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SCIENCES

2024 Pharmacy Education Symposium

ORAL PAPER SESSION 1: Enhancing belonging in
pharmacy education

Chair: Dr Laurence Orlando



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2024 Pharmacy Education Symposium

Caring for our community: Assessing factors that influence burnout and well-being in pharmacy students, faculty, and staff

Dr Jacqueline Zeeman

Caring for our community: Assessing factors that influence burnout and well-being in pharmacy students, faculty, and staff

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Learning Objectives



1. Review the current landscape of burnout in pharmacy
2. Discuss strategies to measure domains of interest
3. Identify factors influencing burnout and well-being in pharmacy faculty, staff, and students

Burnout in Pharmacy

RESEARCH ARTICLE

Burnout in academia: Pharmacy students' burnout

HEALTH FEBRUARY 07, 2024

Burno

“A 2022 systematic review by Dee *et al*, involving 11,306 pharmacists across Australia, Canada, Italy, Japan, Lebanon, Portugal, Singapore and USA, found that **more than half of pharmacists were experiencing burnout.**”

2023 FIP International Report

Pharmacist

Patients are

feeling the effects.

Growing workloads and stresses lead to well-documented exhaustion, subsequent staffing shortages

By Marc Kaufman
March 30, 2023 at 12:00 p.m. EDT



Calls to Action



NATIONAL ACADEMY OF MEDICINE



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Se

NATIONAL PLAN for health workforce well-being



Enhancing Well-being and Resilience Among the Pharmacist Workforce: A National Consensus Conference

AACP Statement on Commitment to Clinician Well-being and Resilience

The American Association of Colleges of Pharmacy (AACP) is deeply committed to collaborating with other health profession organizations and stakeholders to promote positive well-being and resilience among health care providers, educators, and students. AACP recognizes that stress and anxiety can have devastating consequences on mental health, student learning, patient care, and the community at large. AACP has adopted two policy statements to demonstrate its commitment to well-being in pharmacy education. [View the full statement.](#)

AACP encourages schools and colleges of pharmacy to proactively promote overall well-being for students, faculty, and staff.

—
AACP POLICY STATEMENT (SOURCE: STUDENT AFFAIRS COMMITTEE, 2017)

AACP believes that all administrators, faculty, staff, preceptors, student pharmacists and alumni should contribute to a culture of well-being in pharmacy education.

—
AACP POLICY STATEMENT (SOURCE: STUDENT AFFAIRS COMMITTEE, 2018)

AACP believes that school and college leaders (e.g., deans, department chairs) are responsible for creating positive working and learning environments through an appropriate balance of expectations and resources or support.

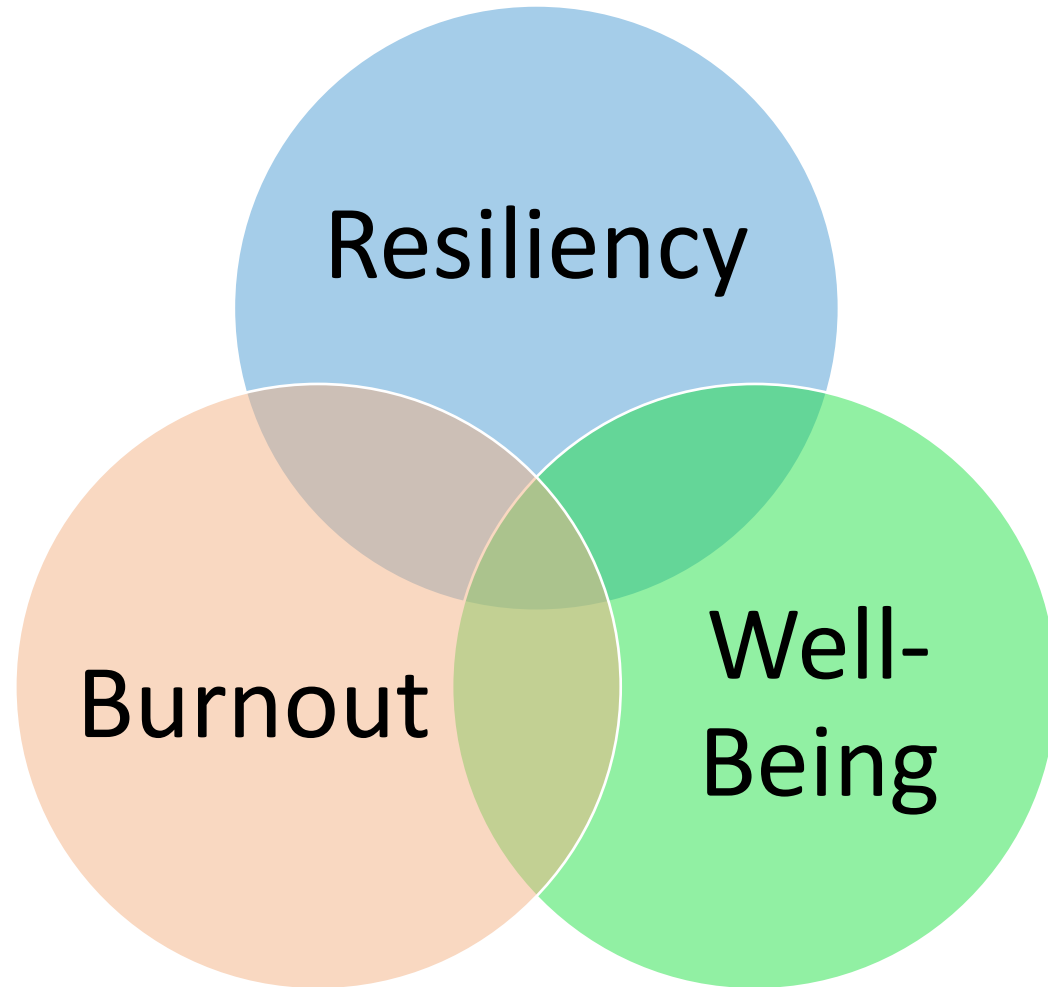
—
AACP POLICY STATEMENT (SOURCE: STUDENT AFFAIRS COMMITTEE, 2022)

Assessment Tools/Inventories*

Burnout	Depression	Fatigue	Grit	Quality of Life	Resiliency	Stress	Well-Being	Work Engagement
<ul style="list-style-type: none"> • Maslach Burnout Inventory (MBI) • Mayo Clinic Leadership Dimensions Assessment • Mini Z Burnout Survey • Oldenburg Burnout Inventory (OLBI) 	<ul style="list-style-type: none"> • Major Depression Inventory (MDI) • Patient Health Questionnaire-9 (PHQ-9) • Primary Care Evaluation of Mental Disorders 	<ul style="list-style-type: none"> • Brief Fatigue Index • Epworth Sleepiness Scale 	<ul style="list-style-type: none"> • Grit-O • Short Grit Scale (Grit-S) 	<ul style="list-style-type: none"> • Linear Analogue Self-Assessment Scales • Professional Quality of Life Scale (ProQOL) • Short Form Health Survey (SF-8, SF-12, SF-36) 	<ul style="list-style-type: none"> • Brief Resilience Scale • Connor-Davidson Resilience Scale • Resilience Scale for Adults 	<ul style="list-style-type: none"> • Higher Education Stress Inventory (HESI) • Perceived Stress Scale 	<ul style="list-style-type: none"> • Stanford Professional Fulfillment Index • Well-Being Index 	<ul style="list-style-type: none"> • Net Promotor Score (NPS) • IHI Pulse Survey • Utrecht Work Engagement Scale

*Select inventories/tools listed above for select domains of interest. List not exhaustive of all available domains or inventories/tools.

Our Focused Approach



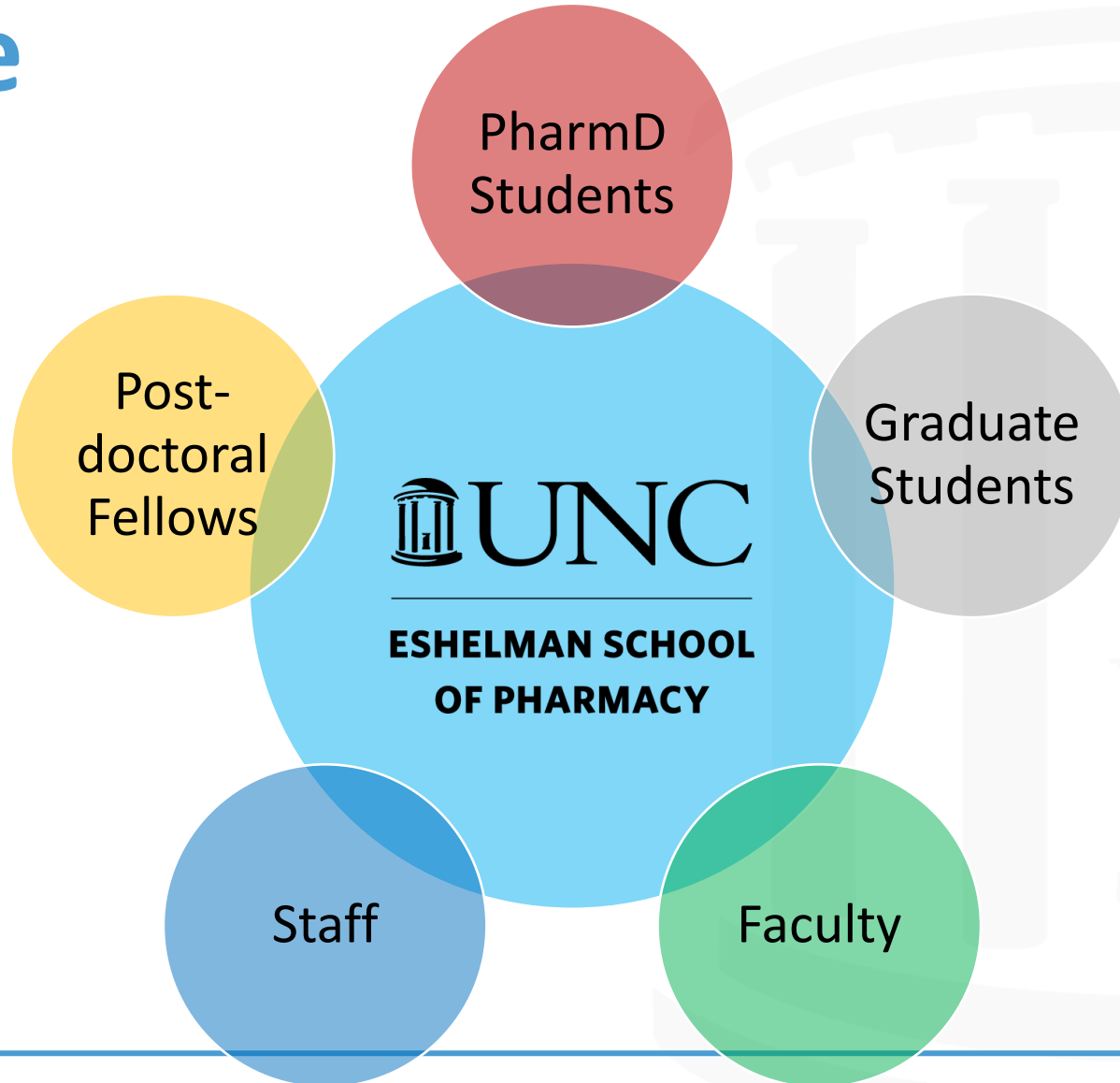
Domains & inventories:

