

# In Nontraditional Education—Assuring Quality is Job One<sup>1</sup>

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## INTRODUCTION

Nontraditional doctor of pharmacy programs are becoming prominent in the move by pharmacy education toward preparing practitioners to provide pharmaceutical care. Some schools currently have programs in place while others are developing or considering offering nontraditional programs to further graduate pharmacists' abilities to function in this new paradigm of practice. Many faculty have expressed valid concern about these educational approaches used to offer the PharmD degree. Most of the concerns center on three basic areas: faculty time required, the resources necessary to conduct the programs, and program quality.

First, what extra faculty time (or personnel) will be needed to provide a nontraditional PharmD program in light of the struggle to increase clinical faculty to meet the needs of the growing numbers of traditional entry-level PharmD students? This is especially critical with regards to clerkship rotation needs. Also, current faculty question what a nontraditional program might mean in terms of increasing didactic and experiential teaching loads.

The second issue revolves around physical and financial resources and where these will be found to execute a nontraditional PharmD program. Such programs should be self-supporting and not drain any resources away from the traditional programs, but can these programs be financed solely through tuition and fees, or will other sources of funding be necessary to support the distance learning technologies, etc. needed to conduct a nontraditional program? Will these programs shift valuable resources away from traditional education and research programs?

The third question of concern is: How can faculty be sure of the quality of such programs? As faculty members we should possess a basic pride in the educational programs with which we are associated. This pride should "fuel the fire" for motivating faculties to insist that nontraditional programs meet the same standards of quality that traditional programs have reached and maintained over the years. While all three issues are important, today I would like to explore the issue of quality in nontraditional education and share with you my perspectives and some approaches that could be taken, and at the same time challenge faculty to do more to assure that nontraditional education is and continues to be a viable means of providing quality education to advance pharmacy practice.

## ROADBLOCKS OR OPPORTUNITIES

Before we can consider solutions we should review the roadblocks to quality which may also be viewed as opportunities for innovation. Many of the same forces that are pushing for the development of nontraditional programs also exert pressure on schools and colleges to develop programs that sacrifice quality for convenience. One of the

motivating factors for the creation of nontraditional programs in the first place is to provide access to a doctor of pharmacy curriculum in a manner that is accessible and flexible for a practicing pharmacist. The Joint Statement(1) in 1991 and subsequent Consensus Commentary(2) in 1992 by many pharmacy practitioner organizations calling for "degree transfer" for practicing pharmacists applied pressure to schools to develop some means to offer the PharmD to pharmacists or the "practitioner organizations will have to act." In Indiana, it was the urging of a group of forward-looking practitioners that convinced Purdue to formalize the nontraditional PharmD program and offer all didactic courses at off-campus sites. These pressures from different sources for developing innovative approaches to offering a PharmD curriculum turn into roadblocks to quality only when convenience takes precedent over issues of educational outcomes. It must be remembered that convenience and quality need not be mutually exclusive.

During nontraditional program development it soon becomes obvious that delivering these programs is expensive, not only in direct dollars, but also in personnel time. It is very tempting to eliminate or reduce faculty/preceptor contact time with nontraditional students to reduce the costs associated with this teaching time. The effects this may have on quality of education are not definite. Do experienced pharmacists need the same faculty direction as undergraduate students? Less contact time does not always mean less quality of instruction.

The experiential component is a central concern of most practitioners contemplating pursuing a PharmD degree by a nontraditional route. The intensity of the experience and the amount of time away from home, family, and job necessary to fulfill the clerkship requirement greatly influences the decision of many potential nontraditional students. Another complicating factor is that many traditional PharmD programs "saturate" their clerkship sites with traditional students leaving little margin for nontraditional students. Further, pressure by pharmacists on schools to make more clerkship sites available, especially ones closer to their homes, pushes programs to pursue sites in areas where there were none previously and to develop new sites for the nontraditional program to satisfy this increased need. While this demand for expansion of sites can be beneficial if it identifies quality sites heretofore unused, there is an inherent danger of including sites with less than minimal qualifications.

## STANDARDS

These pressures to make programs available quickly, to

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reduce faculty time in delivering courses and clerkships, and to utilize a broader number of clerkship sites can be the stimuli for innovation. It is the faculty's responsibility to assure that the quality of education is not sacrificed for expedience or convenience. To do this, there must be a standard against which to hold these innovations.

