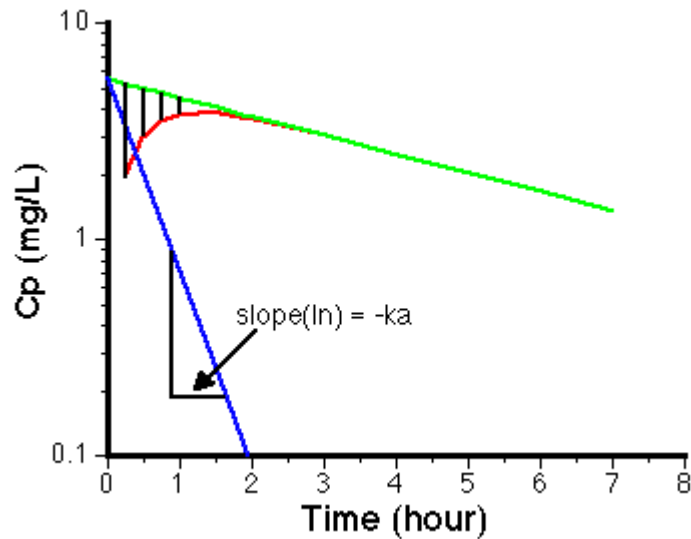
$f(t)$	$F(s) = \int_0^\infty f(t)e^{-st} dt$
$f + g$	$F + G$
$\alpha f \ (\alpha \in \mathbb{R})$	$\alpha F$
$\frac{df}{dt}$	$sF(s) - f(0)$
$\frac{d^k f}{dt^k}$	$s^k F(s) - s^{k-1}f(0) - s^{k-2}\frac{df}{dt}(0) - \dots - \frac{d^{k-1}f}{dt^{k-1}}(0)$

$g(t) =$   
 $f(\alpha t),$   
 $e^{at} f(t)$

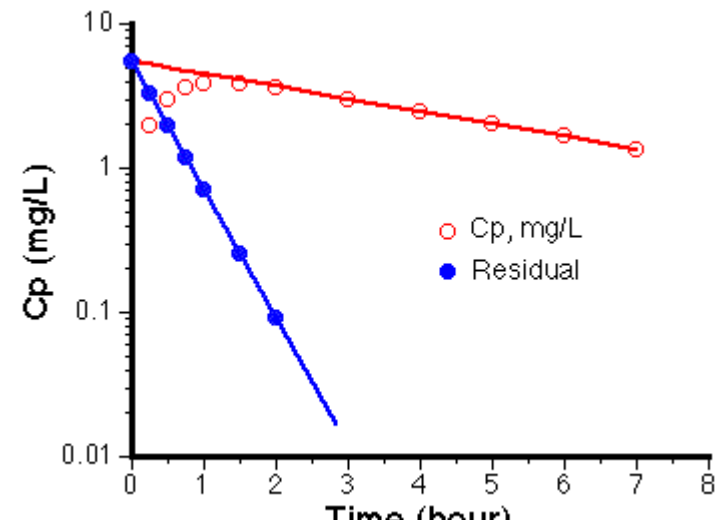
Did I need to be tortured by  
*Laplace Transforms.....?*

$tf(t)$	$-\frac{dF}{ds}$
$t^k f(t)$	$(-1)^k \frac{d^k F(s)}{ds^k}$
$\underline{f(t)}$	$\int_0^\infty F(s) ds$





Do we still need to teach our students the Method of Residuals?