- Burnout: 2-item MBI
- Well-being: 7-9 item WBI
- Resiliency: 6-item BRS

Assessment periods:

- March 2021 (baseline)
- November 2023

Our People





Understanding the *story* behind the number

- Semi-structured focus group interviews
 - Zoom vs. in-person
 - Days/times offered
- Voluntary participation
 - Solicited buy-in and support from supervisors
- Utilized research trainees
- Aligned with the School's Strategic Plan and Well-being Improvement Plan

Exploring Unique Experiences

Faculty ^{1,2} (n=11)	PharmD Students ³⁻⁵ (n=12)	PhD Students ^{6,7} (n=6)	Staff ^{8,9} (n=27)
<ul style="list-style-type: none"> ● Assistant Professors ● Associate Professors ● Full Professors 	<ul style="list-style-type: none"> ● PY1s ● PY2s ● PY3s ● PY4s 	<ul style="list-style-type: none"> ● Pre-ABD ● ABD 	<ul style="list-style-type: none"> ● Administrative Staff ● Research Staff ● Support Staff

1. Darbshire P, Isaacs AN, Miller ML. Faculty Burnout in Pharmacy Education. *Am J Pharm Educ.* 2020;84(7): Article 7925.
2. Zeeman JM, Pickering ES, Nana AA, Harris SC. Assessing workplace factors that influence burnout and identifying recommendations to support well-being in pharmacy faculty. *Am J Pharm Educ.* 2024;88(1):100628. <https://doi.org/10.1016/j.ajpe.2023.100628>
3. Fuller M, Schadler A, Cain J. An Investigation of Prevalence and Predictors of Disengagement and Exhaustion in Pharmacy Students." *Am J Pharm Educ.* 2020;84(10): Article 7945.
4. Zeeman JM, Nana A, Pickering E, Harris SC. Be Well: Qualitative Evaluation of Factors Influencing Student Pharmacists' Wellbeing. *Am J Pharm Educ.* 2022;86(5): Article 9171.
5. Zeeman JM, Nana AA, Pickering ES, Harris SC. Assessing factors that influence pharmacy student burnout and identifying recommendations to support student well-being. *Am J Pharm Educ.* 2024; in press. <https://doi.org/10.1016/j.ajpe.2024.100741>
6. Evans TM, Bira L, Gastelum JB, Weiss LT, Vanderford NL. Evidence for a mental health crisis in graduate education. *Nat Biotechnol.* 2018;36(3):282–284.
7. Anderson EB, Zeeman JM, Matt IC, Harris SC. Supporting All Students: Identifying Factors that Influence Well-Being in PhD Students at Pharmacy Programs. *Am J Pharm Educ.* 2023;87(8):100536.
8. Zahneis M. More than half of campus staff members are thinking about quitting, survey finds. *The Chronicle of Higher Education.* <https://www.chronicle.com/article/more-than-half-of-campus-staff-members-are-thinking-about-quitting-survey-finds>. Published July 22, 2022. Accessed June 12, 2024.
9. Matt IC, Harris SC, Anderson EB, Zeeman JM. Caring for Our Community: Identifying Factors that Influence Well-Being in Pharmacy Staff. *Am J Pharm Educ.* 2023;87(8):100512.

Understanding the *story* behind the number

Semi-structured focus group interview script prompted for:

Reflecting on [the workplace/school], what factors positively influence your **well-being**?

What factors negatively influence your well-being and/or contribute to **burnout**?

What **recommendations** do you have to improve [faculty, staff, student] well-being?



Understanding the *story* behind the number

Semi-structured focus group interview script prompted for:	Key themes identified:
Reflecting on [the workplace/school], what factors positively influence your well-being ?	
What factors negatively influence your well-being and/or contribute to burnout ?	
What recommendations do you have to improve [faculty, staff, student] well-being?	

Understanding the *story* behind the number

Semi-structured focus group interview script prompted for:	Key themes identified:
Reflecting on [the workplace/school], what factors positively influence your well-being ?	Relationships
What factors negatively influence your well-being and/or contribute to burnout ?	
What recommendations do you have to improve [faculty, staff, student] well-being?	



Understanding the *story* behind the number

Semi-structured focus group interview script prompted for:	Key themes identified:
Reflecting on [the workplace/school], what factors positively influence your well-being ?	Relationships
What factors negatively influence your well-being and/or contribute to burnout ?	Workload
What recommendations do you have to improve [faculty, staff, student] well-being?	



Understanding the *story* behind the number

Semi-structured focus group interview script prompted for:	Key themes identified:
Reflecting on [the workplace/school], what factors positively influence your well-being ?	Relationships
What factors negatively influence your well-being and/or contribute to burnout ?	Workload
What recommendations do you have to improve [faculty, staff, student] well-being?	N/A <i>(varied by role)</i>





Factors Influencing Well-being

WELL-BEING

Faculty

Being impactful

Passion for work

Connecting with others

Positive leadership initiatives

PharmD Students

Life outside of school

School/University resources

Future goals

PhD Students

Relationships

Curriculum and research achievements

Meaningful work

Staff

Feeling valued

Workplace relationships

Working environment

Professional development

Meaningful work



Factors Influencing Burnout

BURNOUT

Faculty

Faculty workload

Workplace inefficiencies

Unexpected factors

PharmD Students

Too little time

Academic workload

Competitive culture

Non-coursework commitments

PhD Students

Curriculum and research stressors

Relationships

Work-life integration

Financial burden

Staff

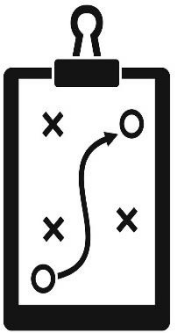
Higher education hierarchies/culture

Unrealistic expectations

Workload

Resources

Physical space



Recommendations to Support Well-being

RECOMMENDATIONS

Faculty

School initiatives to improve well-being

Individual practices to improve well-being

Well-being initiatives and resources

PharmD Students

Curriculum strategies

Culture enhancement

Well-being resources

PhD Students

Curriculum and research strategies

Financial support

Enhance relationships

Staff

Feeling respected

Improve workflows

Enhance benefits

Build community and accountability

Considerations

Strengths

- Advances quantitative knowledge – addresses gap in understanding factors influencing student well-being
- Explore participant experiences in their own words – participants appreciated having the opportunity and space to share their story
- Solicit recommendations and identify desired actions/ideas directly from population

Limitations

- Single institution
- Completed Fall 2021 and Fall 2022
- Resources (eg, time, personnel)
- Convenience sample of volunteers
- PharmD student study focused on those completing didactic coursework only – it did not include students on experiential rotations. Future research will explore these student experiences.

Key Takeaways

- While **workload and relationships impacted all** groups, findings suggest factors influencing burnout and well-being **differ by role**.
- Future research will expand this effort to **include all members** within the School community, including **post-doctoral fellows** and PharmD student experiences during **experiential** training.
- Soliciting **recommendations directly from the participants** provides insights on desired strategies to promote well-being unique to each population.

It takes a team!



