

A New Approach to Continuing Education: Its Conception, Its Birth, Its Maturity

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In January of 1978, the "newfangled idea" (Mississippi slang for innovative) was conceived. It struggled through several months of gestation and was born in April of 1978. The announcement of its birth was national and was carried in the April 1978 issue of the *Bulletin of the Bureau of Pharmaceutical Services*. The announcement reported the birth of three brainchildren which together became an integrated, three-step approach to continuing education.

The first child, Catch Up, died after it was a year old. However, even from birth, it was known that it would not live long. The other two brainchildren, Keep Up and Future Trends (also known as Projected Needs), are still alive and well. They grew, progressed, and are very successful. But wait! I'm getting ahead of myself. Let's go back to the beginning.

In 1978, the Bureau of Pharmaceutical Services had received various kinds of criticism about the content of continuing education seminars. Practitioners in the audience had different backgrounds and varying amounts of formal education. The content of the seminars was being received differently. Some complained that the material was over their heads, too deep; some said it was great and give us more of the same. Others, especially the more recent graduates, stated that the material was like a review, not enough meat, not challenging, and not new enough.

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After I discussed the educational gaps with my assistant director, we developed a new idea about an integrated approach to continuing education. Over the next few months, we planned and developed the Catch Up, Keep Up, and Projected Practice Trends program, an integrated approach to continuing education.

Continuing education for pharmacists through the schools of pharmacy had tended to be episodic and discontinuous, and there appeared to be a need for different levels of programs to meet the needs of pharmacists with different backgrounds. The Bureau of Pharmaceutical Services proposed different levels of programs that would catch up, keep up, and meet future and predicted needs (1).

Phase I, or Catch Up, included all pharmacists who had graduated more than 12 months before the program. Within this category there were varying degrees of deficiencies. Pharmacy knowledge had virtually exploded within the last decade, and it was impossible for pharmacists to catch up on all of the basic knowledge that had been taught to more recent graduates. To meet the needs of the pharmacists who had to reach Catch Up level, we offered PharmEd cassette tapes on basic pharmaceutical knowledge, seminars, workshops for review, and refresher courses. For the integrated phase system to be successful, it was necessary for each pharmacist to assess his or her individual needs in pharmacy education and to participate in the program(s) that best addressed his or her deficiencies.

To help each pharmacist assess his or her own level of need, we provided a test with questions of a practical nature pertaining to the practice of pharmacy at that time. We later furnished the answers to that exam so that a pharmacist could indeed grade himself or herself and assess the areas in which he or she was weak or needed strengthening. After the pharmacist made a self-assessment of his or her needs, we furnished an extensive list of home study methods that were available throughout the country as well as through the Bureau of Pharmaceutical Services. The pharmacist was expected to upgrade his or her own knowledge and reach the level of, or go beyond, the Catch Up level. Over the next 12 months, this particular phase of our continuing education program was emphasized by advertising in the district seminars, in correspondence, in one-on-one situations, and in group situations. At the

end of this 12 months, whether it was just in theory or whether it was just a dream, we assumed that everyone had caught up. We accepted the fact that although there were big education gaps and many differences in the backgrounds of the practicing pharmacists, with on-the-job, everyday practical experience, and especially in the case of those pharmacists who had voluntarily continued their education, it would indeed be possible for them to be caught up, completing Phase I. So, the first brainchild, Catch Up, was buried. Along with that burial, we hoped to bury the complaint "I graduated so long ago that the material that you are presenting in seminars is way too deep and way over my head and too complex." And, in truth, most of these complaints were buried. We felt that Phase II and Phase III, as they grew and developed, would put to rest—either through continuing education efforts or through the grandfather clause—complaints from those practitioners who still had a noticeable gap remaining.

After Phase I was completed in our integrated approach, we jumped wholeheartedly into Phase II. Phase II, or the Keep Up level, is truly continuing education for those who have just graduated (within the last 12 months) and those who have achieved Phase I.

The delivery of the Keep Up level, as well as participation by the pharmacists, must take place on an annual basis. The program content is any information about any new drug marketed starting in 1978, then annually. Since pharmacists are drug experts, Keep Up deals with all new drugs introduced during the previous 12 months.

We implemented Phase II, or the Keep Up level, in May 1978. The objectives of the program were to use all six academic departments of the School of Pharmacy to discuss and present unbiased information about the new drug introductions from the areas of pharmaceuticals, pharmacognosy, pharmacology, health care administration, medicinal chemistry, and clinical pharmacy. The delivery of this program presented a tremendous challenge to the Bureau. We hoped to present this level via educational television. We proposed to offer the program at night when it would be convenient for practicing pharmacists to participate. Supplemental materials such as printed outlines, study guides, references, and examinations

were to be mailed to pharmacists in advance of the scheduled program. Continuing education credit was to be given for participation in these television-taught courses. This delivery method did not meet with much success. The Bureau then tried a proctored television presentation in a series of Sunday afternoon meetings scheduled across the state. That method had only a total attendance of 170 pharmacists. We were progressing, but we still had not achieved the level of success for which we were hoping. After trying several delivery methods, we were convinced that the best method of presenting the Keep Up program was by using a panel/audience reaction method. We also found that more pharmacists attended a one-day conference (approximately six hours of continuing education). The program was presented in the northern part of the state, then the central and southern parts. Each year since implementing this method of delivery, we have had over 300 pharmacists attending this program.

