

A Culturally Grounded Mental-Health and Substance-Use Education Program Implemented Through an HBCU–Community Partnership

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Study Objective

- Mental health and substance abuse are persistent challenges within underserved communities, especially for minorities who continue to face structural barriers to accessing care. Somerset County, Maryland has been identified as a priority region due to elevated suicide rates, tobacco use, and limited mental-health resources.
- In response, a Historically Black College and University (HBCU) implemented Illuminate360, an innovative program aimed at increasing mental-health knowledge, improving access to services, and reducing stigma through education, peer support, and case management.
- This project aimed to evaluate the feasibility and early outcomes of this multi-component intervention.



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Design

- Illuminate360 was delivered as a 10-week structured educational program incorporating mental-health and substance-abuse awareness, stigma reduction, coping strategies, and crisis intervention.
- Sessions were facilitated by an interprofessional team of pharmacists, counselors, and psychologists using a culturally responsive model.
- Workshops were offered in-person and virtually to maximize accessibility, employing interactive approaches such as storytelling and role-playing. Longitudinal case-management follow-ups continued after workshop completion.

Results

- A total of 190 community members participated in Illuminate360.
- Participants demonstrated increased knowledge of mental-health and substance-abuse topics, with many reporting reduced stigma and improved coping behaviors following program completion.
- While twice-weekly scheduling created retention challenges, flexible hybrid delivery supported engagement and 100% participant satisfaction.
- Participants highlighted the cultural relevance of discussion topics and valued peer-connection opportunities.

Conclusions

- Illuminate360 demonstrates that culturally tailored interventions rooted in HBCU community partnerships can effectively increase mental-health literacy and reduce stigma in underserved populations.
- The program's integration of education, peer mentoring, and case management provides a promising framework for scalable implementation. Future work will enhance retention strategies, expand community collaborations, and evaluate long-term behavioral outcomes.



Figure 1. Rehabilitation Graduate Student teaches mental health educational sessions.

From green chemistry to green pharmacy: A 90-minute interactive digital learning framework for sustainable pharmaceutical sciences

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Student redesign challenge



Real API



Identify environmental risk



Develop upstream solutions



Develop downstream solutions



Present decisions

Green redesign sprint

* real API cases * API datasheet * redesign prompts * group work * mini pitch

Learning pathway



1. Question: Where do pharmaceuticals meet the environment?
2. Interact: Discuss environmental pathways– Slido discussion
3. Visualise: Medicine life cycle – Genially activity
4. Redesign: Generate upstream and downstream solutions
5. Decide: Present and justify decision

A medicine does not disappear. It leaves our field of view.

Early observations

- ✓ high student activity
- ✓ collaborative problem solving
- ✓ life-cycle thinking
- ✓ distinguish upstream vs downstream
- ✓ connect green chemistry to pharmacy practice
- ✓ decision-oriented reasoning



STUDENTS USED SUSTAINABILITY CONCEPTS TO REDESIGN PHARMACEUTICAL DECISIONS.

Collaborative digital learning helped students translate sustainability concepts into pharmaceutical decision-making.



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Assessing Practice Readiness in Pharmacy Students Through a Competency-Based Traineeship and Objective Structured Clinical Examination

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Objective

Since 2011/2012, the Faculty of Pharmacy and Biochemistry University of Zagreb has embedded a six-month, competency-based pharmacist traineeship (CCF) into its curriculum. This study evaluated two student cohorts' traineeship performance and satisfaction, and examined links between OSCE results, self-assessed competencies and mentor satisfaction.

Study Design

- 126 students across two academic-year cohorts
- Self-assessed competencies at the start and end of traineeship across 4 clusters using the CCF: public health, pharmaceutical care, personal/professional, organisational
- Student performance assessed through final OSCE: 6 stations covering clinical, communication and magistral formulation skills
- Anonymous questionnaires on satisfaction with the programme and mentors

Results

- Self-assessment scores improved across all four CCF competency clusters during the traineeship
- Students rated themselves most competent in magistral/galenic formulation and in personal & professional competencies
- OSCE results were very good, with average scores above 80% at 5 of 6 stations (see chart)
- **Highest:** OTC patient counselling (86.83%); **lowest:** managing a hospitalised patient (73.74%)
- OSCE performance was associated with earlier involvement in prescription dispensing ($p = 0.050$)
- No association was found between mentor satisfaction, self-assessed competencies and OSCE outcomes
- Overall programme satisfaction was moderate, while satisfaction with mentors was high

Key Results at a Glance

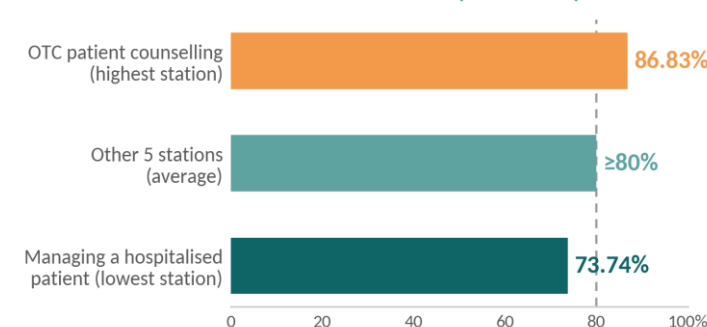
126

students, 2 cohorts

$p = 0.050$

OSCE linked to earlier dispensing experience

OSCE station scores (6 stations)



Conclusion

The traineeship effectively supports the development of professional competencies in a real-world practice setting, and findings indicate the need for further curriculum alignment with pharmacy practice requirements.