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Director of Well-Being and Resilience
Associate Professor
UNC Eshelman School of Pharmacy



Akina Nana, PharmD
Class of 2023



Emily Pickering, PharmD
Class of 2023



Emili Anderson, PharmD
Class of 2024



Isabel Matt, PharmD
Class of 2024

Resources

1. Anderson EB, Zeeman JM, Matt IC, Harris SC. Supporting All Students: Identifying Factors that Influence Well-Being in PhD Students at Pharmacy Programs. *Am J Pharm Educ.* 2023;87(8):100536.
2. Matt IC, Harris SC, Anderson EB, Zeeman JM. Caring for Our Community: Identifying Factors that Influence Well-Being in Pharmacy Staff. *Am J Pharm Educ.* 2023;87(8):100512.
3. Zeeman JM, Nana AA, Pickering ES, Harris SC. Assessing factors that influence pharmacy student burnout and identifying recommendations to support student well-being. *Am J Pharm Educ.* 2024; in press.
<https://doi.org/10.1016/j.ajpe.2024.100741>
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<https://doi.org/10.1016/j.ajpe.2023.100628>

Caring for our community: Assessing factors that influence burnout and well-being in pharmacy students, faculty, and staff

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2024 Pharmacy Education Symposium

Impact of interprofessional and simulation activities on student pharmacists' professional identity formation and professional development

Dr Christina Sherrill



UNC

**ESHELMAN SCHOOL
OF PHARMACY**

Pharmacy Education Symposium 2024

Prato, Italy

Enhancing Belonging in Pharmacy Education

Impact of Interprofessional and Simulation Activities on Student Pharmacists' Professional Identity Formation and Professional Development

Christy Sherrill, PharmD, BCACP, BC-ADM

Teaching Associate Professor, UNC Eshelman School of Pharmacy

Anna Hale, PharmD

PGY1 Ambulatory Care Pharmacy Resident, Mountain Area Health Education Center

Mollie Scott, PharmD, BCACP, CPP, FASHP

Regional Associate Dean and Professor, UNC Eshelman School of Pharmacy

Background: Overview

- Ambulatory Care Pharmacy Practice
 - Direct patient care
 - Highly interprofessional and collaborative
 - Distinct roles and responsibilities
- Professional Identify Formation
 - Internalizing knowledge, skills, values, and beliefs
 - “Thinking, acting, and feeling” like a pharmacist
- UNC ESOP Ambulatory Care Certificate Program
 - 4-semester course series to prepare students for a career in ambulatory care pharmacy practice

Background: IPE & Sim Activities

UNC ESOP Ambulatory Care Certificate Interprofessional (IPE) and Simulation Activities

IPE Case Discussion: PY2 Fall and PY2 Spring	<ul style="list-style-type: none">• Virtual with medical, dental, nursing, social work, public health students• Topic presentation followed by small group case-based discussion• Topics varied (ex. gender affirming care, vaccination hesitancy)
Pharmacy-Only Manikin Simulation: PY2 Fall	<ul style="list-style-type: none">• In-person with ambulatory care and rural health pharmacy students• Topic presentation followed by manikin simulation and small group discussion• Topic: Opioid use disorder and use of naloxone
IPE Standardized Patient (SP) Simulation: PY3 Fall	<ul style="list-style-type: none">• In-person with medical students• Topic presentation followed by 2 simulations (1 inpatient, 1 outpatient)• Topic: Alcohol use disorder

Methods: Study Design

Objective

To evaluate the impact of interprofessional and simulation activities on professional identity formation and professional development

Retrospective study included 3 activity types across 3 courses and 3 semesters

Activity Types	Courses	Semesters
IPE Case Discussions	PHCY 851, PHCY 852	Fall 2022/2023, Spring 2023
Manikin Simulations	PHCY 851	Fall 2022/2023
IPE SP Simulations	PHCY 853	Fall 2023

Analysis of prompted reflections via iterative and constant-comparative methods

Methods: Reflection Prompts

IPE Case Discussion, PHCY 851 Fall 2022 and Fall 2023, PHCY 852 Spring 2023:

Prompts varied but required a one-page reflection with summary of patient case and/or what was learned and discussion about the interprofessional team and the student's role as it relates to other professions

Pharmacy-Only Manikin Simulation, PHCY 851 Fall 2022 and Fall 2023:

Reflect upon your experience in the MAHEC Simulation Lab:

1. What was the most important thing that you learned during the exercise today?
2. How did participating in the simulation impact understanding of opioid overdoses and naloxone use?
3. How will you use the information that you learned about naloxone?

IPE Simulation with Live Actor, PHCY 853 Fall 2023:

Write a one-page reflection about your experiences with the medical students:

1. Describe your experiences in the simulation. What did you like most? What did you like least?
2. What did you learn about interprofessional practice that could be helpful to you in your next immersion?
3. How did this event contribute to your professional development as an Ambulatory Care Scholar? Explain.
4. What else would you like to share about your experience?

Results: Overall Themes

Four professional identity formation themes emerged:

- Patient Advocate
- Clinician
- Medication Expert
- Educator

Three professional development themes emerged:

- Interdisciplinary Roles/
Perspectives
- Teamwork/ Holistic Care
- Patient-Centered Care

Results: Professional Identity Formation

Pharmacist as...	Patient Advocate	Clinician	Medication Expert	Educator
IPE Case Discussion (n=16)	94%	56%	50%	6%
Manikin Simulations (n=11)	82%	100%	91%	91%
IPE SP Simulations (n=4)	0%	50%	75%	50%
Total (N=31)	77%	71%	68%	42%

Results: Professional Development

	Interdisciplinary Roles/ Perspectives	Teamwork/ Holistic Care	Patient-Centered Care
IPE Case Discussion (n=16)	100%	81%	69%
Manikin Simulations (n=11)	0%	9%	0%
IPE SP Simulations (n=4)	75%	100%	25%
Total (N=31)	61%	58%	39%

Conclusions

IPE and simulation activities contributed to student pharmacists' PIF and PD

Pharmacist as patient advocate was the most frequent theme

High-fidelity manikin simulations appear to have the most influence on PIF

IPE case discussions aided PD related to roles, teamwork, and patient-centered care

Next Step

Planning for interdisciplinary project regarding simulation activity in Fall 2024

Thank You.





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2024 Pharmacy Education Symposium

Telepractice Education And interprofessional
Module (TEAM)

Prof Debra Rowett



TEAM TELEPRACTICE EDUCATION AND INTERPROFESSIONAL MODULE

PHARMACY EDUCATION SYMPOSIUM, PRATO JULY 2024

TEACHING AND RESEARCH TEAM



Stefanie Bucher
Prof Debra Rowett
Dr Scott Weeks
Dr Carolyn Murray and Prof Angela Berndt
Dr Maureen McEvoy and Dr Emily Ward
Dr Ryan Causby
Associate Professor Kade Davison

Speech Pathology
Pharmacy
Occupational Therapy
Occupational Therapy
Physiotherapy
Podiatry
Clinical Exercise Physiology

Acknowledge University of South Australia Teaching Innovation Unit, Teaching & Learning Development Grant Funding

BACKGROUND

THE OPPORTUNITY



Unique inflection point in healthcare with the convergence of advanced technology and changes wrought by the COVID pandemic.

Preparing our students for interprofessional practice in a healthcare environment where shared electronic health records and telepractice is becoming routine is an opportunity to overcome some of the attitudinal and logistical barriers associated with interprofessional education.

PROJECT

THE AIM



Explore

- the effectiveness of a telepractice, interprofessional, simulation module
- Patient-centred approach
- Allied health team-based assessment
- Module that is stackable for context, complexity and focus of learning outcomes.
- Discipline specific and interprofessional sessions incorporated into the module.

Evaluate

- Students' perceived competence and confidence in domains of telepractice, interprofessional practice, clinical skills and communication using a mixed methods study design.

THE ACTION

TELEPRACTICE, SIMULATION,
INTERPROFESSIONAL LEARNING



BACKGROUND

THE MODULE



University of South Australia | Telepractice Education And Interprofessional Module (TEAM)

Dashboard > NC23454 > Welcome to TEAM

Turn editing on

- Dashboard
- Content
 - Welcome to TEAM
 - Welcome to TEAM and orientation to TEAM timetable
- Activities
 - Pre simulation questionnaire and consent form-- PLEASE COMPLETE PRIOR TO SIMULATION
- Grades
 - Communication
- Recordings
 - TEAM Schedule & timetable and Handbook
- Participants
 - Health record
- Administration
 - Clinical educator resources
 - Project documents for TIU

Welcome to TEAM

Next →

Welcome to Telepractice Education And Interprofessional Module (TEAM)

Thank you for participating in this new and exciting area of interprofessional learning and for your contribution to the development of TEAM for future UniSA Pharmacy, Allied Health & Human Performance students.

Aim: This module aims to provide students with opportunities to develop specialised practice based interprofessional and telepractice skills, knowledge, and confidence

BACKGROUND

THE MODULE



The screenshot shows the TEAM dashboard with a dark blue header and a sidebar menu. The header includes the University of South Australia logo, the title 'Telepractice Education And Interprofessional Module (TEAM)', and navigation icons for notifications, chat, help, and user profile. The sidebar menu lists categories: Dashboard, Content, Activities, Grades, Recordings, Participants, and Administration. The main content area displays a 'Welcome to TEAM' message, a 'Pre simulation questionnaire and consent form-- PLEASE COMPLETE PRIOR TO SIMULATION' link, and a list of resources including 'Communication', 'TEAM Schedule & timetable and Handbook', 'Health record', 'Clinical educator resources', and 'Project documents for TIU'. The 'Communication' section is expanded to show a list of learning objectives.

University of South Australia | Telepractice Education And Interprofessional Module (TEAM)

Welcome to TEAM

Welcome to TEAM and orientation to TEAM timetable

Pre simulation questionnaire and consent form-- PLEASE COMPLETE PRIOR TO SIMULATION

Communication

TEAM Schedule & timetable and Handbook

Health record

Clinical educator resources

Project documents for TIU

Aim: This module aims to provide students with opportunities to develop specialised practice based interprofessional and telepractice skills, knowledge, and confidence

Students will be able to:

- develop and/or consolidate professional practice knowledge and skills in a simulated clinical environment, particularly in initial assessment and case history with a person who has Parkinson's disease
- understand what interprofessional practice entails, enhancing professional skills and attitudes, and broadening professional knowledge and practice (Brewer, Flavell & Jordon, 2017)
- work in interprofessional teams, to learn with, about and from each profession to deliver collaborative, quality care through simulated clinical case scenarios
- carry out holistic and evidence based telepractice approach which incorporates both synchronous and asynchronous practice and interprofessional communication
- peer tutor or mentor such as increased confidence in representing specific skills and knowledge, and increased social support and inspiration to progress

BACKGROUND

THE MODULE



University of South Australia | Telepractice Education And Interprofessional Module (TEAM)

Dashboard: Welcome to TEAM

Content: Pre simulation questionnaire and consent form-- PLEASE COMPLETE PRIOR TO SIMULATION

Activities: Communication

Grades: TEAM Schedule & timetable and Handbook

Recordings: Schedule of sessions 1-8 for all groups

Participants: Health record

Administration: Clinical educator resources, Project documents for TIU

The following tabs will provide specific information for your group, including:

