

Meeting the Blueprint for Pharmacy through curricular design: School of Pharmacy, University of Waterloo



About the School

• Anchor institution for Waterloo's new Downtown Kitchener Health Sciences Campus (also home to a regional program of McMaster University's Michael G. DeGroote School of Medicine, and a satellite of the UW School of Optometry's teaching clinic)

• First class of Pharmacy undergraduates began studies in January 2008.

• Currently there are approximately 315 students, spanning three academic years. At full capacity, the School is expected to have 480 undergrads, 70 graduate students, 30 faculty members, and 20 staff

• City of Kitchener made a \$30 million contribution to the development of the School of Pharmacy in its downtown core

Value Statement

The UW School of Pharmacy values community. We mean community in the largest possible sense because we belong to a large number of communities. Some of them are intimate; like the on-campus faculty, students and staff. Some of them are distributed; like the pharmacy profession in Canada and the international science community. But we see the big picture and understand how we may work with, serve and impact all of our communities. We intend to cultivate relationships with a broad, inclusive set of collaborators and strive for mutual success. We will demonstrate this through communication, supportive environments, pursuing innovation in science, education, health and wellness and encouraging individualism. This encompasses our shared respect for each other, our openness, caring, gregariousness and our desire to make a difference.

Large elective

•Incorporated 5 elective courses into

the curriculum with a broad range or

students to work in a wide range of

•opportunities within co-op for

pharmacy practice areas, other

health related settings and

geographic locations

component:

offerings

Enhanced experiential programming:

-to have more experiential earlier in the curriculum -integrated throughout the curriculum

-with opportunity for broader student exposure to healthcare, global health and the pharmacy profession

-interprofessional opportunities -"real world" experiences

-substantial elective offerings

connecting and working with our local community to

NOTABLE CURRICULAR DESIGN

FACTORS

Creating a curriculum from a blank slate has offered many opportunities for

nnovation, incorporation of curricular/teaching best practices and teaching

knowledge/skills that will move the pharmacy profession forward

1 Ensure that core pharmacy curricula address the knowledge, skills and

lues required for future pharmacy practice to ensure new graduates are

understand social determinants of health -- to use real practice as the final assessment of

medication management skills

An outcome focus to course/curriculum design

•To ensure that courses aren't designed in isolation, we hired "outcome experts" who design and deliver curriculum across courses and years •Individuals whose expertise is in communications, business, informatics, geriatrics, pediatrics, and patient safety, who coordinate and deliver the curricular content

in these areas. •These experts may or may not coordinate an individual course, but they often teach in several courses and can

track the students' learning in the specific area of expertise.

Experiential Education

.5 Increase the accessibility, quality, quantity and variety of experiential learning opportunities to prepare pharmacy professionals, including students, to practice in expanded and innovative roles)

Our innovative experiential learning model integrates a didactic curriculum with: Co-operative Education, Community Service Learning, and a Clinical Rotation.

Co-operative education

Our School of Pharmacy is only the second of its kind in North America to offer a co-op program, and the very first one available in Canada. As part of an Honours Co-operative Bachelor of Science in Pharmacy (BScPhm) degree, students must complete a total of four, four month work terms as per the following schedule (with each block representing 4 months):



A = Academic Semester; C = Co-op work term

Winter 2010 Spring 20: amily Health Team

competencies and educational outcomes such as professionalism, ethics, citizenship, advocacy, diversity, competency, and communication skills.

Co-op process

School of Pharmacy Co-op Requirements

All co-op students are expected to work a minimum of 35 hours per week for 16 - 18weeks. These are paid positions. Students at the School of Pharmacy have a number of dditional and unique requirements for their co-op work terms. These requirements

- No more than two work terms with one employer
- No more than two work terms in one type of practice setting
- By the end of the second work term, must complete a minimum of one work term with a drug distribution component
- In the third or fourth work term, must complete a minimum of one work term with a irect patient care designation
- Must have a minimum of one work term that is in an underserved geographic area in
- Must incorporate into a minimum of one work term service to an underserved population where the student interacts with patients and makes a meaningful contribution to their well-being

Evaluation

CSL is an educational approach that integrates service in the community with intentional learning activities. CSL was incorporated into the pharmacy curriculum to address professional

Combines the goals of meeting the capacity-building needs expressed by the community while encouraging students' professional development through practical volunteer experiences.