Transforming Student Learning Through Collaborative Experiential Placements in Specialist National Health Services



Presenting Author: Anshu Rayan, Deputy Chief Pharmacist – Central & North West London NHS Foundation Trust
Co-Author: Professor Louise Brown, Professor of Pharmacy Education, Head of Teaching for the Research Dept of Practice & Policy - UCL School of Pharmacy

Objective: To enhance pharmacy students' readiness for practice and awareness of clinical career pathways through immersive, interprofessional placements in specialist NHS services. These experiences aim to build collaborative skills and prepare students for evolving workforce needs.



Design: CNWL and UCL co-developed a placement model offering 3rd-year students structured, supervised experiential learning across diverse specialist services. The programme combines induction, workbooks, clinical exposure, interprofessional shadowing and digital learning tools to support flexible, practice-based learning.

Results: Students reported positive experiences, highlighting supportive supervision, strong interprofessional learning and increased interest in specialist careers. Feedback showed high levels of professionalism and motivation, with the programme successfully improving confidence, reflective practice and career direction.

Conclusion: This collaborative model demonstrates that immersive, interprofessional placements effectively prepare pharmacy students for clinical roles. It is a scalable, high-impact approach that strengthens workforce readiness and has been recognised with a UCL placement award.



"I was ready to leave pharmacy, but after visiting a mental health unit, I realised the profession offers much more variety. It motivated me to complete my degree."

"I enjoyed interacting with the different health care professionals and learning about their roles within the prison."

"It was my first time entering a prison, and I felt like I had a greater understanding of not only how a prison works, but also more specifically the role of a pharmacist in such a secure environment. "

"I loved my placement in mental health—it inspired me to pursue a career in the area. I found the clinical work of mental health pharmacists fascinating, and I'm really enjoying my time at CNWL."

Student Feedback

"I was able to apply my knowledge learned from uni effectively and felt involved in the process."

Evaluating Metacognitive Development in an Interprofessional Education Abroad Experience

Melody Ryan, PharmD, MPH; Elizabeth Ramey, PharmD; Stacy Taylor, PharmD, MHA
University of Kentucky College of Pharmacy



- Objective: Evaluate how an interprofessional EA experience influences student metacognitive development (planning, monitoring evaluation of learning)
- Design:
 - Analysis of 22 student reflections across 3 cohorts in a comparative health systems course
 - Structured reflection: anticipated learning, actual learning, gaps, and future learning
 - AI-assisted inductive thematic analysis with investigator validation
- Results:
 - Shift from expected system comparison → deeper contextual understanding (history, public health, systems thinking)
 - Demonstrated move from surface to reflective learning
 - Reported increased opening, curiosity, and critical perspective toward healthcare systems
- Conclusion: Immersive, interprofessional EA with reflective assignments promotes metacognitive growth, with consistent findings across cohorts suggesting scalable impact for health professions education



London taught me that health is a product of the entire environment.

"I plan to approach future learning experiences with an open mind and be willing to learn more than anticipated."

"This course reinforced the value of experiential learning and self-reflection."

"Visiting sites connected to Florence Nightingale and the Broad Street cholera outbreak helped me understand medicine as an evolving response to social needs."

Evaluating Outcomes of a Pharmacy Administration and Leadership (PAL) Short Course Across Two Cohorts of Hospital Pharmacy Leaders

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¹UNC Eshelman School of Pharmacy, Chapel Hill, North Carolina; ²Monash University, Melbourne, Australia; ³Monash Health, Melbourne, Australia



Study Objective

- To assess the effectiveness of a PAL Short Course Training Program for hospital pharmacy leaders through changes in participants' confidence levels and overall perceived value

Conclusion

- There is a need for more training options in PAL for pharmacists, as only 52% (Cohort 1) 35% (Cohort 2) of participants in current PAL positions with an average of 5 of 15 yrs and 3.7 of 11.7 yrs in leadership roles, reported having received PAL education
- Post-course, mean confidence levels had a significant increase for all 16 PAL tasks across both cohorts ($p < 0.05$)
- NPS suggest participants were highly likely to recommend this course to their colleagues, suggesting needs were met
- Utilization of short courses may help bridge the gap in developing the PAL skills needed by pharmacists in healthcare