- a schedule overview of session times and activities
- a **detailed timetable** including **DISCIPLINE SPECIFIC/INTERPROFESSIONAL** and **WHOLE GROUP** sessions.
- the **TEAM handbook** to download, which includes current evidence for telepractice, simulation in education, and interprofessional learning; a more detailed list of session activities with references to relevant documents (appendices) that you will need to consult throughout the day
- **Appendices:** containing all of the documents you need to complete the tasks in each session and plan for your case history assessment (simulation)
- The **Health record file** - a central repository for health information for your client that you will access asynchronously throughout the day to gather more information about your client

← Prev Next →

BACKGROUND

THE MODULE



University of South Australia | Telepractice Education And Interprofessional Module (TEAM)

Friday, 14 June 2024 11:57 pm ACST

Dashboard > NC23454 > Health record > Mr John Michaels- Health record file

Edit **Download folder**

- Discharge report_ from rehab.docx
- JM Chest Xray.docx
- MEDICAL IMAGING REPORT CTB and spine_JM.docx
- MEDICAL IMAGING REPORT CXR_JM.docx
- Medication letter to GP.docx

Navigation menu items: Dashboard, Content, Activities, Grades, Recordings, Participants, Administration

Module content items: Welcome to TEAM, Pre simulation questionnaire and consent form-- PLEASE COMPLETE PRIOR TO SIMULATION, Communication, TEAM Schedule & timetable and Handbook, Health record, Mr John Michaels- Health record file, Clinical educator resources, Project documents for TIU

BACKGROUND

THE MODULE



University of South Australia | Telepractice Education And Interprofessional Module (TEAM)

Dashboard > NC23454 > Clinical educator resources

Clinical educator resources

- Communication between Clinical Educators
Hidden from students
Mark as done
- DRAFT Clinical educator prompt sheet and discipline cues
65.3 KB Word 2007 document
Hidden from students
Mark as done
- JM actor notes
88.8 KB Word 2007 document
Hidden from students
Mark as done

Date

8:30-9:10	9:10-9:55	9:55-10:25	10:25-11:05	11:05-11:45	11:45-11:55	11:55-12:35	2:20-3:00	3:00-3:30	3:30-4:00
Session 1 Whole Group	Session 2 Discipline Specific	Session 3 Interprofessional	Session 4 Discipline Specific	Session 5 Simulation	Break	Session 5 Simulation	Session 6 Discipline Specific	Session 7 Interprofessional	Session 8 Whole group

Session 1.
 -Goal setting (SMART)
 -Sharing learning goals
 -Knowledge, skills and attributes to develop with an action plan

Session 2.
 -Review case history information and screening report
 -Access 'Health record'
 -Discuss unidisciplinary and interprofessional team roles
 -Draft pre assessment LTG and STGS
 -Agree on objectives for case history interview

Session 3.
 -Pre assessment interprofessional case discussion
 -Unidisciplinary and interprofessional roles and goals with rationales
 Why and how they might work together (learning from each other!)

Session 4.
 -Preparation for case history interview
 -Plan initial interview process and questions
 -Finalise initial interview proforma
 -Discussion of individual student goals
 -Peer feedback process and plan
 -Request specific areas for peer feedback

11:05-11:45	11:45-11:55	11:55-12:35
Session 5 Simulation	Break	Session 5 Simulation
Session 5A OT students 33 min interview 2 min pause 5 min patient feedback		Session 5B Speech Path 33 min interview 2 min pause 5 min patient feedback
12:45-1:25		1:35-2:15
Session 5C Physio		Session 5D Pharmacy

Session 5.
 -Clinical initial interview
 -Feedback from simulated patient

Session 6.
 -Summarise and discuss key findings and priorities
 -Access the 'Health record' - Develop discipline specific summary
 -Update discipline specific LTGs and STGs
 -Create an action plan including liaison and collaboration with colleagues with a list of questions to ask IPL colleagues
 -Student Self-reflection and peer feedback

Session 7.
 -Case conference
 -Case Conference

Session 8.
 -Review aims and objectives for module and reflect on learning
 -Share specific learning objectives set for learning and outcomes
 -Share plans for future IPL and telepractice and neuro caseload

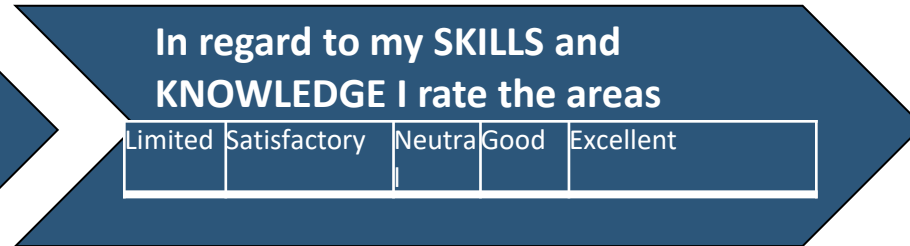
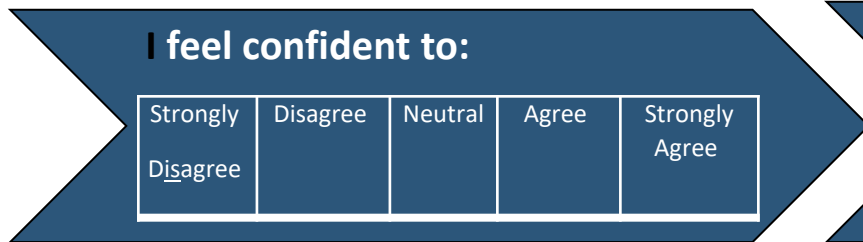
Figure Key

- Purple- learning (meta cognitive)
- Black-clinical
- Green-IPL
- Orange- asynchronous and synchronous
- LTG – long term goals
- STGS –Short term goal setting

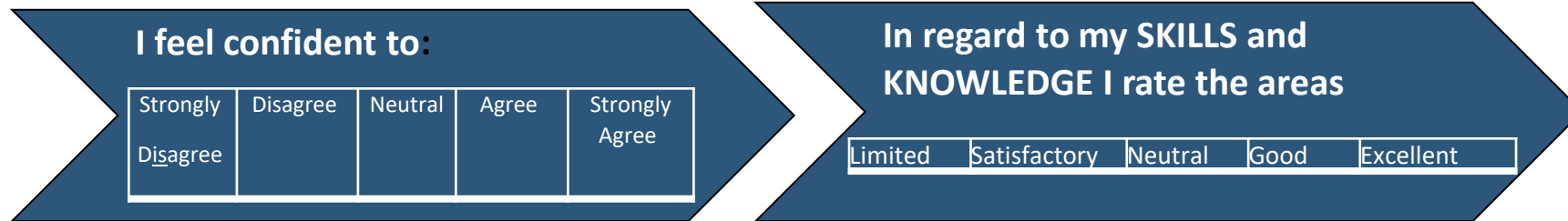
DATA COLLECTION

TELEPRACTICE,
COMMUNICATION, CLINICAL
SKILLS, INTERPROFESSIONAL

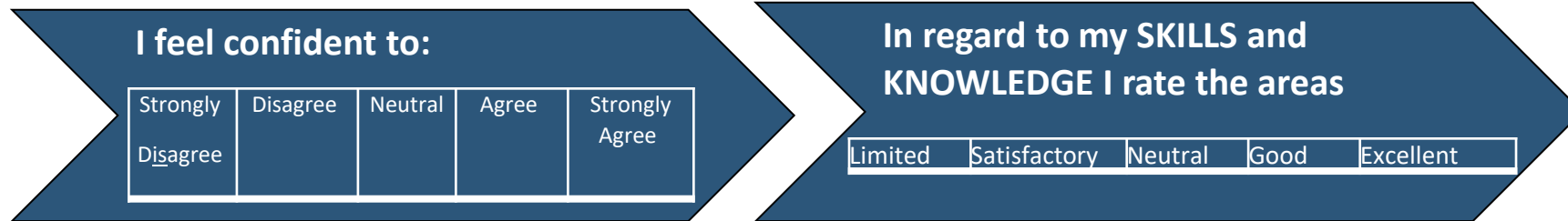




Telepractice
Explain how the telepractice session will work
Explain how telepractice might differ from a face-to-face session
Do an audio-visual check with client before proceeding
Put a client at ease about the telepractice consult
Check with client if they're comfortable/familiar with the process
Position the camera appropriately (i.e face clearly visible, but at appropriate distance from camera)
Make interaction is as natural as possible via telepractice
Understand and apply considerations for cybersecurity, privacy and legal aspects related to telepractice



Communication
Establish rapport with an adult
Use my interpersonal skills to engage an adult in conversation
Anticipate, read, and respond to verbal and non-verbal cues
Identify key clinical information from interacting with an adult during a case history (initial interview)
Demonstrate active listening skills
Take the client's lead in an interview whilst still gathering all required information
Manage a difficult conversation with an adult
Interact with an adult when a communication problem leads to low intelligibility and repair communication breakdown
Use communication skills effectively when negotiating, consulting and collaborating with colleagues and peers
Interact in a professional manner



Clinical skills
Explain the process of a case history (initial interview)
Conduct a case history (initial interview) considering information from a wide range of knowledge bases and sources
Identify gaps in information required to understand the client's presenting issues and seek information to fill those gaps DURING the case history (initial interview).
Integrate information from the case history assessment (initial interview) and other sources into comprehensive summary
Identify the conditions requiring investigation in the interview
Determine the most suitable assessment procedures in partnership with the client.
Identify gaps in information required to understand the client's presenting issues and seek information to fill those gaps AFTER the case history (initial interview).
Develop provisional and differential diagnoses
Develop areas of focus with an action plan (long and short term goals)
Discuss findings/summary with client, family, or carers
Present findings to colleagues and discuss interprofessional goals

I feel confident to:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------

In regard to my SKILLS and KNOWLEDGE I rate the areas

Limited	Satisfactory	Neutral	Good	Excellent
---------	--------------	---------	------	-----------

