Practical Education for Pharmacist Students: A Hospital Perspective

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In April 2006, CSHP launched an advocacy campaign highlighting the fact that hospital pharmacists, who account for only about 15% of practising pharmacists in Canada, provide roughly 50% of practical education experiences for pharmacist students.[1] In Canada in 2006, academic hospital placements ranged from 4 to 12 weeks in duration over a student's undergraduate education,[2] and the pressure on hospitals and hospital pharmacist preceptors to provide experiential education continues to expand.

Since the time of the 2006 CSHP campaign, many developments have been taking shape in the profession and, consequently, in pharmacist education. Academic institutions are increasing the duration of practical experiential programs and providing an earlier introduction to hospital practice to give baccalaureate students greater exposure to direct patient care activities. Further, entry-level PharmD programs and co-op work programs are being implemented at various institutions. With all of these changes, we must not forget the potential for increased demands on hospitals and hospital pharmacists to participate more in experiential education.

I believe that hospital pharmacists have an obligation to train pharmacist students. Providing experiential education allows licensed pharmacists and pharmacist students to develop both personally and professionally, exposes students to hospital practice environments for potential recruitment purposes, and in some cases allows for more consistent clinical coverage. Ultimately, we participate in experiential education because we need to train the pharmacist students of today, who are our professional leaders of tomorrow.

Yet many pharmacy departments are struggling to accommodate practical experiential education requests with current teaching models. Traditionally, the ratio of pharmacist students to pharmacists at experiential sites has been 1:1. Unfortunately, this necessarily results in each pharmacist preceptor spending a large amount of time orienting, mentoring, teaching, and evaluating a single student.

With demand expected to increase further, we must consider and discuss ways to increase experiential capacity. Perhaps the answers will include the creation of group clinical teaching units for students to take advantage of peer mentoring; the creation of a new pyramidal educational model whereby students in higher years help in the teaching and growth of those behind them; an increase in the duration of student rotations so that preceptor teaching is offset by future student benefits as the student becomes more comfortable and independent in practice; the creation of virtual patients and teaching simulations; and perhaps something completely new![3] New practical experiential models for students must increase overall capacity, without creating excessive burdens for preceptors, while providing students with opportunities to develop independence and confidence, and ultimately making students accountable for their actions and the care of their patients.

With significant changes on the horizon, now is the time for further dialogue among CSHP leadership, our members, and key academic, regulatory, and governmental stakeholders to discuss, develop, and evaluate new practical experience models for pharmacist students so that we can meet future demands.[4]

References

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