Design

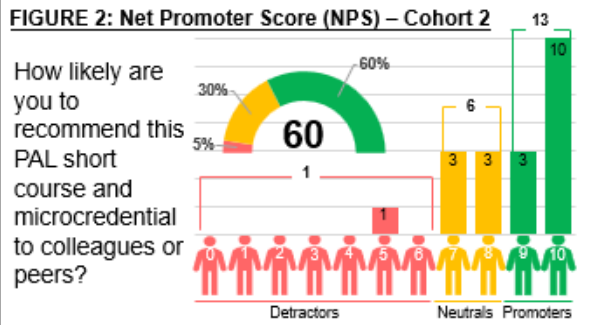
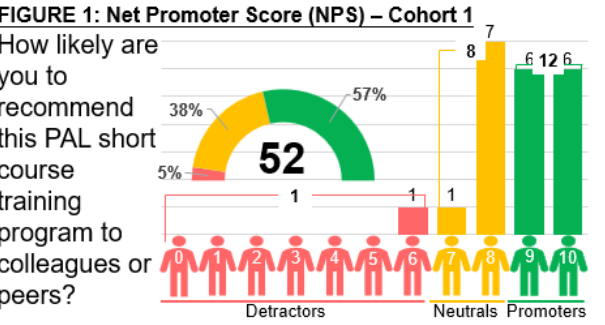
- Participants**
 - Cohort 1 (N=23): November 2023 – May 2024; All Monash Health (Aus.)
 - Cohort 2 (N=23): November 2024 – June 2025; 3 Victorian (Aus.) Health Systems
- PAL Short Course Training Program**
 - 6 months in duration
 - 2-day live opening & closing workshops
 - 20 PAL Topics; 3 Assignments
 - Virtual Zoom® class discussions
- Survey (Pre-Post for Confidence Ratings)**
 - Demographics & PAL experience
 - Perceived confidence ratings in PAL topics and job performance; overall and for each of the 16 learning objectives
 - Net Promoter Score (NPS); [-100 to 100]
- Statistical Analysis**
 - Descriptive Statistics & Paired t-test

Results (Select)

TABLE 1: Pre-Course & Post-Course Comprehensive Survey Questions

	Pre-Course Mean (SD)	Post-Course Mean (SD)	Net Change (Post-Pre)	<i>P</i> ^a
Cohort 1 (n=21): On a scale of 0-10, how confident do you feel as a PAL...^c				
...in your current position?	5.6 (±1.2)	7.8 (±1.0)	2.1	<0.05
...to succeed in your promotion?	5.8 (±1.6)	7.4 (±1.4)	1.7	<0.05
Cohort 2 (n=20): On a scale of 0-10, how confident do you feel as PAL...^c				
...in your current position?	5.9 (±1.5)	8.1 (±1.2)	2.2	<0.05
...to succeed in your promotion?	5.9 (±1.7)	7.7 (±1.2)	1.8	<0.05

^a $\alpha = 0.05$; Paired *t*-test; ^b Eleven-item Likert scale measured as: 0=not confident at all; 10=extremely confident



An Innovative Digital Wellness Platform for Mental Health Resilience for Students at a Minority Serving Institution

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Study Objective

- Mental health inequities disproportionately affect Black, Indigenous, and People of Color (BIPOC), particularly within higher-education settings where students report increasing rates of anxiety, depression, and social isolation.
- This project aimed to enhance student well-being at a Historically Black Colleges and Universities (HBCUs) by developing and implementing a pilot digital wellness program designed to reduce stigma, increase access to culturally appropriate resources, and foster a connected campus environment. The initiative leveraged curriculum design and digital-innovation strategies to embed mental-wellness literacy into the student experience.



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Design

- A pilot digital-first mental-wellness program was developed, centered on a custom mobile application titled “Psyched Out”. Key features included a mood diary, sleep and medication adherence trackers, standardized clinical screening tools, curated playlists for meditation and sleep, and best-practice tips for exercise, social connection, and restorative habits. The preliminary app also incorporated culturally specific mental-health resources and a peer-to-peer chat function to increase accessibility and reduce stigma. Users could connect directly to the campus counseling center, a 24/7 crisis hotline, and a social-events calendar. Implementation occurred during a campus-wide Mental Health Forum, supported by trained student ambassadors representing pharmacy, rehabilitation sciences, and computer science programs.

Results

- Three faculty across pharmaceutical sciences, pharmacy practice, and computer science facilitated delivery of the pilot program, alongside four student ambassadors. Participants who engaged with the app provided positive feedback, emphasizing that the peer-support chat and resource links made mental-health support feel more accessible and less stigmatized. Culturally relevant content was particularly valued, suggesting strong alignment between resource design and student need.

Conclusions

- This pilot project illustrates an innovative curriculum-embedded digital approach to advancing mental well-being and professional readiness.
- Leveraging a mobile application as a centralized hub offers a scalable model for addressing mental-health disparities within HBCUs and supporting the development of future-ready graduates.