Interprofessional

Effectively work within an interprofessional team

Describe your own professional knowledge, skills and roles to other clinicians

Describe the role and contribution of other clinicians to client care

Understand and communicate professional role boundaries

Collaborate with colleagues and peers using team interactions and provide leadership when required

Provide leadership when required

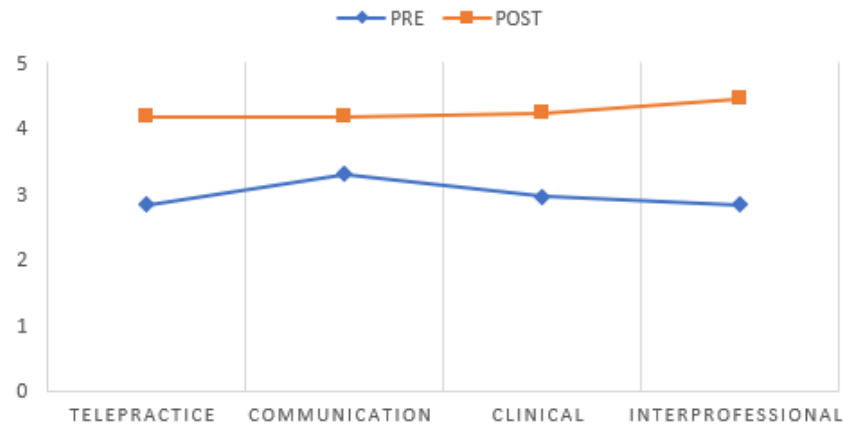
Explain the ways in which colleagues can communicate information in healthcare either synchronously (live) or asynchronously (delayed)

Evaluate the outcomes of interprofessional team working, your own contribution and those of others

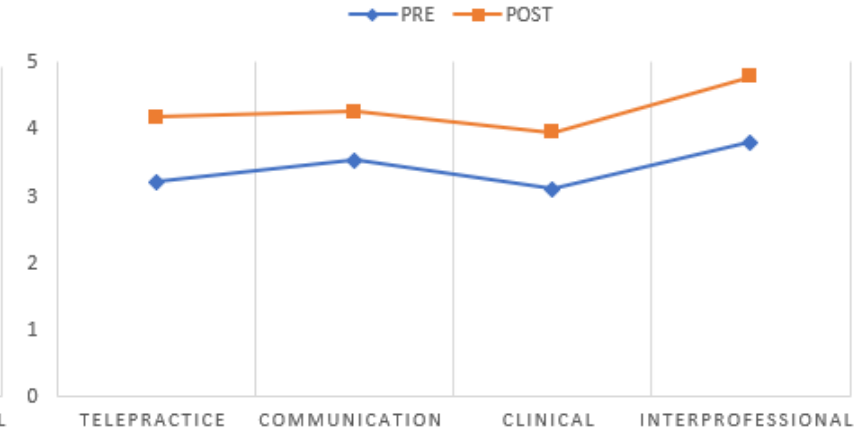
Explain the value of interprofessional team working

RESULTS

KNOWLEDGE AND SKILLS (MEAN N=25)



CONFIDENCE (MEAN N=25)



"In TP you need to give the client extra time to respond. You don't want to cut them off from what they are saying and stop that train of thought"

"It's unique managing technical difficulties when you are not there and you can't see what may be wrong when they can't hear you or see their video"

"There was a lot of rapport building (sic).that was a good was a good clinical skill, especially when, you know, I'm only in 3rd year UNI student and came straight out of high school"

"We definitely learned a lot about your (sic OT) role and it was interesting to hear the things that you consider in an assessment because a lot of the time it like " I never would have thought of implementing that"

"With one professional from each field in a group together,you have to use your skills and your knowledge to talk about it, so yeah, just like verifies the confidence that you have to talk about your role"

"I just realised just how many health professionals can be involved in the care of one person"

"All the goals are so intertwined and...everybody can put that perspective into the goals for the better outcome for the client"

SUMMARY



25 students (across 4 allied health disciplines) participated in the TEAM module. Quantitative data analysis has shown increases in both student confidence and perceived knowledge and skills in the four domains of telepractice, interprofessional, clinical and communication.

Next steps include:

- publishing the work
- developing additional clinical cases to apply the TEAM framework
- Embedding in curriculum



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2024 Pharmacy Education Symposium

The Relational Leadership Institute: An interprofessional approach to transform culture and improve belonging in education

Dr Michael Wolcott

The Relational Leadership Institute: **An Interprofessional Approach to** **Transform Culture & Improve Belonging**

Michael D. Wolcott, PharmD, PhD

Associate Professor

High Point University Workman School of Dental Medicine

Sarah Smithson, MD, MPH – *Intend Health Strategies*

Josh Hinson, MSW, LCSW – *University of North Carolina*

Meg Zomorodi, PhD, RN, ANEF, FAAN – *University of North Carolina*

What was our challenge and goal?

- Growing **uncertainty & lack of confidence** with the institution
- Interprofessional communities felt **fractured & disconnected**
- Goal to **reinvigorate a commitment** to work collaboratively
- Identified a partnership with *Intend Health Strategies*
- Led to the launch of the *Relational Leadership Institute*

What is Relational Leadership?

Relational Leadership is a **human-centered approach** to working with others that cultivates **awareness & connection** to increase **belonging, collaboration, equity, & impact** across health systems.

The Relational Leadership framework fosters development across three features:
mindsets, practices, and settings.

What is Relational Leadership?

Relational Mindsets

Relational Leadership builds capacity for **belonging, authenticity, curiosity, growth, optimism, and learning**

Relational Practices

Relational Leadership enhances skills to help people **observe, connect, transform, and reflect**



Relational Settings

Relational Leadership can influence transformation for **individuals, teams, and systems**

What was the structure of RLI?

- Exclusively **online experience** from *Fall 2020* to *Spring 2022*
- **Three “pods” of two sequential, six-hour sessions** (*33 hours total*)
 - Pod 1: psychological safety, story of self, & one-to-ones
 - Pod 2: teaming, collaborative decision-making, & feedback
 - Pod 3: conflict diagnosis, difficult dialogues, & story of us
- Participants assigned **small groups & facilitators** for application

How was the program evaluated?

- **Electronic surveys** before, during, & after the experience
- Ratings of **program satisfaction** – *value, content, & skills*
- Ratings of **program impact** – *sense of safety & community*
- Pre/post self-reported **self-efficacy** to perform the taught skills
- Pre/post **job satisfaction, intent to stay, & org commitment**

What were the results?

*Digital copy
of results*



- **164 participants** across **four cohorts** (*avg response rate 78%*)
- **78%** reported RLI was **better than previous** leadership training
- **94% would recommend** RLI to colleagues
- Strong endorsement of **value, psych safety, & sense of community**
- Increased report of **self-efficacy, job satisfaction, & intent to stay**

What did we learn?

THE WHAT

An online interprofessional program *could* support a human-centered approach to leadership & collaboration

THE SO WHAT

Creating training experiences focused on psychological safety & small group application can improve job satisfaction

THE NOW WHAT

The program has returned to in-person experiences with a different structure with additional explorations on the impact

What
questions
remain?



The Relational Leadership Institute: **An Interprofessional Approach to** **Transform Culture & Improve Belonging**

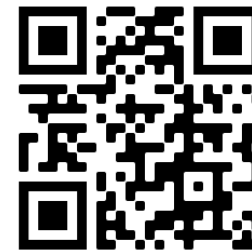
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High Point University Workman School of Dental Medicine

Learn about
Intend Health
Strategies





2024 Pharmacy Education Symposium

Longitudinal placements: The gateway to belonging, acquiring responsibilities and preparing trainee pharmacists to transition in their future practice

Dr Hannah Kinsey

Longitudinal placements:

The gateway to belonging, acquiring responsibilities and preparing trainee pharmacists to transition in their future practice

Dr Hannah Kinsey

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Dr Kristina Medlinskiene

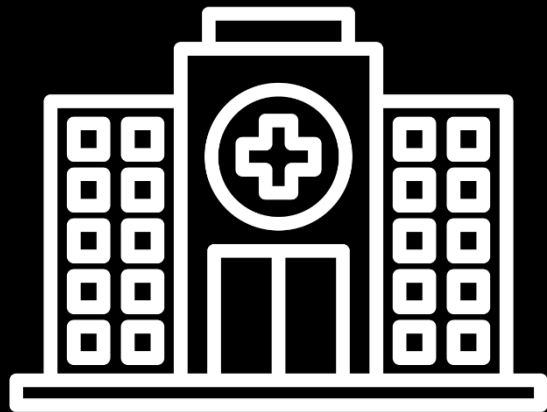
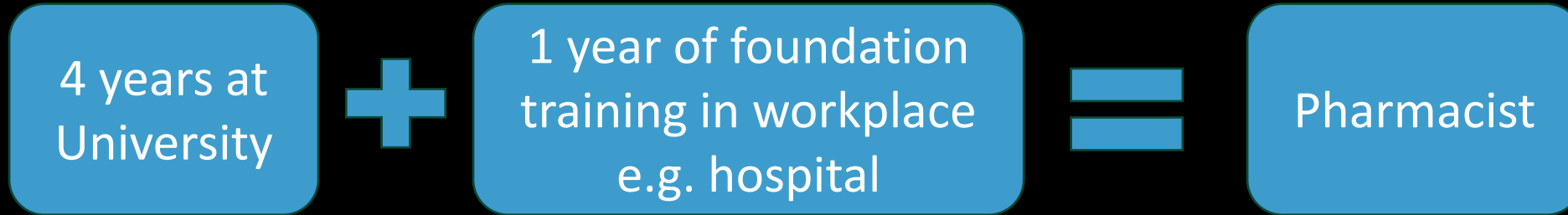
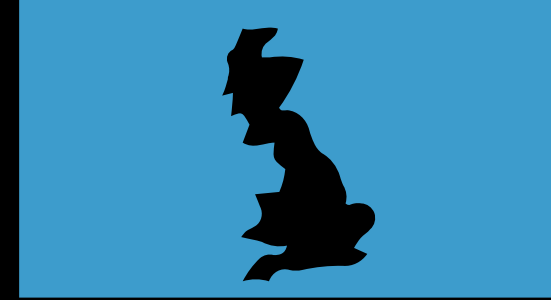
Kristina.medlinskiene@nhs.net



