Congratulations, Graduates!

Congratulations to the 33 participants who completed their Teaching and Learning Certificate Program (TLCP) in 2015:

Lindsay S. Acree, Jose Barboza, Ashton E. Beggs, Laura Lo Castro Bio, Jane Bowen, Rebecca Bragg, Allison M. Chung, Jaclyn D. Cole, Rachel S. Dispennette, Sarah Jane E. Faro, Emily Frederick, Christopher J. Gillard, Elisa Greene, Melody L. Hartzler, Alex N. Isaacs, Brittany Johnson, Yardlee S. Kauffman, Cassandra L. Legari, Christina M. Madison, Allison M. Mann, Michelle Maynard, Karleen T. Melody, Melanie Michael, Leena Myran, Venita Papillion, Mara Poulakos, Sara Richter, Melissa Ruble, Jennifer L. Simon, Ted Simper, Katherine P. Smith, Jeremy W. Vandiver, and Gwendolyn Wantuch.

Good luck in your careers, and thanks for sharing your experience and insights. We hope that you consider maintaining a connection with the TLCP as a mentor for future TLCP participants. Contact Zangi Miti (zmiti@accp.com) for more information.

Attendees at the TLCP Award Ceremony in San Francisco, October 2015.

Webinars Are Under Way

Completion of the TLCP requires participation in four 1-hour webinars on current topics in pharmacy education. The webinars are offered free to enrollees of the TLCP. Other ACCP members can participate for a fee. Contact zmiti@accp.com.

Already aired are presentations by Brent Reed on "'Flipped' Side: Implementing Flipped Learning in the Classroom and the Clinic" (January 19 and February 2), Andrea Franks on "Team-Based Learning in Pharmacy Education: Tools and Tips for Success" (January 26), and Jo Ellen Rodgers on "Benefits of Case-Based Learning and Effective Implementation" (February 11). Thanks to the presenters for their informed and engaging presentations. (A summary of Reed's presentation on the flipped classroom appears below at the end of this article.)

Upcoming Webinar

- **Teaching APPE Students to Precept IPPE Students**
  Craig D. Cox, Pharm.D., FCCP, BCPS
  Associate Professor of Pharmacy Practice and Vice Chair
     of Experiential Programs, Texas Tech University Health
     Sciences Center School of Pharmacy, Lubbock, Texas
  Tuesday, March 15, 2016: 7:00 p.m. to 8:00 p.m. (EST)

The new 2016 Accreditation Council for Pharmacy Education (ACPE) asks for colleges/schools to prepare students who are both "practice-ready" and "team-ready." Although not clearly articulated in the standards, one could argue that our students should also be "preceptor-ready." Many of our graduates

Cox

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become preceptors within the first 2 years of graduation, yet only a small percentage of them have actually been trained to teach. This webinar will focus on teaching advanced pharmacy practice experience (APPE) students how to precept introductory pharmacy practice experience (IPPE) students. The paucity of literature that exists in this area will be discussed, together with the potential benefits of this process. Participants will be provided with tangible ideas they can take home and implement at their institution.

Webinars are open to the entire ACCP membership, but a maximum of 100 people can register. Although TLCP participants can access the webinars at no cost, there is a $69.00 fee for ACCP members and a $99.00 fee for ACCP nonmembers not currently enrolled in the ACCP Academy. To receive 1.0 hour of continuing education credit, attendees must register and attend the webinar on March 15 and claim CE before May 15, 2016. Only enrollees in the TLCP will receive Academy credit toward their certificate.

Brent Reed Highlights Key Points from His Flipped Classroom Webinar

Many health care educators have turned to flipped learning as a strategy for increasing active learning, effectively shifting the focus from memorization of facts and concepts to practical application of clinical knowledge and skills. Flipped learning is an instructional methodology where learners are exposed to new content before class, often in the form of readings or audio/video recordings, allowing class time to be repurposed for active learning. Learners are held accountable for pre-class preparation using quizzes or other assignments, which can also serve as an assessment of their foundational learning. Because basic learning objectives can be met through pre-class preparation, in-class sessions can focus on higher-order learning, such as application, analysis, and evaluation.

Reed

Studies of flipped learning models indicate that use of such models increases both student engagement and student performance, and students often indicate a preference for this approach when it has been implemented effectively. Other benefits include greater learner autonomy, increased learner-instructor interaction, and opportunities for team-based learning. Instructors often cite time and planning as two major barriers to implementing flipped learning, although these generally improve with experience. Learner resistance may also be a challenge at first, although this is often a consequence of changing expectations rather than a preference for traditional instructional methodologies.