It has been common practice to compare the components of nontraditional pharmacy education programs to their traditional counterparts and assume, if the comparisons are favorable, that the outcomes of the programs will be comparable as well. For example, if a student passes a three credit hour pharmacokinetics course or an eight credit hour therapeutics sequence or 40 weeks of clerkship, it is assumed that student has achieved the same educational outcomes whether those courses or clerkships were delivered in a traditional, on-campus PharmD program or a nontraditional, off-campus program. The problem with this assumption lies in the fact that the delivery of the courses is accomplished by a wide variety of methods (e.g., video and/or audiotape, printed materials, closed circuit TV, live off-campus lecture, etc.) and the conducting of the clerkships varies by time frame, basic structure, and the student's involvement in the clerkship site.

In January of this year (1994) the American Council on Pharmaceutical Education (ACPE) released its updated policy on nontraditional PharmD programs(3). Simply stated this policy asks that programs "assure competencies and outcomes comparable to those expected of the traditional curricular pathway" but allow for experimentation in areas of "processes and assessments for admission with advanced standing, ways and means to deliver content, and procedures for the consideration of waiver of requisite content." One way to interpret this policy is to evaluate programs by measuring the student outcomes, not necessarily the methods of achieving those outcomes. Conversely, it would seem appropriate to evaluate methods of program delivery based on the student outcomes those methods achieve. All of this raises the following questions: What are appropriate student outcomes? Have they been defined specific to skills and knowledge? Should they include the *practice* of processes, not just the knowledge of them; the ability to *handle* new situations, not just observe them? As this definition of desired outcomes progresses in traditional PharmD education it will enable more innovation in nontraditional programs designed to meet these outcomes. With defined student outcomes, programs can then use experts in distance learning and educational assessment on their campuses to help design and assess the effectiveness of innovative delivery approaches for nontraditional curricula. With defined outcomes for clerkships, schools could share clerkships using assessment tools common to the desired outcomes.

## MEASURE AND DOCUMENT

Thus far, I have attempted to describe the circumstances under which those of us in nontraditional education must operate to provide a quality educational program and have alluded to some broad initial steps that are necessary to assure that quality. However, to state with assurance that nontraditional and traditional educational programs meet the established outcome standards, there must be a concentrated effort to measure and document the attainment of these outcomes in students. While this is by no means a new concept, it is the most critical to the assurance of quality in

our nontraditional programs. With such variety in educational methods utilized in the various programs and the divergence of these methods from those used in traditional programs, the central focus for assuring quality must be the evaluation of attainment of outcomes—outcomes that are the same regardless of educational methods.

As mentioned previously, defining student outcomes is the first step. Most programs already have defined the learning objectives of didactic courses delineating for students and faculty what the course is intended to achieve. For the purposes of comparing outcomes attained by different delivery methods (or even different courses or curricula), these objectives need to be anchored in the actual behaviors we want to see in our students when providing patient care and not as much in the specifics of regurgitating facts. In other words, if programmatic outcomes deal with the application of knowledge in providing pharmaceutical care, specific course outcomes should build toward these. And we must be sure we measure the students' attainment of these outcomes realizing this may not be solely through the standard examinations and evaluations currently used within each course.

All are aware how much more subjective clerkship outcomes are than those of didactic courses—that's simply the nature of the beast. However, this does not excuse us from attempting to define and then measure the attainment of these outcomes for each clerkship area and for the entire clerkship program.

Another dilemma is that the didactic and experiential components in nontraditional programs may be protracted longer than in traditional programs. The time frame for completion of the programs and their individual components should also be assessed to determine if outcomes can be maintained over the necessary longer completion times used in nontraditional programs.

Once we can measure and document the attainment of the desired outcomes for the components of the degree program and for the program as a whole, we will be able to compare the nontraditional methods of program delivery in terms of quality of outcome and satisfy the question of whether or not we have created a quality program.

## APPLICATIONS

At this point I want to take this concept of program quality based on attainment of desired outcomes one step further—to look at some specific questions that commonly arise in nontraditional programs and at how using this approach of outcome based quality assurance can help guide our efforts and assure program quality to both ourselves and program skeptics. I would hope we're all a little skeptical, enough so to push for documentation of outcomes.

Nontraditional programs are by definition delivered by educational methods seldom if ever used in traditional pharmaceutical education. New approaches to didactic course and clerkship offerings are desirable, necessary, and encouraged by groups from practitioners to the ACPE. So how can we know ahead of time that our offerings will be of high quality? We must construct our offerings on sound educational principles using techniques proven in our own or other disciplines. Use the expertise in our schools and universities to aid in the development of these innovations. One must not overlook faculty in continuing education as a valuable resource for approaching the adult learner. Schools

or departments of Education and Communications, for example, have people well-versed in distance learning technologies and educational assessment strategies. Indeed, other professional schools such as Engineering or Business Administration might also have valuable experience in non-traditional education. The key is to encourage innovation based on sound principles but require an up front plan for documentation and evaluation of outcomes. This is the approach ACPE promoted in its January statement.