# Hypothesis

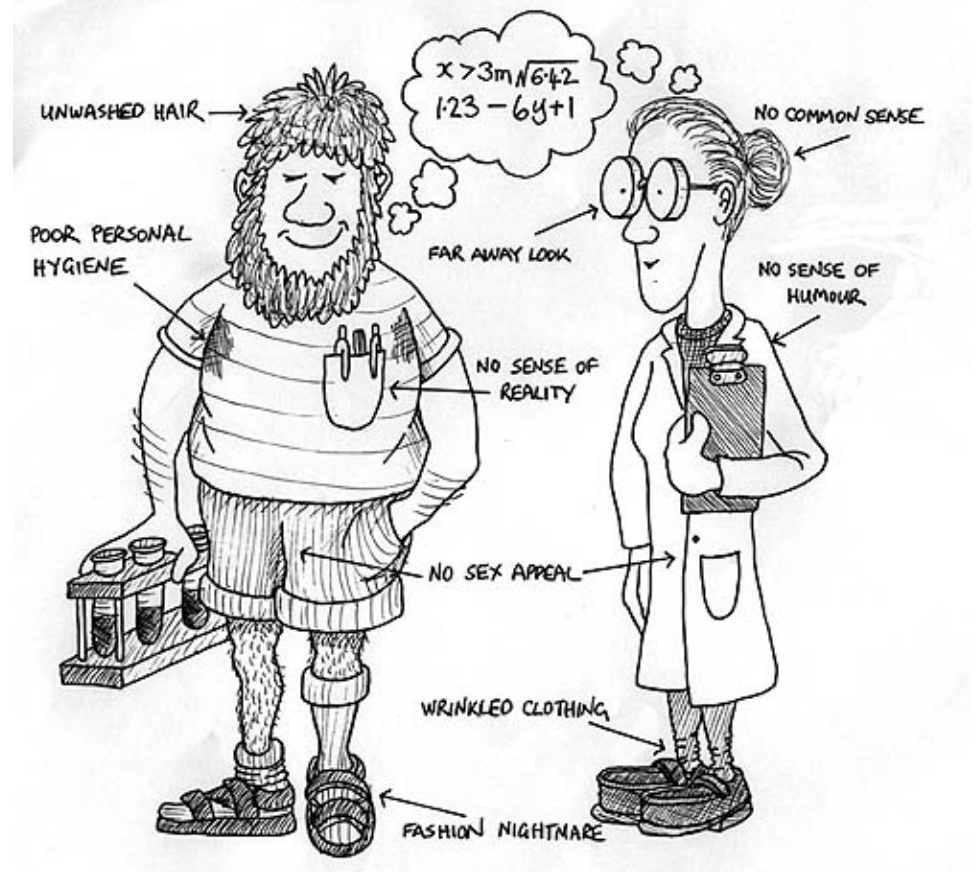
Why we teach what we teach

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# The Problem



Academics define themselves by what they do  
.....not by who they are



# Researchers who teach

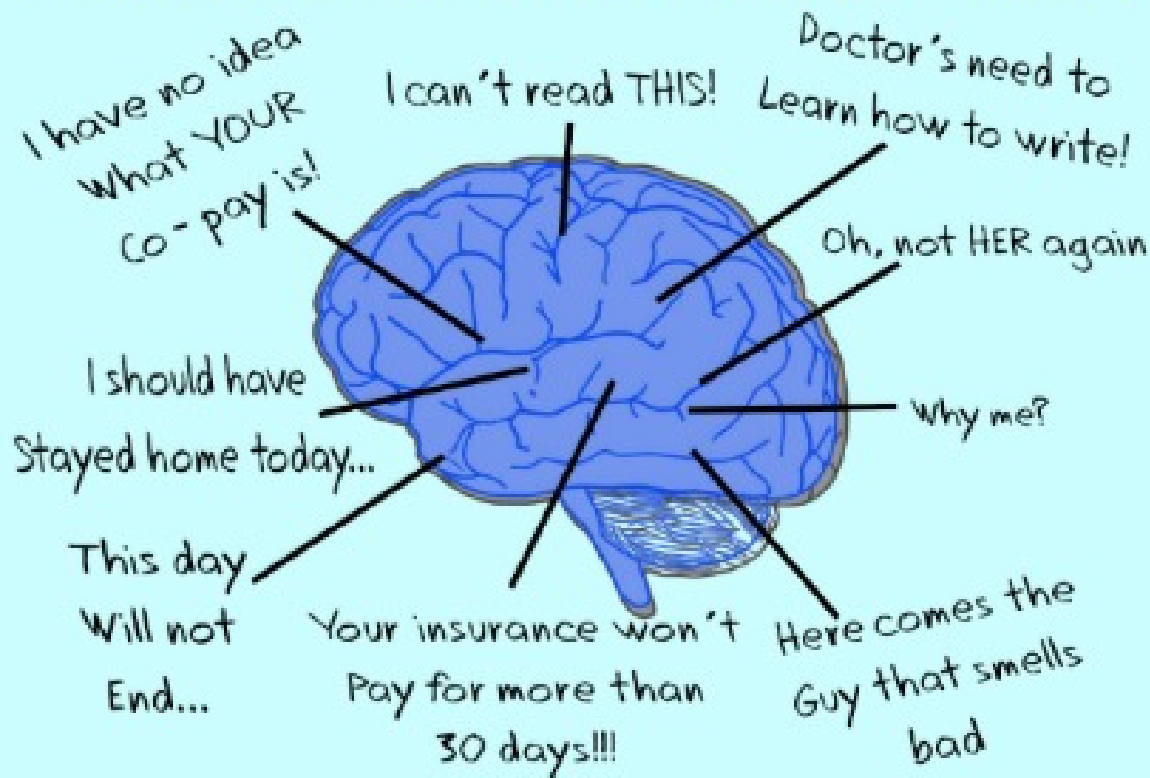
Why we teach what we teach?

- Significantly influenced by the research experience and interests of academic staff

Research-focussed academic appointments

- Do people bring the same rigour and accountability to their teaching as they do their research ?