UNIVERSITY of
BRADFORD



Background: Context in England



Foundation training
year
Rotations: 1-3 weeks

Team-working

Communication

Trainee as a
tourist



Background: Transition



“the nowhere of in-between-ness”

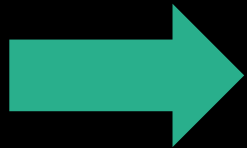


Neither students nor pharmacists

Background: Transition



≠



Professional competence

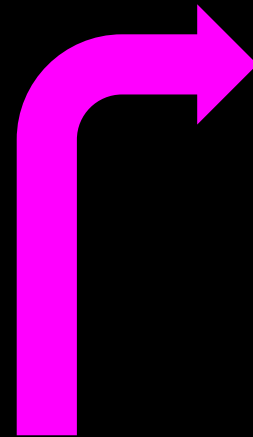


Shock

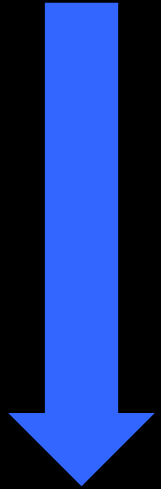
Anxiety
Instability

Transition shock

Roles
Responsibility
Knowledge
Relationships

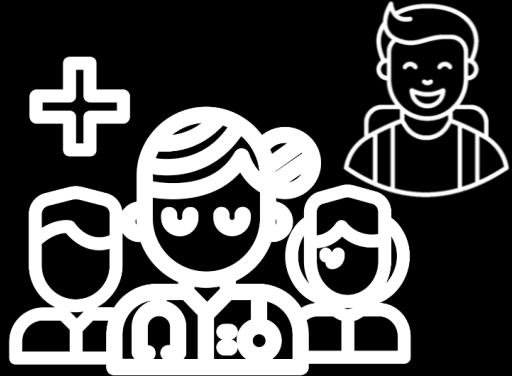


Supportive relationships

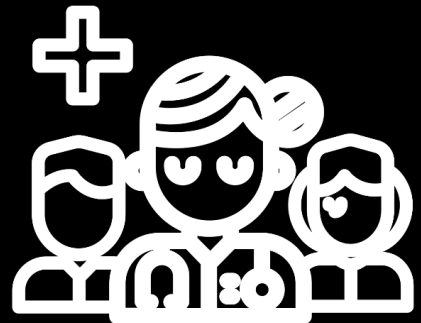
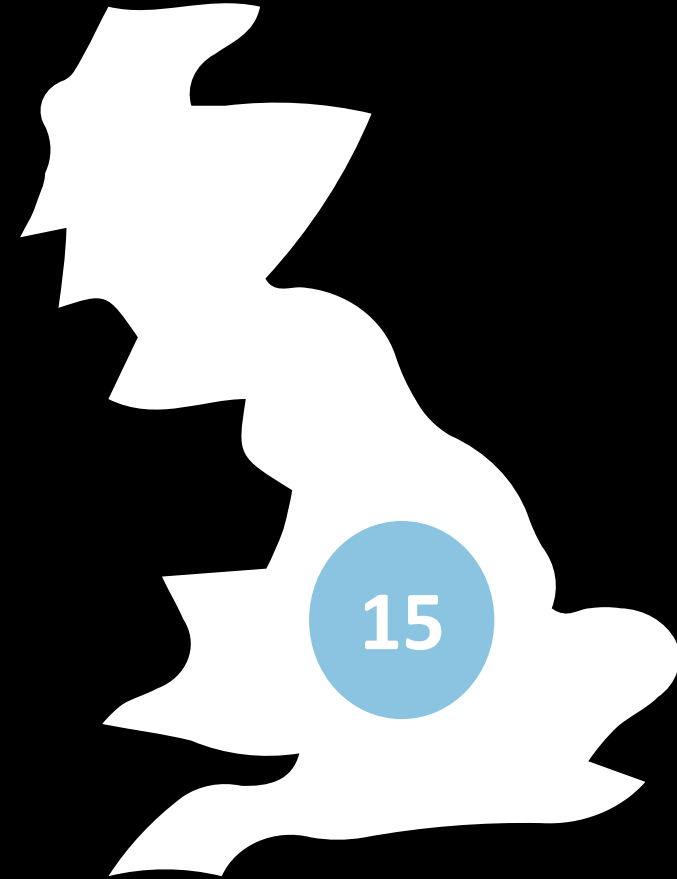
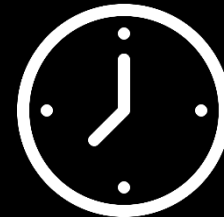
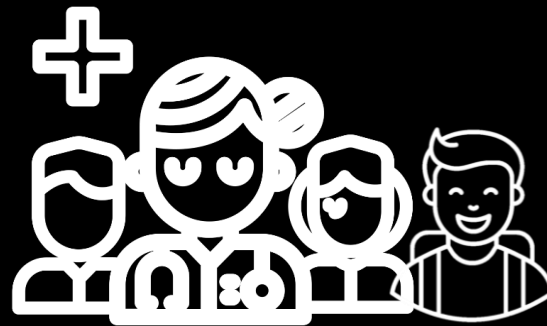
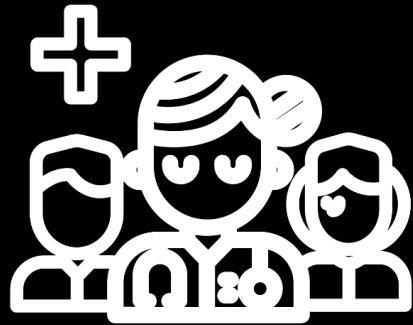


Reduce anxiety associated with transitioning

Background: Longitudinal Placements

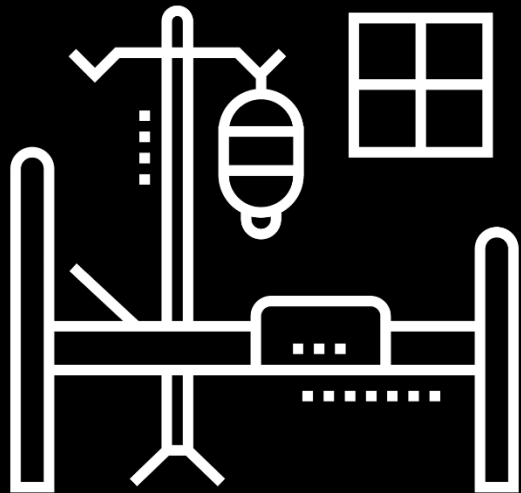


Longitudinal
Integrated
Clerkships



Background: Foundation Pharmacist Longitudinal Placements

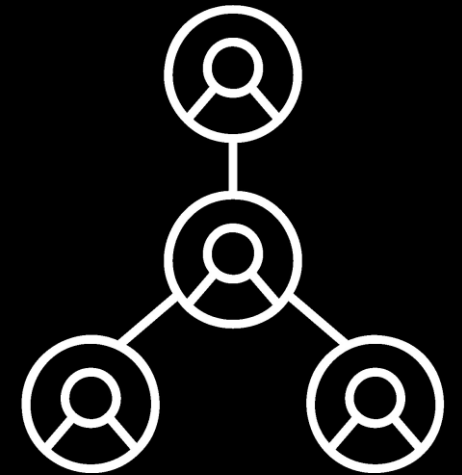
13-weeks on one ward



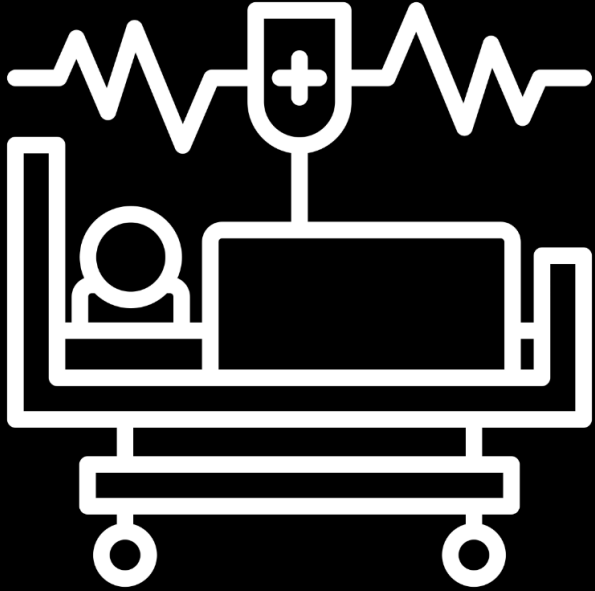
Middle of training year



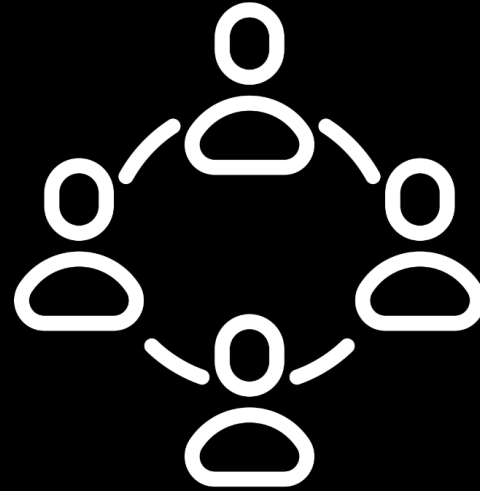
Supervision shared



Background: Longitudinal Placements



Provide care for patients over time



Build relationships with the clinicians looking after these patients



Achieve the learning objectives necessary for their course through these experiences