Figure 1. Motivational speaker Matt Runnalls promotes mental health awareness during the Mental Health Forum with program leaders and student ambassador.s.

Evaluation of In-person Versus Remote Grading Approaches in Objective Structured Clinical Exams

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Ernest Mario School of Pharmacy – Rutgers, The State University of New Jersey, USA



Objective

To evaluate grading consistency among skills assessment evaluators through remote and in-person approaches.

Design

Third professional year student pharmacists’ **non-prescription counseling Objective Structured Clinical Examinations (OSCEs) within a skills lab** were recorded and evaluated by postgraduate trainee pharmacists using either real-time or remote grading methods. **Postgraduate trainees** (clinical residents or pharmaceutical industry fellows) were randomly assigned to either **grade a student’s OSCE in person** with the student present, or by **reviewing a recording**. All OSCE recordings were then reviewed and graded remotely by separate postgrad trainees and faculty graders. A **concordance of variance** [Chi-squared ± 2 of 50 total points] was performed for in-person vs. remote postgrad, in-person postgrad vs. faculty, and remote postgrad vs. faculty graders.

Results

A total of 170 of 211 (80.5%) student pharmacists participated.

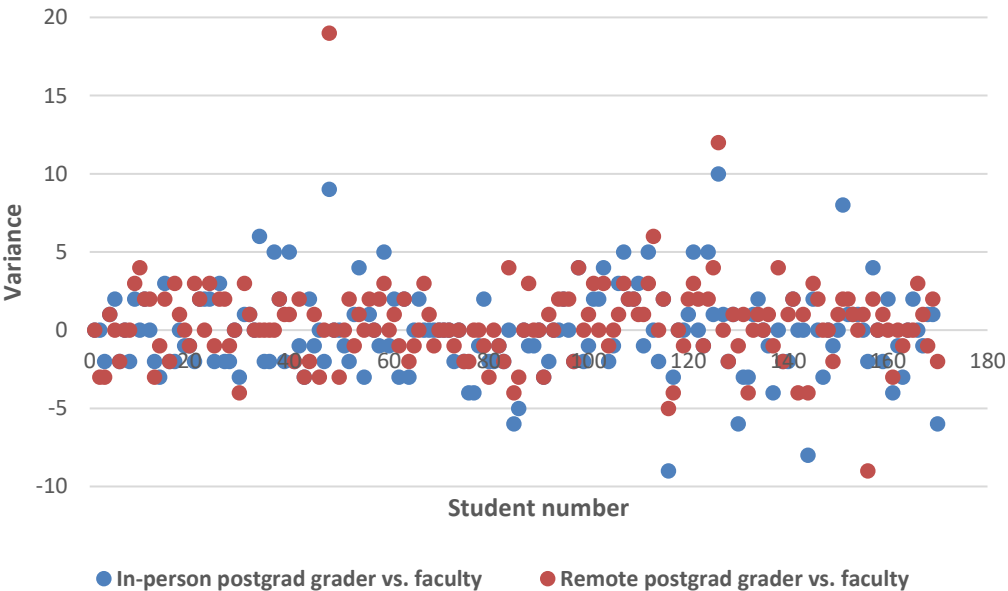
Comparison	Concordance n (%)	p-value
In-person vs. Remote Postgrad	129 (75.9)	<.0001
In-person Postgrad vs. Faculty	128 (75.3)	<.0001
Remote Postgrad vs. Faculty	129 (75.9)	<.0001

Grade averages were similar for in-person postgrad (88.2%), remote postgrad (87.2%), and faculty (88%) graders; grade average variance within ± 5 for most graders. Outlier variance reached a 19-point max difference compared to faculty (see Figure 1).

Conclusion

Although averages and in-person/remote grading methods’ accuracy matched significantly among graders, large variations could impact students’ grades.

Figure 1. Postgrad vs. Faculty Grader Variance



How Is Collaborative Care Enacted in Community Pharmacy?

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Faculty of Pharmaceutical Sciences, University of British Columbia

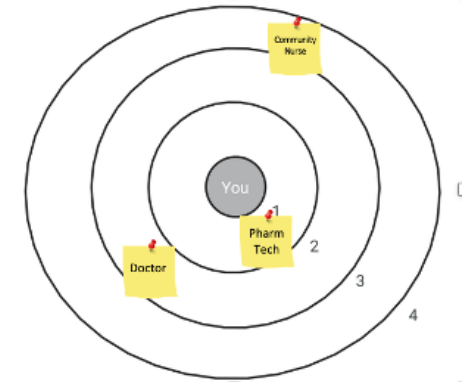


OBJECTIVE

We adopted a qualitative **social network analysis** approach to understand how community pharmacists establish and maintain relationships with others to provide collaborative care

DESIGN

- Ego-network data collection using a two-stage participant-aided concentric circle technique for network visualization
- Semi-structured interview questions explored participants' rationale for network placement and experiences of collaboration



RESULTS

Pharmacists (N=30) reported network sizes from 4 to 12 members (mean 9)