# Atlas of a Pharmacist's Brain



# Learning styles

**Meaning directed**

**Reproduction directed**

**Undirected**

**Application directed**

Vermunt JD. The regulation of constructive learning processes. Br J Educ Psychol. 1998

# Generic attributes



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# Professional and Generic attributes

## Domain 1

Professional and Ethical practice

## Domain 2

Communication, collaboration and self-management

## Domain 3

Leadership and Management

## Domain 4

Review and supply Prescribed medicines

## Domain 5

Prepare pharmaceutical products

## Domain 8

Critical analysis, research and education

## Domain 7

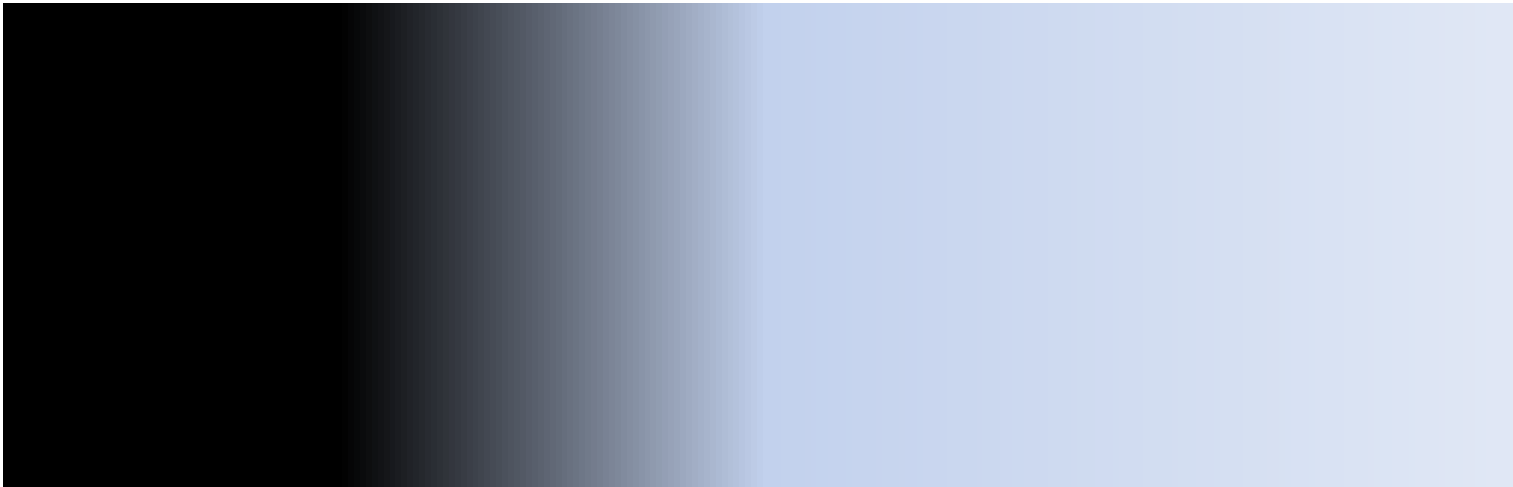
Promote optimal use of medicines

## Domain 6

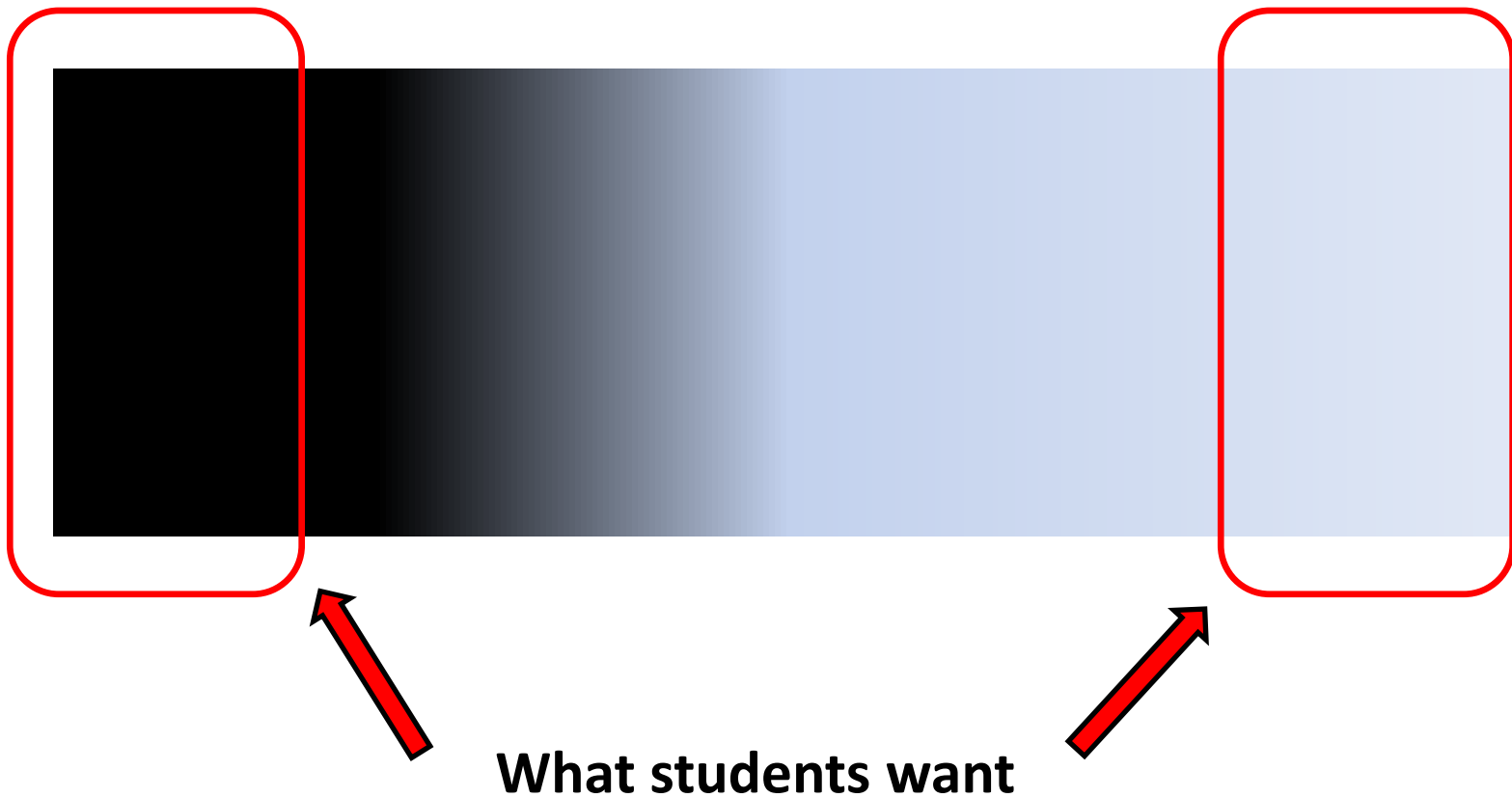
Deliver primary and preventative care



# Managing uncertainty

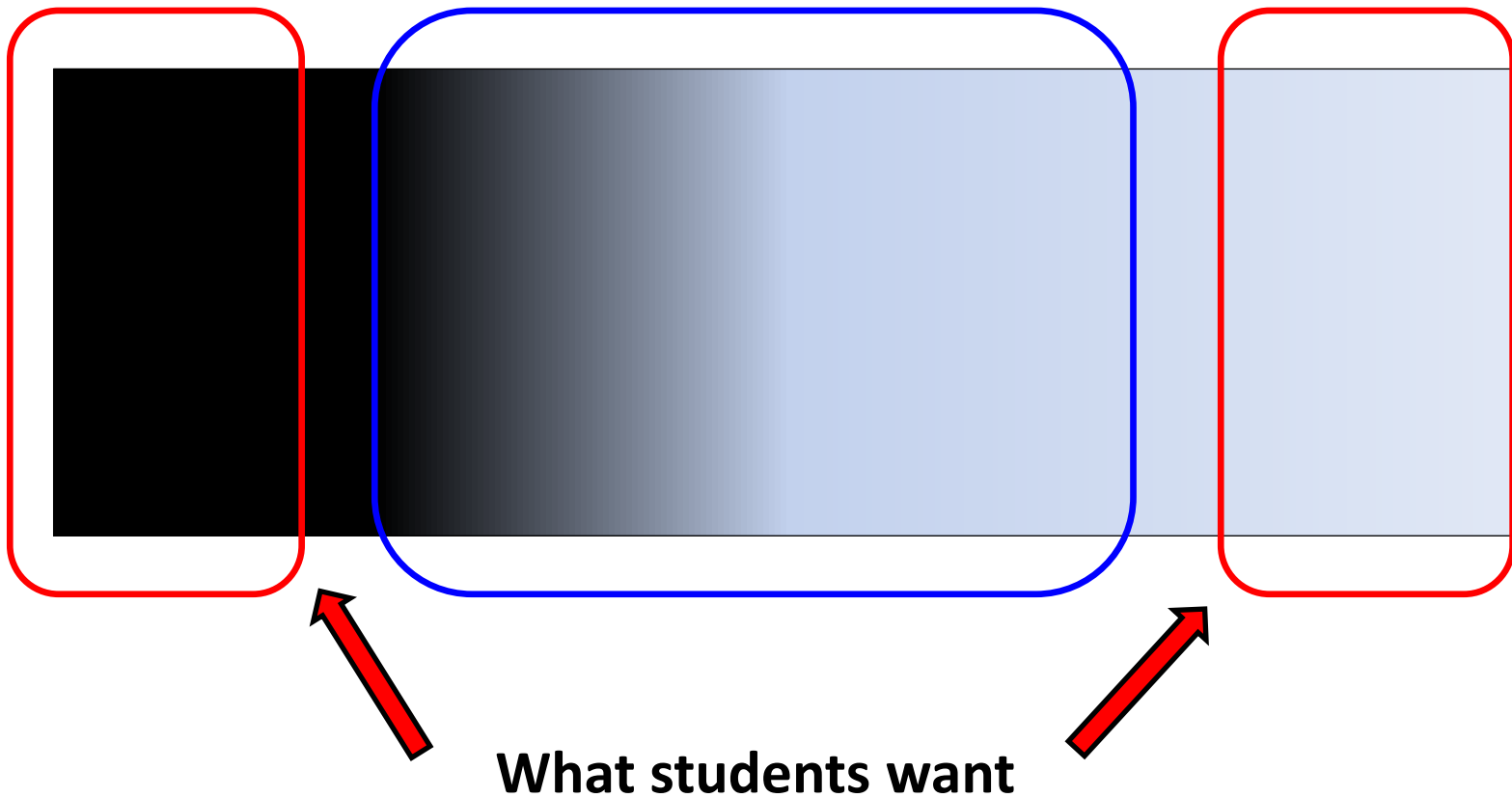


# Managing uncertainty



# Managing uncertainty

The reality of practice



# Professional reality

*“The devotion of the pharmacist was quite inspirational, it was evident that budget restraints forced both the pharmacists and doctors hands at times however this did not really concern them, patients and their medications took priority”*



4<sup>th</sup> Year Pharmacy Student



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# The way I teach.....