Aim: Determine whether the longitudinal placement affected foundation pharmacists' experiences of transition shock

Method

Participants

- Six trainee pharmacists
- Located in same hospital
- Participating in 13-week longitudinal ward placement

Data Collection

Five online focus groups:

- X1 Before
- X2 During
- X1 After
- X1 End

Data analysis

- Theory of transition shock
- Framework created:
 - Knowledge
 - Responsibilities
 - Relationship
 - Role
- Framework analysis

Evaluation: Knowledge



Short
rotations

Longitudinal
placement

Longitudinal
placement

Tasks

Communicate

Preferred

Practical
skills

Holistic care

Time

Explicit

Multi-disciplinary

Confidence ++

Tacit

Evaluation: Responsibilities

Short rotational placements

Technically-focused

Medicines Reconciliation

Fewer responsibilities



Evaluation: Responsibilities

Longitudinal placements

Problem solving

Autonomy

Clinical Practice

Gatekeeper

Delegation



Evaluation: Relationships in short rotations



Adapt to pharmacist

Too short to build relationships

Different pharmacists = different ideas

Deterrent

Evaluation: Relationships in longitudinal placements



Prepared to invest

Pharmacist relationship dominant

Trust & Autonomy

Accepted

Free to develop

Colleague

Evaluation: Roles in short rotations

Halfway between
pharmacy technician/ pharmacist



Evaluation: Roles in longitudinal placements

Anxiety lessened
Assimilation
Successful
'Can do this again'

Expectations changing

Felt 'like a pharmacist'

Professional identity blurring with pharmacist

Sense of achievement



Summary

Limitations

- Some of these experiences could have happened without the presence of the longitudinal placement
- 1 training site
- 1 cohort

What next?

How to incorporate prescribing training into longitudinal placements

Longitudinal placement

- Helped integrate into teams
 - Sense of belonging
 - Better preparation for transitioning in future
- Reduced anxiety associated with transitioning
- Greater awareness of their role and where they belong

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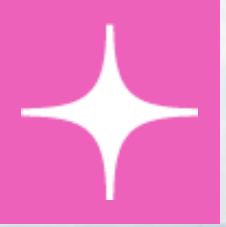
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THANK YOU FOR LISTENING

**DOES ANYONE HAVE
ANY QUESTIONS?**





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2024 Pharmacy Education Symposium

Assessing Professional Identity Formation
among Year One Students using Multiple
Ethical Scenarios

Prof Manny Papadimitropoulos

Pharmacy Education Symposium



Assessing Professional Identity Formation among Year One Students using Multiple Ethical Scenarios

Presenter: Manny Papadimitropoulos, PhD

Prato, Italy
July 2024

www.usask.ca/pharmacy-nutrition

Background

- Pharmacy educators play a critical role in promoting attitudes and behaviours that support professional identity formation (PIF), including an understanding of, and adherence to, **the principle of duty-of-care**. [1,2]
- A weak professional identity can result in **an over-reliance on personal values** rather than those of the profession. [3]
 - As a result, patient-care decisions may be more reflective of **personal values**, with the result that duty-to-self and provider-focused outcomes **supplant patient-centredness and duty-of-care**.

Research Aim

- **To assess changes in support** for duty-to-self versus duty-of-care among students completing a Professionalism module in Year 1 Term 1 of a Pharm D program.
- **personal identity vs. professional identity**

Methods

- Within the **Year 1 Term 1 course, PHAR 110** (Introduction to Pharmacy and the Health Care System), a range of professionalism topics, including **conscientious objection and professional ethics**, are covered in a 4.5-hour module.
- Prior to starting the module, and as a regular part of the class, **students complete an on-line questionnaire** consisting of five ethical scenarios.

Methods

- The scenarios concern a patient presenting with a **legal prescription for a clinically appropriate drug** that the scenario pharmacist considers **morally objectionable**.
- Students are asked to indicate whether it is acceptable for the pharmacist to:
 - refuse to dispense the drug;
 - actively prevent the patient from receiving the drug;
 - express an opinion regarding the drug;
 - refuse to participate in referring the patient;
 - be obliged to dispense the drug.

Methods

- Student responses to the initial questionnaire are then aggregated and **presented during the latter portion of the Professionalism module.**
- Each scenario serves as a starting point for discussion of **personal and societal values** as they relate to, and sometimes **conflict with professional values, attitudes, and behaviours.**
- **Conscientious objection directives** of the Saskatchewan College of Pharmacy Professionals [4] are used to frame class discussion for each of the five scenarios.

To comply with the Code of Ethics, the SCPP expects the following from Pharmacy Professionals who object to providing products or services on the basis of conscience or religion:

1. The Pharmacy Professional must inform their manager of their objection in advance and must proactively participate in a process designed to respect all patients and to ensure all patients receive the products and services in a way that minimizes hardship to the patients.
2. The Pharmacy Professional must not communicate the basis of their objection to the patient, must not impose any moral judgment nor attempt to influence the patient. All communication with the patient must be sensitive and respectful.
3. The Pharmacy Professional must ensure continuity of care by making a timely referral in good faith to an alternative provider who is non-objecting, available, accessible and who can provide the product or service.
4. The Pharmacy Professional may not withhold information about the existence of the product or service because it conflicts with their conscientious or religious beliefs.
5. The Pharmacy Professional must provide care in emergency situations where it is necessary to prevent harm or risk to the patient and where no alternative option exists, even when doing so may conflict with the Pharmacy Professional's conscientious or religious beliefs.

SCPP (2023) Conscientious Objection and Pharmacy Services. SCPP Reference Manual. Saskatchewan College of Pharmacy Professional , Regina, Saskatchewan.

Methods

- At the end of the module, students are asked to **complete a second questionnaire** consisting of the same five scenarios.
- **Wilcoxon signed-rank test** was used to identify any significant differences between the pre- and post-module responses.
- The **results of the two questionnaires** are then presented in the course's final lecture, with the students again asked to comment on the findings.

Results

- Twenty-three students (27%) of the 2023 class provided written consent to present their responses in aggregate form outside the classroom.
 - 20 students answered both the pre- and post-module questionnaires.

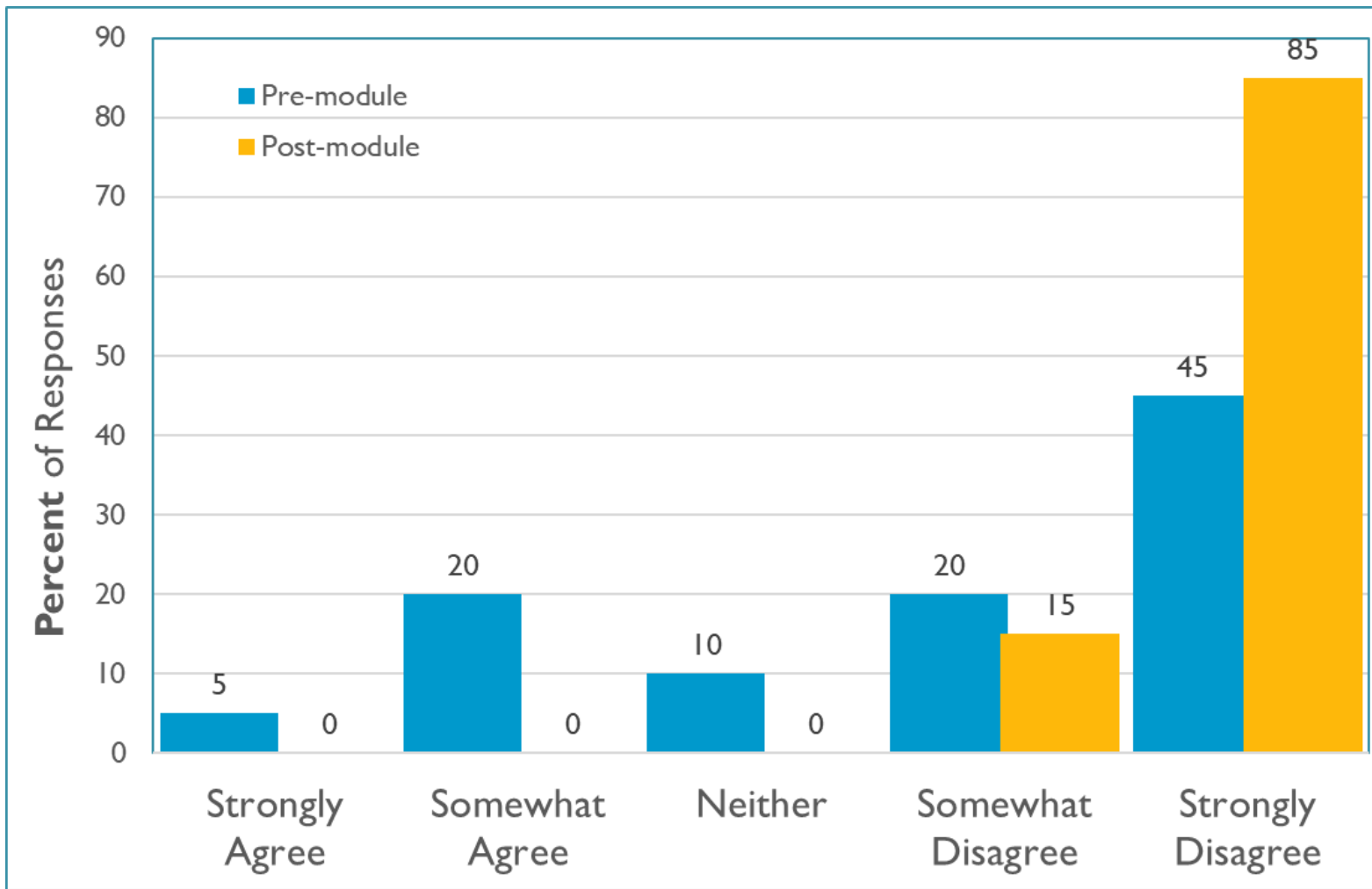
Results

- A **significant increase** in support for duty-of-care was seen with three of the scenarios:
 - Q2 - try to prevent; Q3 - express an opinion; Q4 - refuse to refer.