The underlying principles of flipped learning are adaptable to a wide variety of teaching styles, learning environments, and technological capabilities. The active learning facilitated by flipping can include class discussion, team-based learning, role-playing, peer-teaching, reflective writing, and more. Similar principles can be used in the experiential setting, allowing preceptors to focus on clinical application rather than broad topic overviews. Finally, both low- and high-tech options exist, allowing instructors who do not consider themselves very tech savvy to implement flipped learning and achieve these gains in learner engagement and performance.

ACCP Academy Teaching and Learning Electives

In addition to attending four webinars, TLCP recipients must complete four 2-hour electives.

In Phoenix, the electives will be presented by faculty members very familiar with the TLCP.

- **Engagement and Motivation: Creating Significant Learning Experiences**
  Andrea S. Franks, Pharm.D., BCPS
  Associate Professor, Departments of Clinical Pharmacy and Family Medicine, University of Tennessee Health Science Center; Clinical Specialist, Family Medicine, University of Tennessee Medical Center, Knoxville, Tennessee
  Sunday, April 10, 2016: 1:30 p.m. to 3:30 p.m.
  Available for up to 2.00 hours of CPE credit

Franks is known to TLCP enrollees through her well-received webinars on team-based learning.

Franks

- **Simulation in Pharmacy Education**
  Amy L. Seybert, Pharm.D., FCCP, FASHP
  Interim Chair and Associate Professor, Pharmacy and Therapeutics, University of Pittsburgh School of Pharmacy, Pittsburgh, Pennsylvania
  Sunday, April 10, 2016: 3:45 p.m. to 5:45 p.m. (MST)
  Available for up to 2.00 hours of CPE credit

Seybert has broad experience in using simulation. She also has the distinction of being a 2009 "graduate" of the ACCP TLCP.

Seybert

Please visit http://www.accp.com/meetings/gc15/schedule.aspx for details on each session.

Global Collaboration in Pharmacy Education

Jacqueline McLaughlin, Ph.D.

[Editor's Note: This is the second of a five-part series about global pharmacy education.]

In October 2015, the American College of Clinical Pharmacy (ACCP) hosted the Global Conference on Clinical Pharmacy, offering cutting-edge programming with global perspectives on emerging issues and challenges faced by clinical practitioners. This conference was timely, given that health care systems are rapidly changing (e.g., electronic medical record

McLaughlin

implementation, health system consolidation), patient and student populations are becoming increasingly diverse, and innovations in technology and pedagogy are permeating educational practice (e.g., flipped classroom, individualized learning).

Conversations about global pharmacy education extend beyond ACCP, as indicated by a global collaboration presentation at the 2015 American Association of Colleges of Pharmacy (AACP) and Association of Faculties of Pharmacy of Canada (AFPC) annual meeting in National Harbor, Maryland. Faculty from Monash University (Melbourne, Australia), University of California – San Francisco, University of Connecticut, and University of North Carolina at Chapel Hill envisioned the role of pharmacy education in transforming practice to meet global challenges according to five major themes:

1. Developing a needs-based curriculum for a changing workforce and future practice;

2. Using pedagogy to drive technology and design of spaces for enhanced learning;

3. Teaching and assessment for every stage of the student life cycle;

4. Embedding leadership, mentoring, recognition, and professional development; and

5. Developing a capacity for lifelong reflective learning (Costelloe et al. 2015).

Attendees considered the contextual issues affecting these themes, global challenges to meeting these needs, desired outcomes for our profession, and the role of global communities of practice in transforming pharmacy practice for each of these areas. To encourage ongoing dialogue, presenters advocated for the use of PharmAcademy (www.pharmacademy.org) as a platform for online communities of practice interested in engaging with colleagues around the world about these and other global challenges facing pharmacy.

Part 1 of this series (Needs-Based Curriculum) was addressed in the October 2015 edition of the ACCP *TLCP Newsletter*. The following section provides a reflection on the second theme, Using Pedagogy to Drive Technology and Design of Learning Spaces.

Interest in the impact of active approaches to pedagogy (e.g., flipped classroom, active learning, just-in-time teaching) is widespread and increasing, prompting shifts from teaching-centered models to learning-centered strategies in the health professions. Research shows that student attention declines substantially and steadily after the first 10 minutes of a lecture and that students remember only about 20% of the material presented in the last few minutes (Stuart et al. 1978). In contrast, evidence shows that engaging students in active learning can enhance learning outcomes, improve student motivation, and stimulate higher-order thinking, problem solving, and critical analysis. Advances in technology empower students to independently access more information than ever before and equip instructors to engage students in new and innovative ways. In the digital age, students need instructors as coaches and mentors who encourage critical thinking, facilitate problem solving, and promote learning and application of complex ideas.