- Lectures ( $n > 200$  and  $n < 10$ )
- Tutorials (“classic”, PBLs and workshops)
- Clinical placement (bedside, practice setting, simulated)
- Laboratory class (demonstration, small group)
- Online (discussion boards, “live” online forum)
- Telephone tutorials (local and “international”)
- Distance learning (hard copy, tape recorded interviews)
- Pharmacists, doctors, nurses, physios (and twin boys)

# The way we teach

- Problem-based learning vs didactic lectures
  - Students prefer balanced teaching approach

Pearson SA, Rolfe I, Ringland C, Kay-Lambkin F (2002). A comparison of practice outcomes of graduates from traditional and non-traditional medical schools in Australia. Medical Education, 36, 985-991.

# The way we teach

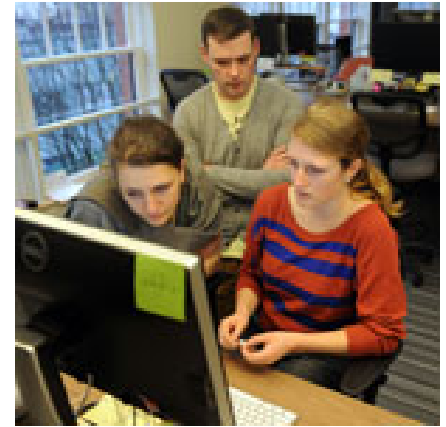
- Problem-based learning vs didactic lectures
  - Students prefer balanced teaching approach

“There were no differences in outcomes between non-traditional (problem-based programmes) and traditional graduates who were admitted to medical school under similar entry criteria (traditional academic entry)”

Pearson SA, Rolfe I, Ringland C, Kay-Lambkin F (2002). A comparison of practice outcomes of graduates from traditional and non-traditional medical schools in Australia. *Medical Education*, 36, 985-991.