Another factor that has helped to mold the Keep Up program into an excellent continuing education program is the Keep Up Team. By using the same faculty members each year to present this new drug information, we maintain some continuity. Each panel member learns what the other will be presenting about the new drugs and can complement the presentation by additional information. Teamwork has improved the program each year. The same printed program design is used each year. Pharmacists have become used to looking for the runner (a picture of a pharmacist running in track clothes keeping up with pharmacy knowledge). The Bureau has actually received a number of calls from anxious pharmacists prior to programs being mailed each year.

An additional service that participants derive from the Keep Up seminars is a hardbound notebook with all of the information about the new drugs. The notebook is attractive and is dated on the spine. The pharmacists and some physicians have found this information very useful as a shelf reference for their personal library.

The Keep Up seminars are now recognized as the best continuing education program presented by the School of Pharmacy. We have evaluated our programs since the beginning. The evaluations from the participants have assured us that we have consistently improved our presenting of Phase II of our integrated continuing

education approach. The following are quotations from participants in the Keep Up seminar for 1991:

The Keep Up seminar is very important to the profession of pharmacy and keeping the pharmacists updated on all the new drugs.

—Irish Lytle, R.Ph.
Jeff Anderson Regional Medical Center

The Keep Up seminar provides excellent reference material in a well-organized fashion.

—Jimmy Bennett, R.Ph.
Bennett's Apothecary

Physicians often call regarding the Keep Up information. We keep it handy by the telephone with our other references.

—Ricky Burgess, R.Ph.
Bennett's Apothecary

[The Keep Up Seminar is] one of the outstanding programs presented by the School of Pharmacy's Bureau of Pharmaceutical Services.

—Sam Daniel, R.Ph.
Medical Center Pharmacy

[The Keep Up Seminar is] one of the better continuing education programs. It truly keeps you up with consolidated information on all drugs that were marketed in the last 12 months.

—Ward Brister, R.Ph.
Brister Pharmacy

Phase III, or Projected Trends, addresses topics that concern the practice of pharmacy and possible new roles for the pharmacist. Level III is important to all pharmacists; it assists them in keeping their fingers on the pulse of pharmacy practice. This program is presently a seminar: Fall Update-New Trends in Pharmacy Practice. Program titles have included New Laws and Regulations of

Pharmacy Practice, Outcomes Assessment in Drug Therapy, Pharmacies of the Future: Design and Layout, The Impact of Biotechnology on Pharmacy Practice, Specialty Compounding, Specialized Counseling, Home IV Programs, Pharmacy Practice in the Shadow of the 21st Century, Preparing Pharmacy for the Future: The Role of Education, and many other timely subjects.

In addition to the Fall Update seminar, a number of programs on new trends, as well as some review topics, are offered through long-distance learning programs. These include the Bureau *Bulletin*, PharmEd cassettes, and journal articles. The Bureau of Pharmaceutical Services is an American Council on Pharmaceutical Education (ACPE) accredited provider, and all of its programs meet the criteria for quality guidelines set forth by the council.

The purpose of continuing education for any health professional is the improvement of patient care, health maintenance, and self-satisfaction with a health career. Pharmacists are members of the health team, and applied competency is required if they are to work closely with the other health care team members. Pharmacy knowledge is accelerating at a tremendous rate, and modern pharmacy practice is more patient oriented.

The expanding role of the pharmacy profession and the ever-increasing volume of drug products necessitate lifelong learning for the practicing pharmacist. Lifelong learning—continuing education—refers to those planned, organized learning experiences and activities beyond the basic educational or preparatory programs. These learning experiences and activities are designed to promote the continuous development of skills, attitudes, and knowledge necessary to maintain proficiency, provide quality products or services, be responsive to needs, and help keep abreast of significant change.

It has long been assumed that continuing education of some type is important for the maintenance of competency. Although various reasons for participating in continuing education have been addressed by pharmacy educators, the reason stated most often and with the most emphasis is the maintenance of professional competency (2). Competency-based exams for relicensure offer a less desirable mandate than mandatory continuing education. If given a choice, most pharmacy practitioners would choose mandatory

continuing education over competency-based exams. Whatever the situation, the responsibility of the pharmacy profession is to have competent practice as its ultimate goal (3).

We believe that the integrated approach to continuing education implemented in 1978 is helping pharmacists to reach their goal of competent practice. Phase II, or Keep Up, seminars have demonstrated true continuing education for pharmacists. Phase III, New Trends, should prepare practitioners for significant changes and help them develop new roles in the practice of pharmacy.

I close this success story by stating that the integrated approach to continuing education has been successful in Mississippi. Brainchild II (Keep Up) and Brainchild III (New Trends) are growing and developing each year. Continuing professional education for pharmacists is alive and well in Mississippi.

REFERENCES

1. Ladner KE, Smith MC. Pharmacy continuing education in Mississippi: an integrated program. *Bull Bureau Pharm Services* 1978;14(3).
2. Merginer MA. The effect of mandatory continuing education on pharmacists' motivations for participating in continuing education. *Am J Pharm Educ* 1981;45:275.
3. Kirk RJ. *Building quality into adult continuing education: a guide to life-long learning*. Rockville, MD: CE Educenter, 1981.