

LETTERS

“Community of Learning” in Experiential Education

To the Editor: There have been many recent calls to action to advance the care pharmacists provide to patients. A recent Institute of Medicine (IOM) report focuses on the need to improve medication safety and communication regarding medications at each transition of care.¹ The Medicare Modernization Act 2003 and the Medicare Prescription Drug Benefit (Part D) incorporated the provision of medication therapy management (MTM) services that may be provided by a pharmacist.² A recent *Archives of Internal Medicine* issue focuses on the need to improve patient adherence to medications known to decrease morbidity and mortality.³ Each of these reports provides an impetus for an ever-increasing role of the pharmacist to work directly with patients to evaluate their medication regimens and to communicate with the patients' health-care providers on a consistent basis.

With this increased call for direct patient care, new teaching models, especially in the community, will need to evolve to prepare our future pharmacists to meet societal needs. Wendy Duncan-Hewitt and Zubin Austin suggested a theoretical model termed “communities of learning” for this purpose.⁴ A description of one such “community of learning,” which developed naturally by creating an environment where a mix of learners and practitioners work together, will illustrate the theoretical concept.

The University of Pittsburgh School of Pharmacy has established an ongoing partnership with community pharmacies to build patient care practices. One participating pharmacy is home to a medication therapy management practice supported by a pharmacist who has worked with patients within this practice for approximately 2 years. The pharmacist has been building a practice that includes conducting community health events and outreach to physicians, in addition to providing direct patient care and dispensing services within the pharmacy. This pharmacist also serves as a preceptor for a pharmacy resident, a student in an advanced pharmacy practice experience (APPE), and 2 students who are completing a portion of the introductory pharmacy practice experiences (IPPE) in the second professional year of the program.

This pharmacy practice residency with emphasis in community care, in its first year, is designed to enable the resident to share learning across practice sites. The pharmacy resident has direct patient care responsibilities in a family medicine residency program and 2 pharmacies

with patient care practices. The connections of the resident within and outside the pharmacies help to create the “community of learning.”

One recent afternoon a faculty member from the School of Pharmacy who was present in the pharmacy observed this “community of learning” in action. The pharmacy resident experienced difficulty in fully evaluating a patient's medication regimen in the pharmacy without the patient's corresponding laboratory values. Drawing on the experience of her work within family practice, the resident called the patient's physician office, spoke with the office nurse, and requested specific laboratory values. After a simple explanation, the nurse was able to fulfill this request. Encouraged by this success, the resident then requested laboratory values for other patients scheduled for MTM consultations that day. Similar positive responses were received from the other physicians' offices. The pharmacist preceptor and APPE student observed first hand this expanded practice function that was learned in the family practice setting and then applied to the community pharmacy setting.

The pharmacist preceptor shared this success with 4 other pharmacists working in similar patient care practices who, in turn, began to make successful requests for patient laboratory values. The pharmacist preceptor also supported further opportunities for the resident and APPE student to learn together and reported these successes to the faculty member directing the residency and the IPPE course. The faculty member encouraged them to continue their efforts to apply the process more consistently and to continually engage others in their community of learning. The APPE student shared this specific learning experience with the 2 IPPE students.

A continuing dialogue ensued among these students regarding expansion of their sphere of focus to over-the-counter (OTC) medication consultations in the product aisles of the pharmacy. An opportunity presented for the APPE student to consult with a patient and, with the pharmacist preceptor, guide the selection of an appropriate non-prescription medication. In observing the consultation and interaction, the IPPE students identified the application of the QUEST/SCHOLAR approach to answering OTC inquiries by the APPE student.⁵ In the same semester, the IPPE students were introduced to the QUEST/SCHOLAR approach and were engaged in classroom role-play activities designed to provide opportunities to practice the patient problem-solving strategy. This real life application reinforced concepts that were learned in the classroom.

This whole series of events constitutes early evidence of the value in creating a rich learning environment

involving multiple learners who are encouraged to share their learning with others. All of this learning was rooted in the educational design of the community patient care practice, developed through collaboration between University faculty members and community pharmacists. These sites have been developed with the intention of maintaining a continual learning environment for all involved: students, residents, practitioners, and faculty members. This environment enhances the learning of all those involved, including those who are most experienced.

With the increasing societal needs for medication therapy management and persistent issues of medication safety and adherence, there is a need to nurture environments where communities of learning can evolve and thrive. As noted in the updated ACPE accreditation standards (Standards 2007), Schools of Pharmacy are strongly encouraged to work more closely with their preceptors.⁶ Fostering “communities of learning” is a mechanism to not only educate and train students, but to enhance learning and communication among preceptors and faculty members and improve the care provided to patients. Implementation of MTM requires greater numbers of pharmacists to provide direct patient care. Students can be prepared for this expanded role in patient care through learning experiences in actual patient care environments. The “communities of learning” model can enhance learning and in turn, have the potential to advance the quality of patient care provided by pharmacists.

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REFERENCES

1. Institute of Medicine. Aspden P, Wolcott J, Bootman JL, Cronenwett LR, eds. Preventing Medication Errors: Quality Chasm Series. Washington DC: the National Academy Press, 2006.
2. Bluml BM. Definition of Medication Therapy Management: Development of Professionwide Consensus. *J Am Pharm Assoc.* 2005;45:566-72.
3. O’Conor PJ. Improving Medication Adherence: Challenges for Physicians, Payers, and Policy Makers. *Arch Intern Med.* 2006;166:1802-4.
4. Duncan-Hewitt W, Austin Z. Pharmacy Schools as Expert Communities of Practice? A Proposal to Radically Restructure Pharmacy Education to Optimize Learning. *Am J Pharm Educ.* 2005;69(3):Article 54.
5. American Pharmacists Association. Assisting Self-Treating Patients Quickly and Effectively. Partners in Self-Care Continuing Education Monograph. 2003. Available at: <http://www.pharmacist.com>. Accessed October 23, 2006.
6. Accreditation Council for Pharmacy Education. Accreditation standards and guidelines for the professional program in pharmacy leading to the Doctor of Pharmacy degree: effective July 1, 2007. Accreditation Council for Pharmacy Education, Chicago, IL. 2006. Available at: <http://www.acpe-accredit.org/deans/standards.asp>. Accessed October 18, 2006.