• Transformative learning is facilitated by lectures, discussions and reflective assignments that link community experiences with classroom material in the Introduction to the Profession of

• Successful outcomes have been confirmed through student and agency evaluations and by students' greater social awareness, as well as development of work skills and engagement in

- There are three written evaluation pieces during a co-op work term.
- CECS evaluation forms at the mid-point and the end of the work term,
- Professional Learning Outcome Tracker (PLOT) Reflective assignment.

Integration of Learning

.4 Ensure all pharmacy professionals, including students, value and develop lifelong learning and personal performance assessment skills to assist them to be

PDPHARM Courses Co-op Fundamentals Co-op Debrief

Communication for Pharmacists After the work term, students and faculty *Drug Distribution for Pharmacists discuss the students' development of their *Patient Safety for Pharmacists professional competencies and what steps *Patient Care for Pharmacists they plan to take to further develop the *Drug Information, Education and Health competencies either from academic course Promotion for Pharmacists work or future co-op work terms. *Interprofessional Relations; * Pharmacy Practice, Management and

E-portfolio Students use the e-portfolio as an integrating tool.

In their e-portfolio they are required to add the

- Completed PLOT
- Completed evaluation forms • Reflective assignments

Professional Learning Outcome Tracker (PLOT)

•An assessment tool for students to track their learning outcomes of a pharmacy undergraduate program throughout their 4 co-op work terms.

•A comprehensive and well-defined framework for the learning outcomes and competency elements (with practical examples provided) that students need to address and achieve upon graduation and at entry-to-practice of the pharmacy profession

•The four main constructs measured are:

*Patient care *Drug Distribution* Drug Information, Education, and Health Promotion Pharmacy Practice * Management and Leadership

·Allows student's self-assessment (with practical examples or evidence extracted from student's Experience Log), employer's assessment (with employer's comments and practical examples or situations observed by the employer), and also student's revised self-rating with rationale after discussion with the

•Student and employer can choose from a rating of 1 to 5 which represent 1-Not addressed ,2-Observed, 3-Challenging, 4-Developing, 5-Mastering

Interprofessional/Intraprofessional Initiatives

1.2 Promote and increase interprofessional and intraprofessional approaches to education and training to ensure optimal patient-centred care in an integrated nealth care environment.

In each year of study, we provide students with interprofessional experiences that build competence over the four years of study.

•Year 1: We establish a foundation

•Year 2 and 3: We create opportunities for shared learning and practice

•Year 4: We place students in a mandatory rotation in an interprofessional family health There are six UW Pharmacy course areas where interprofessional learning is anchored

• Pharmacy 120 (Introduction to the Professional of Pharmacy) where interprofessional concepts are introduced featuring a videotaped simulation of an interprofessional team case conference.

Second-year seminar course where Pharmacy, Medical and Social Work students learn together about subjects of shared interest.

• Third-year Business courses where the interprofessional team concept and in particular, the different roles pharmacists can play, is explored.

• IPFC, where cases that include interprofessional elements are featured.

Professional Practice where simulations demand interprofessional skill in interacting with either standardized patients acting as non-pharmacist healthcare providers or learners from other

•Clinical rotation where students counsel actual patients in a family health team environment

Educational Research

1 Conduct and utilize research to develop, evaluate and improve education and CPD programs.

Examples of ongoing educational research:

•Co-operative education: experiential capacity building at the University of Waterloo

•Development of a state-of-the-art patient safety curriculum : from classroom to co-op and vice versa

Investigating the effectiveness of drama as a learning methodology and means of engaging students in the school of pharmacy.

• A model for measuring co-op learning outcomes: a tracker, work term reports and e-portfolio.