# The way we teach

- Problem-based learning vs didactic lectures
  - Students prefer balanced teaching approach
- Students now “attend” their lectures virtually
- Opportunity for University-led but practice-based learning



Pearson SA, Rolfe I, Ringland C, Kay-Lambkin F (2002). A comparison of practice outcomes of graduates from traditional and non-traditional medical schools in Australia. Medical Education, 36, 985-991.



# Defining moments in my journey as a reflective teacher

- “I don't attend lectures....”



# “Podcasts and wikis turn cafes into lecture halls”

## On campus

- 4 days a week in 2009
- 4.4 days a week in 1994

## Online study

- 6.5 hours a week (2010)
- 4.2 hours in 2004



2422 first-year students  
*Centre for the Study of Higher Education,*  
UMelb

# “Chipmunking”

The act of watching numerous recorded university lectures at 2 x speed in a futile attempt to cover an entire semesters material the day before the final exam.



*"Have you studied for tomorrow's exam?"*

*"Nah, I'm chipmunking all the lectures tonight."*

# Defining moments in my journey as a reflective teacher

- Postgraduate student: “is this in the exam?”



# Assessments...

- MCQ
- True/False questions
- Short answer questions
- OSCE
- Laboratory practice exams
- Long and short assignments
- “Moderated” online discussions