- Prescribing professionals were more prevalent (family doctors 83%, nurses 50%, dentists 40%)
- Closest relationships (concentric ring 1) were with physicians, patients/family, pharmacists

1. Patient Needs Shape Networks
2. Member Access Strengthens Networks
3. System-Factors Threaten Networks

Factors influencing how community pharmacists **form**, **maintain**, and **value** collaborative relationships in their networks of patient care in the absence of formal and supporting interprofessional structures

CONCLUSION

- Community pharmacists cultivate diverse and dynamic collaborative networks while practicing outside geographically co-located and pre-existing teams
- Their developed relational skillsets can inform better pharmacy student collaborative training

Student-led development of a Conflict Resolution workshop to support group working

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Objective:

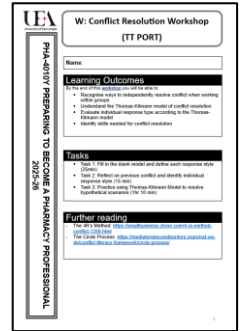
To evaluate the effectiveness of the workshop and identify areas for future development and improvement

Design

A summer student internship project was undertaken to explore ways to support conflict resolution in MPharm group work^{1,2}.

- A workshop on conflict resolution was co-developed by two students and internship staff
- It included conflict resolution models, reflection, and scenario-based role play.

- The workshop was piloted with MPharm Yr 1 students (n=10)
- It was led by the two internship students with staff assisting.



Results:

- After the workshop, students were invited to complete an online questionnaire that consisted of 8 questions including:
 - Two Likert-type questions
 - Open questions - used to identify additional learning needs
- Analysis consisted of descriptive statistics of Likert-type questions and themes were derived from open questions.
 - Four (40%) students responded, and 100% found the session useful.
- 75% stated there was nothing further the session should have covered and discussed.
- 100% of students that responded described their teamworking skills as 'good' or 'very good'.
- Students felt that their contribution in future teamworking situations would be more enhanced and valuable due to the workshop.

"I learnt about the importance of conflict resolution, and how sometimes conflict isn't always bad and helps in improving a student's problem-solving, communication and collaboration skills, while also being a learning tool for future experiences."

Conclusions:

- This pilot student-led workshop benefited students in understanding conflict management.
- It provided students with an insight into themselves, about what skills they may have developed which could potentially help them in future teamworking tasks on the course and in future careers.
- An in-depth evaluation involving more students is needed to measure the impact of this workshop on student teamworking skills.

References

1. Fierke KK, Lepp GA, Jones KM. Teaching conflict management: An approach to increasing students' value, confidence, and ability. *Currents in Pharmacy Teaching and Learning*. 2023;15(3):252-7.
2. Kundu V. Conflict Competence: An Exploration of its importance and skills. *International Journal of Peace Education and Development*. 2020.

PROFESSIONAL IDENTITY FORMATION

How can our education help?

Dr. Tamara Köhler, Dept of Pharmaceutical Sciences, Utrecht University, The Netherlands



THE WHAT

Professional identity formation (PIF): a process of internalization of a profession's core values and beliefs. Representative of three domains: **thinking, feeling, and acting**.

Sense of being a professional, formed through interaction between **self and context**.

Defining oneself in relation to professional roles, encompassing both **sense of identity** and **expected behaviour** associated with their roles.

"Who am I?" and "What do I do?"

Professional (doing/act like a pharmacist)

Vs

Professional identity (being/be a pharmacist)

THE WHY(s)

The student

Transitioning from thinking about passing exams to becoming the kind of professional they want to be.

The pharmacist

Internalization of norms, attitudes, and behaviour more likely leads to "doing the right thing" according to practice standards.

The profession

Pharmacists well-positioned to engage in lifelong learning, navigate crises, exert influence and advocate for the profession.

The pharmacy practice change

Meeting societal needs and expectations, dynamic nature of profession.

THE THEORY(s)

Communities of practice model

People continuously create a shared identity through engaging in and contributing to community.

Social identity theory

A person's sense of who they are based on their group membership(s).

Self-authorship theory

Allows for categorization of individuals into "maturity levels" according to their "ways of knowing".

Provisional selves theory

Individuals use imitation as one possible strategy for exploring alternate selves.

THE ISSUE(s)

Lack of clear identity for the profession

What does it mean to be a pharmacist?
Variety of fields
Expanding practice and developing roles

Influence of curriculum

Focus on knowledge and skills development
Drug-centered understandings
vs patient-centered identities

No alignment – identity dissonance

Idealized scope of practice
Smorgasbord of practice perceptions
Interaction with other (social recognition)
Set up experiential work

Think about a pharmacist's identity

What is your perception and does your education align?

Talk to your preceptors

Increase awareness of implicit and explicit influence

Be a role model – pharmacist teacher

What were my dissonances and provocative moments?

Modify

To internationally facilitate professional identity formation

WHAT TO DO?