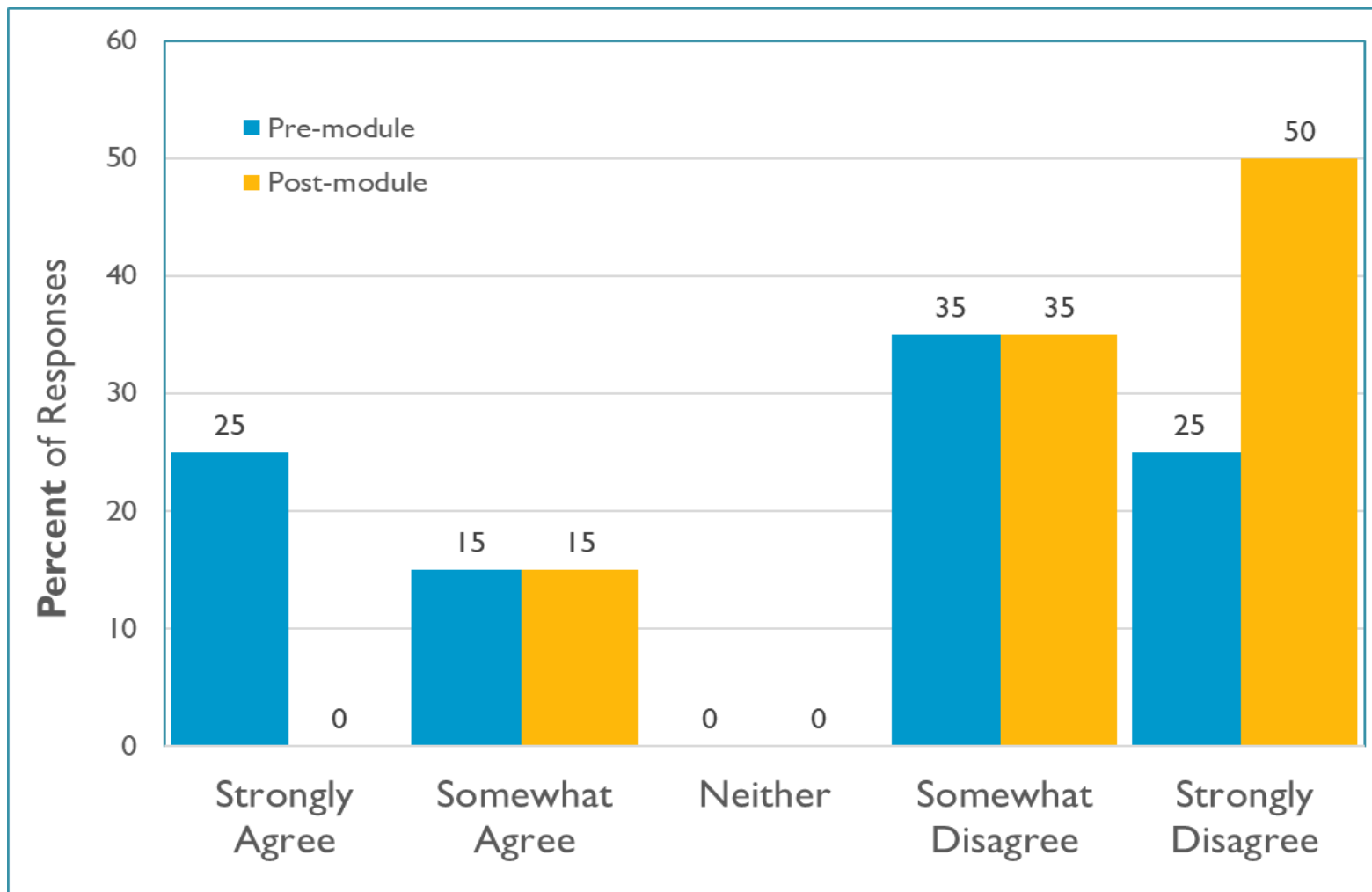
	Q1.2 - Q1.1	Q2.2 - Q2.1	Q3.2 - Q3.1	Q4.2 - Q4.1	Q5.2 - Q5.1
Z	-.793 ^b	-2.719 ^b	-2.811 ^b	-2.716 ^b	-1.011 ^c
Asymp. Sig. (2-tailed)	.428	.007	.005	.007	.312

a. Wilcoxon Signed Ranks Test

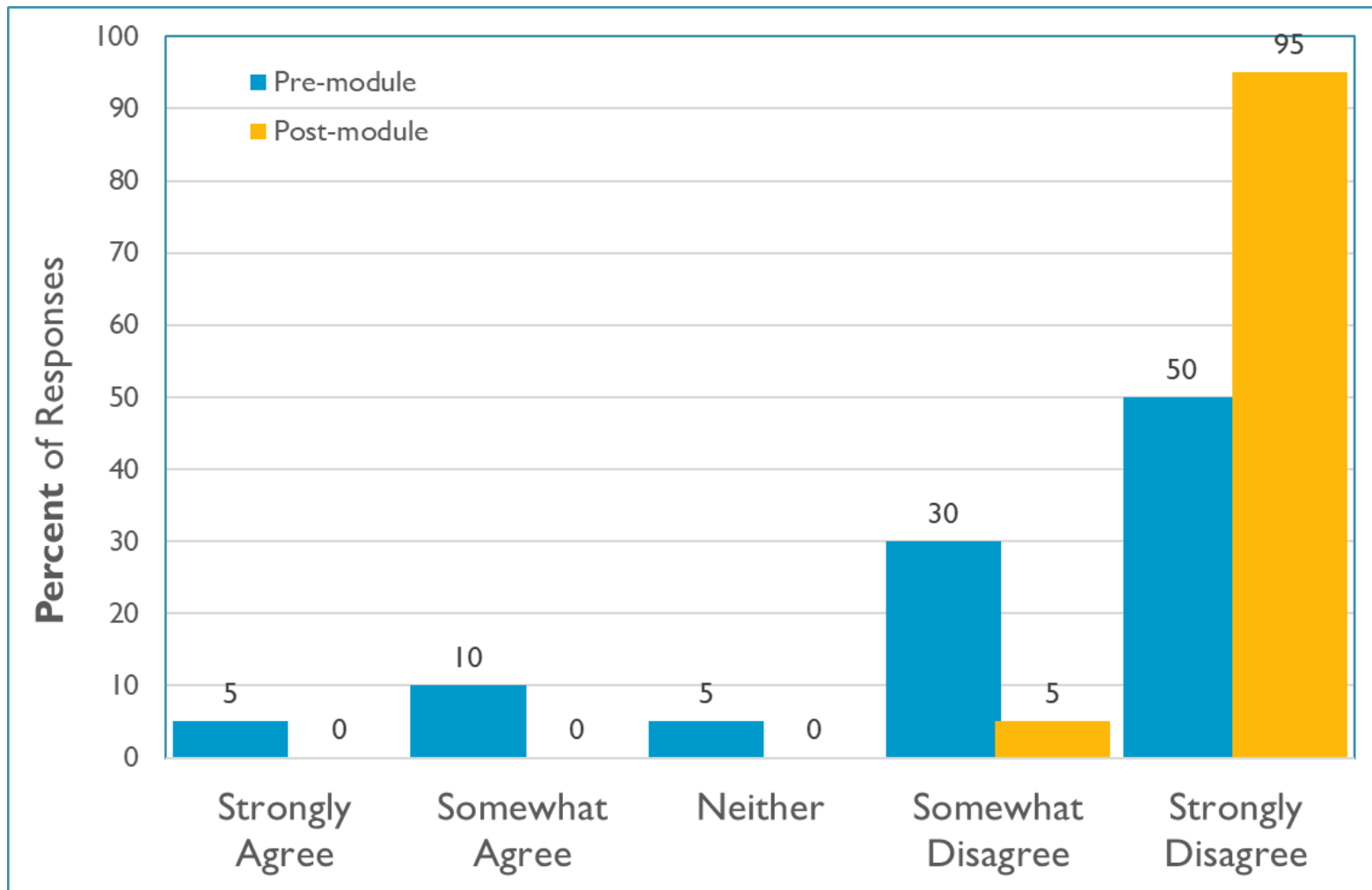
- Two scenarios indicated **no change** in support:
 - Q1 - refuse to dispense; Q5 - require to dispense.



Q2. It is acceptable for the pharmacist to **try to prevent** the patient from obtaining the drug



Q3. It is acceptable for the pharmacist to **express an opinion** to the patient regarding the morality of the drug



Q4. It is acceptable for the pharmacist to **refuse to participate in referring** the patient to another pharmacist or pharmacy willing to provide the medication

Conclusions

- By emphasizing professionalism concepts and professional expectations early in the curriculum, it appears pharmacy educators can play an effective role in promoting attitudes and behaviours that **contribute to the formation of a professional identity that supports patient-centredness and duty-of-care.**

Next Steps (for Fall 2024)

- Modify the **require-to-dispense scenario** to better reflect the language of Directive 5.
 5. The Pharmacy Professional must provide care in emergency situations
- Simplify the **informed consent process** to increase the number of students agreeing to share their responses.
- Capture changes over the entire Year 1 Term 1 by adding a **third questionnaire during Orientation (PHAR 190)**, along with the pre- and post-module questionnaires.

References

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- 4. SCPP (2023) Conscientious Objection and Pharmacy Services. SCPP Reference Manual. Saskatchewan College of Pharmacy Professional , Regina, Saskatchewan.

The Research Team

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The background of the slide is a solid blue color with a pattern of fine, wavy white lines. Overlaid on this background is a dark blue silhouette of the map of Australia. A white location pin icon is placed on the map, specifically in the southern region. The word 'LUNCH' is written in large, white, sans-serif capital letters across the center of the map.

LUNCH