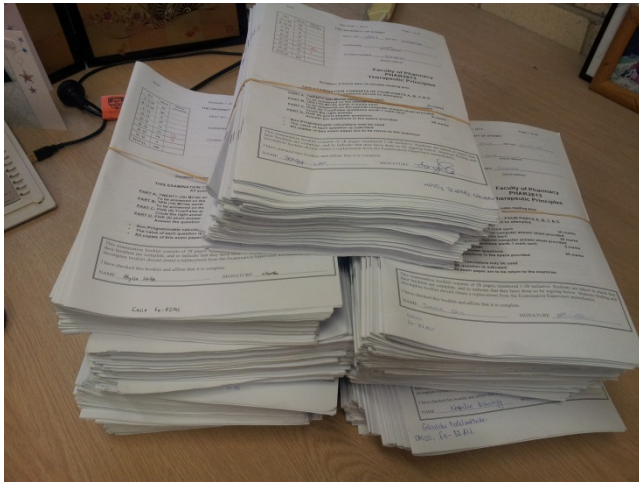


# “Believe me, this will hurt me more than it will hurt you....”



## Challenges

- Large student cohorts
- Authentic measures?
- “Confidential” papers
- “difficulty creep” in questions

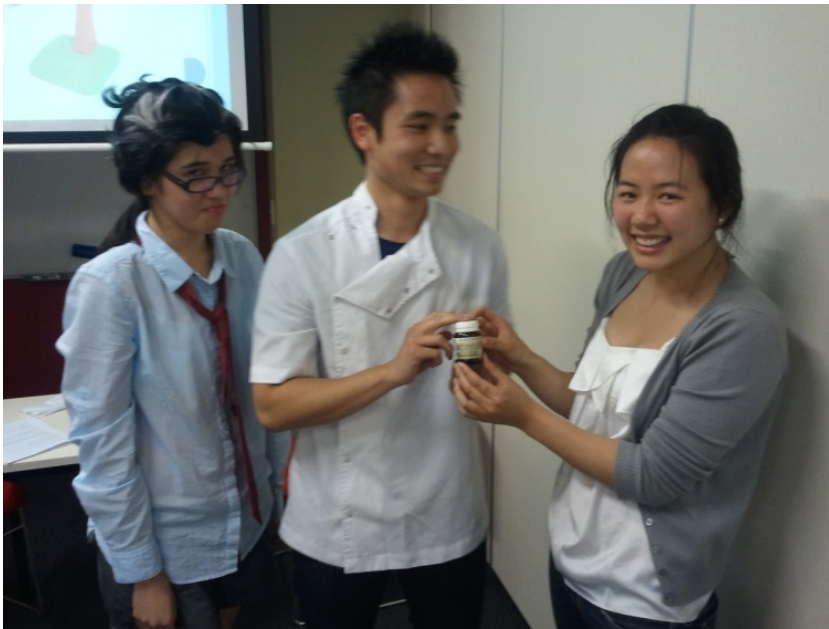


## Opportunities

- Focus student learning
- Knowledge and skills

# Defining moments in my journey as a reflective teacher

- Seminar “Getting students to TALK in lectures”



# “Getting students to talk in lectures”

“ based on the sociocultural concept that learning is a fundamentally social process, and on the notion of dynamic assessment”

“.....Vygotskian notions of collaboration, intersubjectivity and zones of proximal development”

Erica J. Sainsbury & Richard A. Walker (2008): Assessment as a vehicle for learning: extending collaboration into testing, *Assessment & Evaluation in Higher Education*, 33:2, 103-117

# Collaborative Quiz

- True/False questions
- Students complete the questions and rate their confidence
- Discuss questions with peers and can change their answer and level of confidence
- The final score is multiplied by the level of confidence (using half negative marks)

Erica J. Sainsbury & Richard A. Walker (2008): Assessment as a vehicle for learning: extending collaboration into testing, *Assessment & Evaluation in Higher Education*, 33:2, 103-117

# Collaborative Quiz

- Question: *It is not possible for a solution to be both dilute and saturated at the same time* (Answer: *False*)

Answer before discussion	False	True	True
<i>Level of confidence (out of 5)</i>	2	3	5
Answer after peer discussion	False	False	True
<i>Level of confidence (out of 5)</i>	5	4	2
Mark	5	4	-1

1 = not confident, 5 = very confident



# Collaborative Quiz

- Facilitates discussion
- Reflective learning
- Articulate their understanding
- Defend their position
- Negotiating knowledge

Erica J. Sainsbury & Richard A. Walker (2008): Assessment as a vehicle for learning: extending collaboration into testing, *Assessment & Evaluation in Higher Education*, 33:2, 103-117

# Defining moments in my journey as a reflective teacher

## The “bus” trip

- HPLC vs antibiotics  
– relevance to practice



# When the penny drops.....

*“Reminiscing back to first semester, sitting in class wondering when I am ever going to need to put pharmacokinetics into practice, it was not until undertaking Clinical Residency 2 that I realised how important and relevant pharmacokinetics was”.*

