A Descriptive Account of Pharmacy Education Using Near-Peer Teaching

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Objectives

- Define near-peer teaching and the potential value it has to pharmacy education
- Review the literature on near-peer teaching models in health care practices
- Describe the realities of this teaching model in pharmacy education within a hospital setting
- Discuss ways to implement a near-peer teaching model in pharmacy education





Definitions

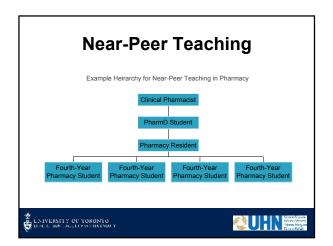
 Near-Peer Teaching: The provision of learning support to junior students by their senior peers



Med Teach 2007;29(6):523-524.; Med Teach 2007;29(6):583-590







Definitions

- **Near-Peer Teaching:** The provision of learning support to junior students by their senior peers
- Peer Teaching or Peer-Assisted Learning: Teacher and learner are at the same level



Med Teach 2007;29(6):523-524.; Med Teach 2007;29(6):583-590

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Peer Teaching in Canadian Pharmacy Schools

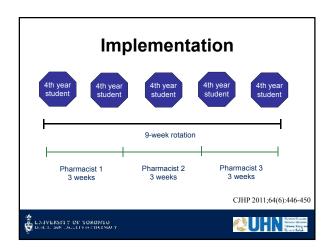
- The Development and Evaluation of a Student Pharmacist Clinical Teaching Unit Utilizing Peer Assisted Learning.
- · Rationale: Demand for SPEP sites exceeds supply.



CJHP 2011;64(6):446-450

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Results

- More drug-related issues were documented:
 - CTU = 768
 - Previous year = 151
- Overall, positive satisfaction with the program for both the student and preceptor

CJHP 2011;64(6):446-45





Advantages of Near-Peer Teaching in Pharmacy Education

- · Limited number of rotation sites
- Alleviate workload pressure for pharmacist
- Pharmacy practice has moved towards taking on a much larger clinical role
- Fosters a culture that places importance on the transmission of wisdom to future pharmacists

Med Teach 2007;29(6):523-524





Value of Near-Peer Teaching to Students

- · New experiences linked to familiar curriculum
- Junior students identify more with senior students
- · Builds leadership and confidence
- Offers students an alternative method for studying
- Prepares pharmacy students for their future role as educators

Med Teach 2007;29(6):523-524.





Potential Drawbacks

- · Senior students may not benefit as much
- · Feelings of distrust among peers
- Reduces contact time with more experienced clinicians

Med Teach 2007:29(6):583-590.

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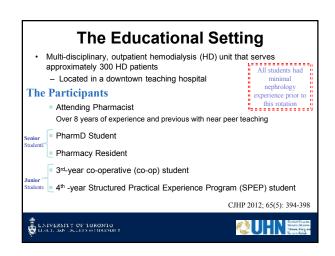


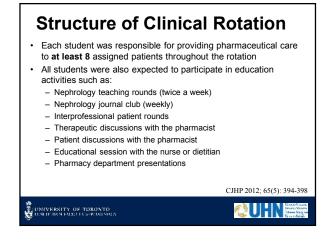
IMPLEMENTATION OF A NEAR-PEER TEACHING MODEL IN PHARMACY EDUCATION: EXPERIENCES AND CHALLENGES

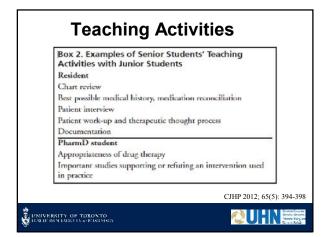
Christine Leong, Marisa Battistella and Zubin Austin CJHP-Vol 65, No.5- September-October 2012

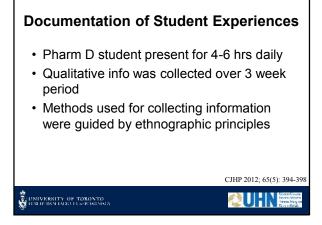




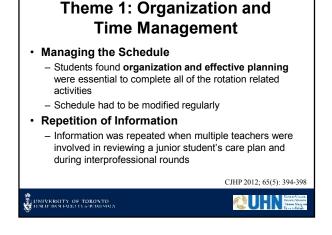












Theme 2: Perception of Roles and Structure of the Teaching Model

- · Role as a Teacher
 - Senior students gave junior students different perspectives on patient-related issues:
 - · PharmD student was very clinically knowledgeable
 - Resident imparted skills related to conducting thorough and efficient patient reviews

CJHP 2012: 65(5): 394-398





Theme 2: Perception of Roles and Structure of the Teaching Model

- · Pattern of Participation During Group Discussions
 - Junior students were less likely to respond to clinical questions
 - During therapeutic discussions, attending pharmacist allowed junior students the opportunity to first answer the more fundamental questions (e.g. related to pathophysiology/RF of various conditions) and asked senior students direct questions related to evidence and actions they would take in a specific clinical scenario

CJHP 2012; 65(5): 394-398





Expected hierarchy Structure that actually occurred Pharmacist Co-op SPEP Figure 1. Expected and observed patterns of interaction behaven pharmacist and pharmacy students. SPEP = Structured Practical Experience Program CJHP 2012; 65(5): 394-398

Theme 3: Opportunity for Cognitive Congruence

- In this model, the junior students discussed information with the senior students more often than with the pharmacist
- Near-peers may understand the problems and challenges that students face better and appear to be in a better position to explain difficult concepts at an appropriate level

CJHP 2012; 65(5): 394-398





Theme 4: Culture Learning & Integration into the Interprofessional Team Patient 1 Patient 1 Patient 4 Pati

What did the authors conclude?

- Given the increasing demand for clinical placements, near-peer teaching provides a unique approach to meeting this need.
- · Limitations:
 - Generalizability to other practice specialties
 - Variances in individual student motivation and personalities
 - Learning outcomes were not measured

CJHP 2012; 65(5): 394-398





HOW IS NEAR PEER TEACHING DONE IN PRACTICE?

THE PRACTICAL SIDE





How is Near-Peer teaching done in practice?

- · Define objectives and rules
 - Students are aware of this rotation before arrival
 - During first meeting- establish working environment/dynamics
- Define responsibilities of key stakeholders
 - Students themselves
 - Other pharmacists
 - Other allied health (RNs/dietitians)





How is Near-Peer teaching done in practice?

- · Prepare ahead of time!
 - List of items to discuss on day one
 - Schedules
 - Patient selection
 - Objectives/Learning Contracts
 - Presentations/Dates







How is Near-Peer teaching done in practice?

- Patient work ups
 - Reviewed all together in beginning
 - · Pharm D to go first
 - Pharm D to review with SPEP
 - Resident to see pts with SPEP



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How is Near-Peer teaching done in practice?

- · Evaluation of preceptor
 - Monitor my style weekly
- Evaluations of Students
 - Weekly/q2weeks
 - Separately
 - Will ask for feedback from resident/PharmD





How is Near-Peer teaching done in practice?

- Space
 - Find various spots for workingpharmacy/library
 - Meeting spots for pt discussions vs therapeutic discussions

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How is Near-Peer teaching done in practice? • Take home messages - Be organized and creative - Establish the dynamics from Day One! - It does save time! - It is way more fun!

Acknowledgements • Zubin Austin • Christine Leong • Karen Cameron

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