Find friends

Within education and the pharmacy practice



Join forces? Suggestions?

Email: t.c.koehler@uu.nl for a cup of (online) coffee!

Redefining the researcher's role: Sustainability, ethics, and professional identity formation in doctoral health sciences education

Beáta LEMLI

Institute of Pharmaceutical Technology and Biopharmacy, Faculty of
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Szentágothai Research Centre, University of Pécs

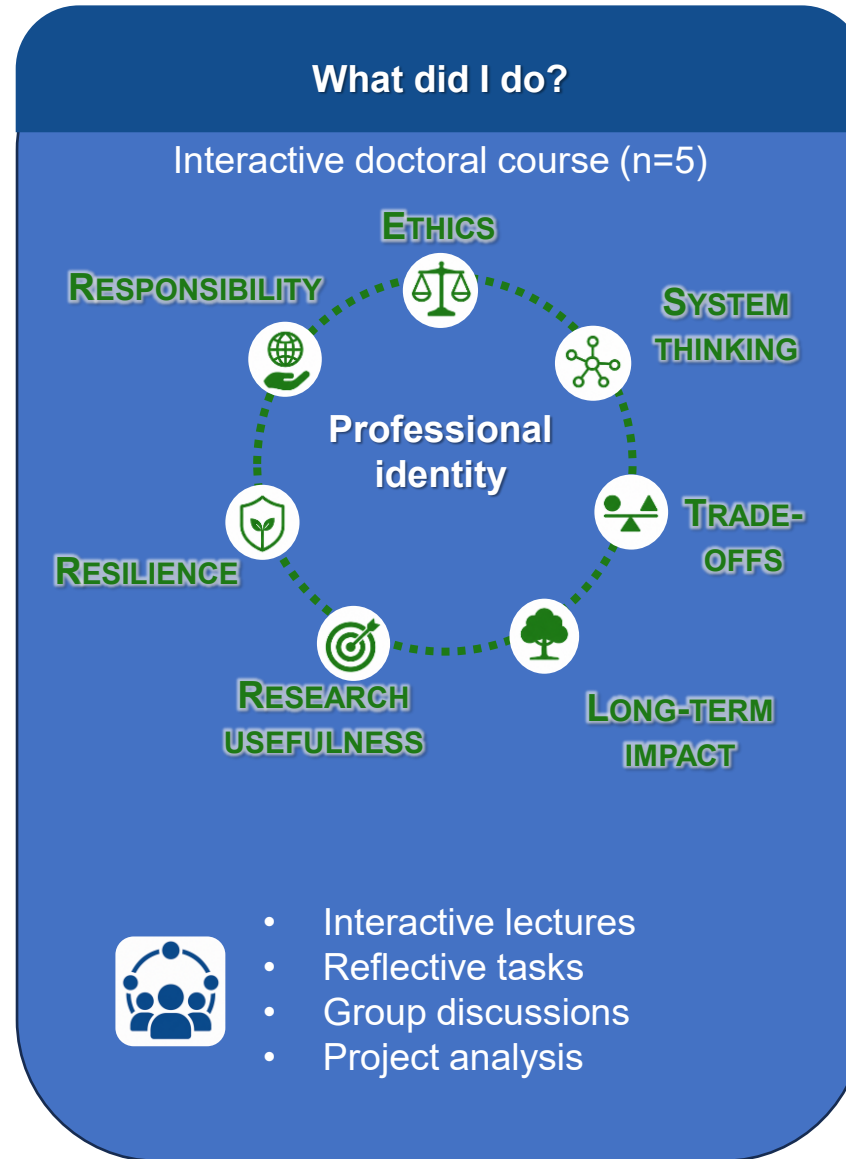
E-mail: lemli.beata@gytk.pte.hu

Why rethink sustainability in doctoral education?

- Sustainability is often treated as:
 - fragmented
 - optional
 - compliance-driven
- Research training rarely addresses:
 - responsibility
 - ethics
 - long-term impact



Course objective: Reframe sustainability as a
professional value and decision-making perspective.



Early qualitative observations

- ✓ Increased systems-level thinking
- ✓ Deeper reflection on research impact
- ✓ Greater awareness of environmental, ethical and societal consequences
- ✓ Expanded researcher identity
 - research leader
 - educator
 - advisor



**SUSTAINABILITY IS NOT AN ADDITIONAL TOPIC.
IT MAY INFLUENCE HOW FUTURE RESEARCHERS THINK AND DECIDE.**

Potentially transferable to doctoral and postgraduate health sciences education.