•Exploring the Barriers and Enablers of Community Pharmacist Delivered Smoking Cessation Interventions

•An Outcomes-Based Model for Microbiology Curricular Assessment and Design in Pharmacy at the University of Waterloo

•Continuing Professional Development Needs Assessment Project

•The Memory Clinic: Translating Inter-Professional Care into Inter-Professional Education

•Learning to Serve, Serving to Learn: The Beginning of a Cross-Campus Community Service Learning Initiative.

•Making Patient Safety Real: An Outcome-Driven "Classroom to Co-op and Back Again" Research Initiative

•A Blended Learning Approach to Teaching Basic Pharmacokinetics and the Significance of Face-To-Face Interaction

Course Integration

•integration of some of the core content that traditionally is taught in separate courses.

• Integrated Patient Focused Care (IPFC) series integrates

pared to develop and practice in emerging role

clinical biochemistry, pharmacology, medicinal chemistry, pharmacokinetics, therapeutics, self care and natural health products using a mixed delivery method of didactic lectures and

• Led to creative thinking about how to deliver content within IPFC (i.e. infectious disease topics taught by body system versus

in a separate section, geriatrics and pediatrics integrated throughout the IPFC course sequences) and how to coordinate between courses (i.e. medical microbiology parallels its content with the IPFC modules, so that it is reinforcing content and students need to pull information from one course to another in order to adequately assess a patient's medication therapy needs)

areas:

Additional

curricular focus Business/entrepreneurship

/ change management •Informatics Personal, business and health applications Compounding/formulation

approach to curricular design

•a group of external experts was brought in to assist with visioning and designing a forward-thinking curriculum for some aspects of our curriculum

(ex business, informatics and

program spend time designing and interlinking courses to

curricular design has led to design and delivery.

•Curricular planning in a from internal and external

patient safety) •For other areas, groups of individuals from within the

innovative approaches to course

An inclusionary

specific area occurs with input

ensure content and skill •This inclusionary approach to

Clinical Rotation

• Developing a Regional Medication Management Clinic • Faculty members provide medication management services in

Community Service-Learning(CSL)

ommunity work expressed through students' reflection assignments.

Pharmacy innovation Garden (PHiG): – "planting ideas, growing change"

PHiG projects are part of the first year curriculum and are completed over a 6-month period.

Pharmacy course, as well as informally in Professional Practice and Communications courses.

interprofessional environment •Opportunity for students to demonstrate their competence in a controlled environment, and apply their skills and knowledge to patients in a primary care

• Students will be evaluated on assessment, intervention, documentation, and follow-up for moderately complex patients with common diseases.

• 2-3 days/week would be dedicated each semester to clinic time

• A student seminar will be incorporated into this clinical capstone program.

Examples of 2009 Community Service-Learning Projects

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Spiritual Heritage Education Network	Deliver breathing workshops for blood pressure management: hospital, prison, schools
Women's Crisis Services	Complete survey report and recommendations on women's shelter programs
Parkwood Mennonite Home	Plan grand opening event
Grand Valley Trails Association	Develop awareness campaign and partnerships, assist with fundraiser
Kids & Dad	Plan father's day/fundraising events
Working Centre, Psych Outreach	Research compassionate care pharmacies, assist with fundraiser walk
ACCKWA (AIDS Committee)	Conduct vitamin drive, assist with fundraiser dance
Learning Disabilities Association	Learning disabilities public awareness campaign
Juvenile Diabetes Research Fdtn	Link pharmacists as diabetes resource, help w/ research symposium and walk
Project Read	Research health literacy awareness, curriculum, tools in medical education and practice
Christian Horizons	Develop public health education materials for international aid initiative
Kidsability	Develop community education forum on treatment for autism or sleep disorders
DeafBlind Ontario Services	Research adaptive technologies for clients and/or implement sensory activity plan
Planned Lifetime Networks	Implement Reaching Out to Senior Parents awareness project and network
K-W Habilitation Services	Develop health fair/wellness workshops

pharmaceuticals, drapes the School of Pharmacy building in downtown

This vibrant colored garden mosaic depicting the natural roots of