Pharmacy Student

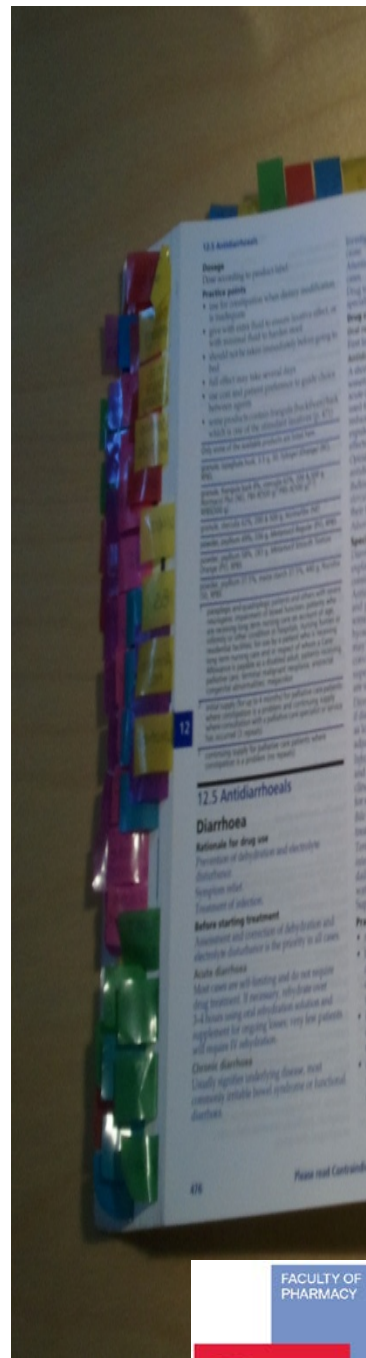


# Experiential Learning



# What I have learned from patients

- Clozapine makes you salivate
- Xanopsia is an adverse effect of digoxin
- Painkillers work like “antibiotics”



# Practice vs Theory

*“Clinical placement has provided me with real world experience that differentiated the often theoretical world of university to the practical application of knowledge in the professional setting”.*



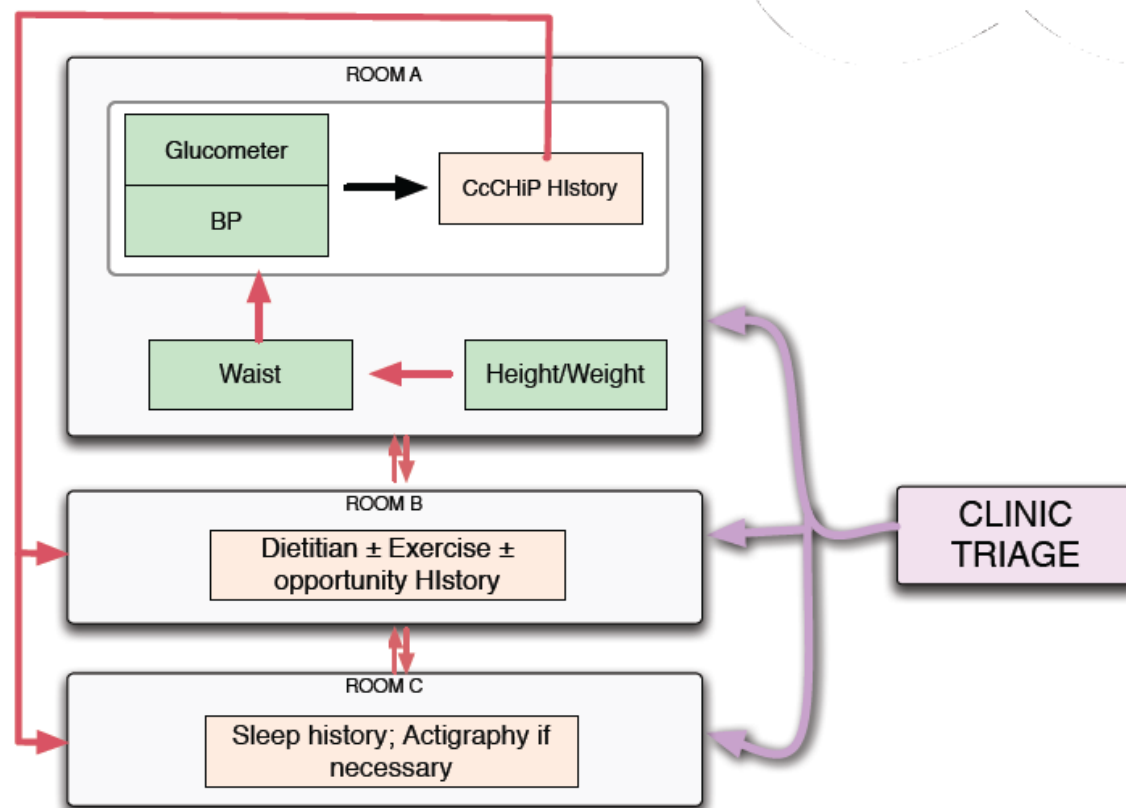
Pharmacy Student





## MANAGEMENT OF CARDIOMETABOLIC RISK FACTORS IN MENTAL ILLNESS

## Interdisciplinary simulated cardiometabolic clinic



*This project was possible due to funding made available by Health Workforce Australia*