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Survey at a school of pharmacy to determine time spent in preparation of course material

Sarah Dean, PharmD Candidate;¹ Sara Ghaderi, PharmD Candidate;¹ Juliet Petillo, PharmD Candidate;¹
Jimmy Gonzalez PharmD, BCPS;^{1,2} Anita Siu PharmD, BCPPS^{1,2}

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²Jersey Shore University Medical Center, Neptune NJ



Background

- Teaching is one of the four pillars of academia which involves the creation and presentation of didactic lectures, skills labs, sterile compounding labs, simulations, etc.
- There are limited studies evaluating preparation of course material for pharmacy school curriculum.
- In a program where pharmacists educated internal medicine residents, it took them approximately eight hours to create one didactic clinical pharmacology lecture.¹
- An article on a novel radiology education residency at an academic medical center discussed the objectives and key components of clinician-educator pathways (CEP). Each month, a 1 hour long didactic lecture is expected from each CEP resident, and a senior faculty member in their department reported that it may take up to 40 hours or greater to create a high-quality didactic lecture.²
- Research shows that stress levels among pharmacy faculty members have increased significantly over the past few years due to a higher number of responsibilities. Faculty have also shown dissatisfaction with their work-life balance along with low rates reported for an intention to stay in academia.³
- Understanding the average amount of time faculty allocate for course material creation and update is important towards identifying ways to improve work-life balance.

Objective

To evaluate the average length of time it takes for the faculty or other professors at a school of pharmacy to prepare for a didactic lecture and a skills, compounding, or simulation lab.

Methods

- IRB-approved electronic survey emailed via Qualtrics to faculty or other professors at the Ernest Mario School of Pharmacy
- Excluded any person not employed by the school of pharmacy (i.e. guest lecturers)
- Survey remained open for three weeks with reminder emails sent twice to non-responders
- 20 questions were included regarding demographics, time spent preparing lecture material, and challenges encountered with lectures
- Consent was obtained through the first question
- Statistical comparisons were done using a Chi-square test with p-value 0.05 to indicate significance

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The authors have nothing to disclose.

Results

Baseline study demographics (N=51)

- Majority of the participants have taught at the school of pharmacy greater than 16 years, are ranked as a clinical assistant professor, and are in the pharmacy practice & administration department
- Most of the courses taught by the participants include core therapeutic classes and clinical professional electives

Figure 1. Years taught at the school of pharmacy

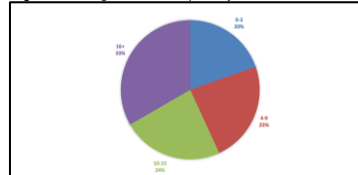


Figure 3. Rank/Position

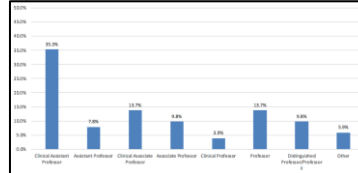


Figure 2. Department

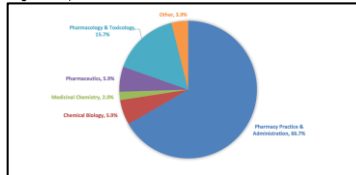
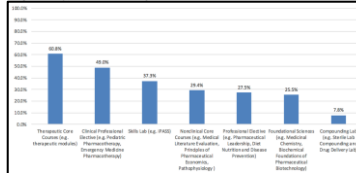


Figure 4. Type of courses taught



Preparation Time Results

Most commonly reported time spent on preparing a new didactic lecture:	
50-75 minute lecture = 7-8 hours	≥76 minute lecture = ≥15 hours
Most commonly reported time spent on preparing new lab material:	
Skills lab = 3-4 hours	Simulation lab = 3-6 hours
Compounding lab = ≥15 hours	
Average time spent creating annual updates:	
Skills/Compounding labs = 1-2 hours	Didactic lectures and Simulation labs = 3-4 hours
Average weekly time spent completing administrative related responsibilities:	
3-4 hours	

Figure 5. Time spent on preparing new didactic lecture

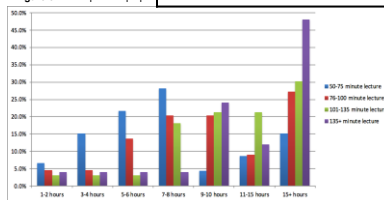


Figure 7. Time spent on creating annual updates to material. (N=49)

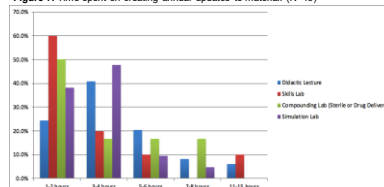
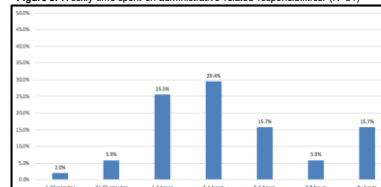


Figure 8. Weekly time spent on administrative related responsibilities. (N=51)



Results (continued)

Challenges Encountered

Figure 9. Challenges in preparing course material. (N=50)

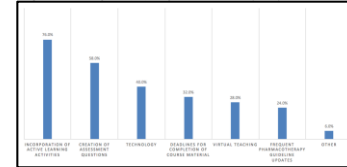


Table 1. Statistical Comparison

"Years taught at the school of pharmacy" vs. "Time spent on preparing new lecture material"	
Lecture Time (Minutes)	p-value
50-75	0.002
76-100	0.011
101-135	0.640
136+	0.379