One of the issues that the nontraditional program has introduced to pharmacy education, but which has been examined extensively for years in other disciplines is the role of prior learning assessment and the resultant advanced placement and/or awarding of academic credit. The questions often arise, "Have the years of experience in practice allowed some pharmacists to attain some (or all) of the outcomes of our doctor of pharmacy program without completing the coursework and/or clerkships? Can we assess pharmacists' prior learning with enough assurance to grant credit for or exemption from courses and clerkships required for the PharmD degree?" Dr. Kerr described one way of addressing this issue in his presentation<sup>2</sup>. It has been my experience that many pharmacists in our nontraditional program feel their experience has some worth and desire a method by which this can be evaluated and documented. At Purdue, some nontraditional students practice at the same sites as certain faculty. With these individuals, who are well known to faculty members accustomed to regularly assessing traditional clerkship students, or with individuals having easily demonstrated competence or clear cut situational factors, the decisions may seem simple. But it is guaranteed that precedents set in these types of cases without clear cut methods of assessing the pharmacist's attainment of outcomes, will return to haunt in controversial cases to follow. Again, desired outcomes must be delineated up front and documentation and assessment of attainment of these outcomes must be prescribed from the beginning.

Earlier I spoke of most programs facing the challenge of providing clerkship experiences which the pharmacist/student can complete without sacrificing job, home, and family. Efforts are being made in many programs to address this availability problem by expanding the geographical distribution of sites, by offering methods by which students can identify and/or develop sites in their areas, and by developing innovative mechanisms for students to complete clerkships in their own practice sites. There are many who question the quality of the educational experience from these innovations in experiential education. It is up to the schools and faculty developing and offering such revolutionary clerkship options to show that these new approaches allow a pharmacist to attain outcomes that he/she was unable to do prior to the experience. And I would take this

<sup>2</sup> Kerr, R.A., "Development and Implementation of Prior Learning Assessment and Experiential Learning in a Nontraditional PharmD Program" presented at the AACP Academic Section Program Section of Teachers of Pharmacy Practice, 95th AACP Annual Meeting, July 17th, 1994 Albuquerque, NM.

one step further: that these innovative clerkships also move the pharmacist to attaining programmatic outcomes that may be broader in scope—the outcomes we hope to achieve by requiring traditional students to complete clerkships in several clinical areas (e.g., adult medicine, pediatrics, and critical care).

## CONCLUSION

Virtually all of us, either directly or indirectly, are or will become involved in nontraditional educational programs leading to the doctor of pharmacy degree. It is our responsibility and hopefully, our collective desire, that the programs we provide are of the highest quality and offer pharmacists truly accessible opportunities to advance their knowledge and skills to better provide pharmaceutical care to their patients, innovations are to be encouraged and accountability for quality is to be expected. We are in the business of providing programs leading to an academic degree and therefore have a responsibility to the academy of pharmacy education to assure that these programs adhere to the same quality standards in depth and breadth as traditional PharmD programs. It was encouraging to learn of the number of GAPS grants awarded this year to fund projects dedicated to nontraditional topics: projects that address not only development of methods of nontraditional education but also the development of assessment methods to assure that these programs meet our quality standards(4). Many of the issues I've shared are the focus of one or more of these projects. But these efforts must be viewed as just the tip of the iceberg. As the road to success is always under construction, so every nontraditional PharmD program must constantly be defining and assessing the attainment of outcomes that are consistent with a quality PharmD education. And we must continue to share ideas and results of ideas that have been enacted through meetings such as the CAPE Invitational Conference on Nontraditional Education held in May and this forum this afternoon. For while our common purpose is to provide practical opportunities for practicing pharmacists to upgrade and enhance their knowledge and skills, we must constantly reinforce to each other that in nontraditional education, assuring quality *is* job one!

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## References

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- (3) American Council on Pharmaceutical Education, "ACPE Policy on Nontraditional Doctor of Pharmacy Programs." updated January 1994.
- (4) American Association of Colleges of Pharmacy, SmithKline Beecham Foundation Awards Grants to Pharmacy Schools, *AACP News*, **25**(5), 1-2(1994).