# Whose job is it anyway?

## In addition to the patient & family...

Profession	Potential Activity
Dieticians	A critical role in educating staff, and carers, as well as patients on healthy living
Exercise Physiologist	To support and provide advice on exercise prescription and all exercise related issues. Can assist in development and facilitation of lifestyle change programs.
GP	Work in close liaison with public sector
Medical specialists	Consult on relevant difficult cases
Nurse	Organise ± perform blood taking; history of CMRs; ?Coordinate whole shooting match
OT	Working on activities that focus on self management of CMRs; exercise; diet
Pharmacists	Advising team members of key hi-risk (orexigenic) medications, drug interactions, PBAC community prescribing rules
Psychiatrist	Take the global responsibility to ensure the patient's health needs are met
Psychologist	Groups; motivational interviewing regarding smoking, alcohol, food binging
Registrar	Practical role in assessing risks; help educate other staff, patients, and fx; goferism
Social Workers	Work with families and patients regarding optimising healthy lifestyle both in and out of hospital

# Personal development

*“The realisation of my strengths and weaknesses on placement was the greatest information obtained, with communication being relatively easy however my drug knowledge still has quite a way to go. Clinical placement showed me the real value of patient interaction and building a rapport with your patients”.*



Pharmacy Student

# Professional and Generic attributes

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Promote optimal use of medicines

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Deliver primary and preventative care

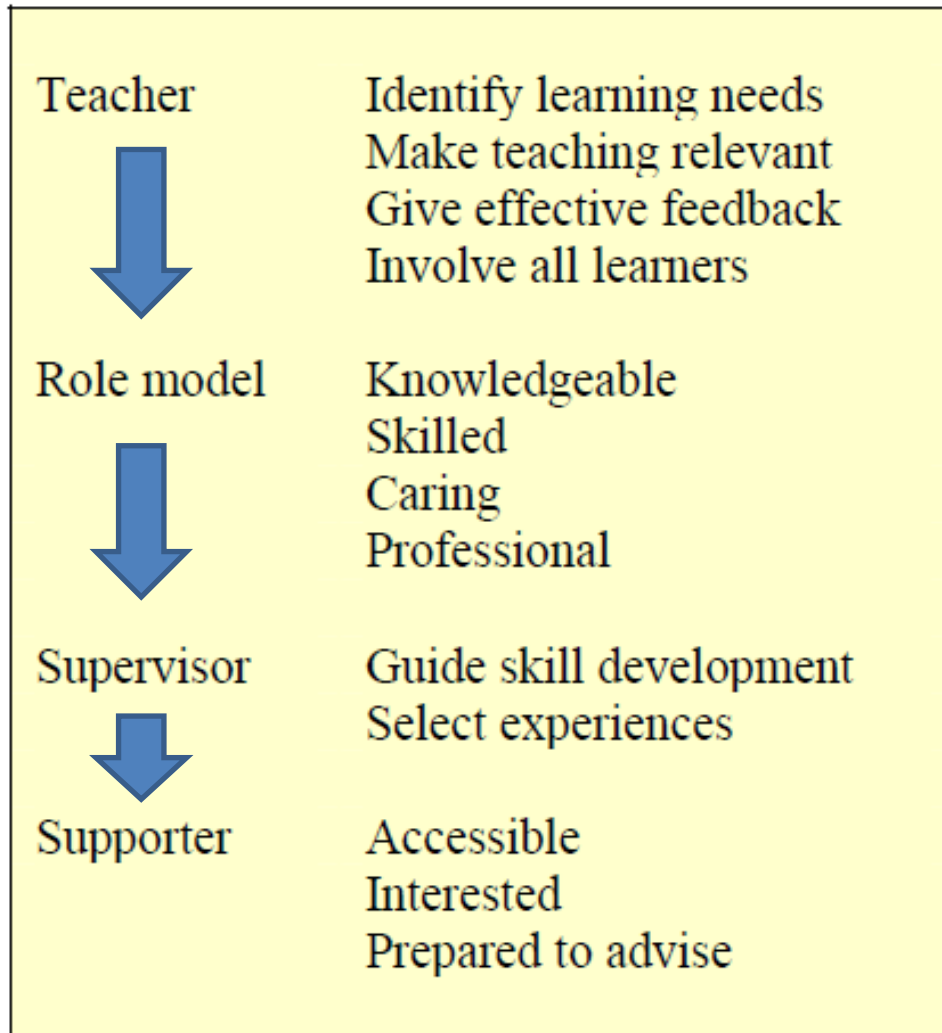


# Defining moments in my journey as a reflective teacher

- Staff (us)-student (them) disconnect



# Pharmacy academics



# In summary

- Generic skills are important in training pharmacists for the future
- Content may be driven by the (research) interests of teachers
- Help students navigate uncertainty
- Relevance is relevant





# Thanks to.....

- My teachers and mentors
- Students
- Pharmacy colleagues
- Erica Sainsbury
- Sallie Pearson
- Paul Groundwater
- Romano Fois
- Neil Cottrell
- Ken Brown
- (Late) Don Evans