Figure 10. 50-75 minute lecture vs. years taught (N=44)

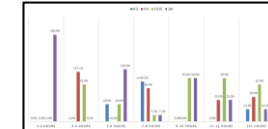
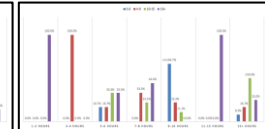


Figure 11. 76-100 minute lecture vs. years taught (N=44)



Discussion

- No current literature has reported information on lecture preparation time for faculty in schools of pharmacy
- 25 emails were sent with a 56 (49%) response rate
- 2 participants were excluded
- 2 had a conflict of interest
- 10 were not active lecturers
- There is no correlation between number of years taught and time spent on preparing lecture material
- Major challenges faculty encounter include incorporating active learning activities, creating assessment questions, and taking on lectures due to faculty turnover
- Limitations of this study include:
 - Small sample size
 - Only representative of one school of pharmacy
 - Labs not broken down by class time

Conclusions

The survey results determined that the average time spent on preparing a new 50-75 minute didactic lecture was 7-8 hours. Preparing lectures greater than 76 minutes took faculty an average of over 15 hours. Skills labs took an average of 3-4 hours, simulation labs took an average of 3-6 hours, and compounding labs took ≥15 hours on average to prepare material.

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Between Promise and Responsibility: Ethical and Regulatory Considerations of Generative AI (GenAI) in Health Professions Education (HPE)

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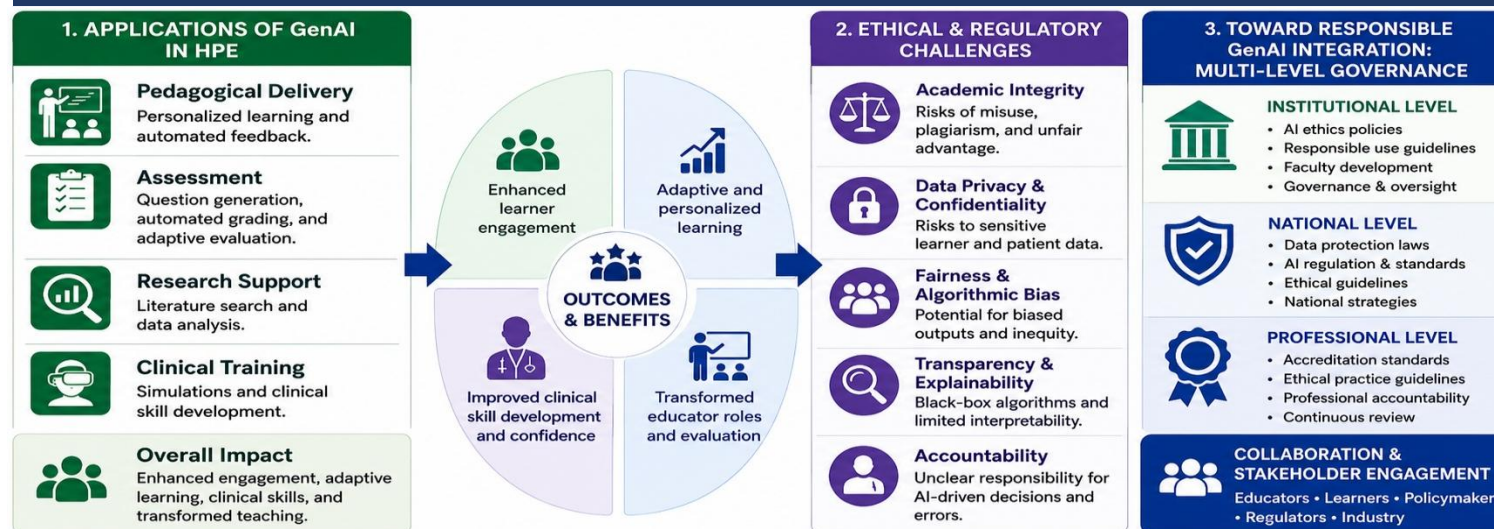
OBJECTIVE

To examine ethical issues and existing regulatory frameworks for GenAI integration in HPE

STUDY DESIGN

- Design:** Scoping Review
- Databases:** PubMed, ProQuest, CINAHL, ERIC, Google Scholar
- Key Concepts:** GenAI, HPE, applications, ethical issues, regulatory frameworks
- Eligibility:** Empirical, conceptual, and policy-related articles
- Data Synthesis:** Descriptive and thematic analyses

KEY RESULTS



CONCLUSION

Multi-level adaptive frameworks are urgently needed, integrating institutional ethics policies, national data protection regulations, and professional accreditation standards, to responsibly embed GenAI and prepare future-ready healthcare graduates

Acknowledgment: This work was supported by Qatar Research Development and Innovation Council – Academic Research Grant: ARG02-0422-240273