Amid these shifts in pedagogy, research suggests that learning spaces can shape instructor behavior and classroom activity. Neuroscience literature indicates that increased social interactions and active exploration of the spatial environment improve learning and memory (Van Praag et al. 2000). As such, active learning in spaces that enable peer interaction and student engagement can improve learning outcomes (e.g., Brooks 2010). Experiential settings, such as hospitals and clinics, provide a natural environment for engaged learning and play a critical role in preparing students for the real-world challenges of health care.

Creating learning spaces that enable students to engage with peers, instructors, patients, materials, and technologies in a meaningful way is not trivial. The 2014 Report on Trends in Higher Education Planning from the Society for College and University Planning highlights the growing need for sustainable and adaptive approaches to building a learning infrastructure that supports technology-rich education, including design strategies that address new ideas of pedagogy and enhance student engagement; flexible learning spaces that accommodate group learning, multiple instructors,

> *One looks back with appreciation to the brilliant teachers, but with gratitude to those who touched our human feelings. The curriculum is so much necessary raw material, but warmth is the vital element for the growing plant and for the soul of the child.*
>
> —Carl Jung

and multimedia sourcing; and criteria for adapting learning spaces using evidence-based findings about student learning. In clinical settings, this design process can become even more complex. Although student learning in a school-based course may be structured or confined depending on the physical classroom, the learning space in the experiential context can extend to every room, patient, and technology in the clinical space. When designing learning activities for students, consider how the following key elements of engaged learning can be incorporated into your learning spaces (Determan et al. 2014):

- Movement: Provide students opportunities to move around the classroom or experiential setting on a regular basis (e.g., to engage with others).

- Peer Engagement: Promote opportunities for students to engage in health care–related conversation with other students or work jointly with others on a group task.

- Instructor Interaction: Devote time for students to engage directly with you or with material assigned by you with your oversight, feedback, or shared attention.

- Interaction with the Built Environment: Identify opportunities for students to use technologies and features in the classroom or experiential setting in increasingly complex ways over time (e.g., white boards, computer systems, supplies).

- Disengagement: Consider alternative approaches for students who appear not to be engaged with the instructor, material, peers, or built environment; are there other technologies, topic areas, or pedagogical approaches that might help inspire or engage the student?

Space and resources are important commodities in a competitive economic environment, where demands are rising and resources are shrinking; however, creating learning spaces that enable students to acquire the skills necessary for pharmacy practice is critical for ensuring the ongoing success of our Academy. Clinical faculty are uniquely equipped to understand and create learning opportunities for students using the processes, technologies, physical spaces, and resources available. In the global context, the ways in which we engage learners using active and applied learning are critical to optimizing student outcomes and preparing students for the context of global health care and rapidly evolving health care systems.

[The third installment of this series in the next newsletter will focus on teaching and assessment for every stage in the student life cycle.]

References

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3. Determan J, Macht FHC, Akers MA, et al. Learning Space Design for the Ethnically Diverse Undergraduate Classroom. 2014. Available at www.aia.org/aiaucmp/groups/aia/documents/pdf/aiab106445.pdf. Accessed February 4, 2016.

4. Stuart J, Rutherford RJD. Medical students' concentration during lectures. Lancet 1978;2:514-6.

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Further Opportunities to Learn About International Pharmacy

For faculty who wish to combine continuing education with international travel, two conferences this summer may be of interest.

11th International Conference on Life Long Learning in Pharmacy, Split, Croatia:
July 1–4, 2016

The program includes workshops, small group sessions, oral communications, two poster sessions, and three exceptional keynote speakers. Incorporated are a variety of learning activities with special opportunities to network and collaborate with diverse international colleagues. Sessions are designed to facilitate sharing of new ideas, challenges, and solutions for promoting lifelong learning in our profession. Details can be found at http://www.lllpharm.com/.

76th FIP World Congress of Pharmacy and Pharmaceutical Sciences 2016, Buenos Aires, Argentina:
August 28–September 1, 2016

The program focuses on "Rising to the Challenge: Reducing the Global Burden of Disease." Further details can be found at http://buenosaires2016.fip.org/.

Register Now to Attend the Teaching and Learning Sessions in Phoenix, Arizona

ACCP Academy programming will be offered in conjunction with ACCP Updates in Therapeutics® 2016, April 8–10, 2016, in Phoenix, Arizona.

Registration includes all sessions within the ACCP Academy track of your choice (Leadership and Management, Research and Scholarship, or Teaching and Learning), continuing pharmacy education credit, and program handouts.

The TLCP will offer its required modules and electives according to preestablished course schedules and will concentrate its programming over a 2-day period to enable Academy participants to minimize travel expense and time away from their practice.

To obtain full programming details and register, visit www.accp.com/acad. Take advantage of the discounted early-bird rates by registering by February 26, 2016.

Serve the Profession and Yourself as a Mentor

If you have completed the TLCP, you are in an ideal position to serve as a mentor to those beginning the program. Your familiarity with the principles, content, and strategies of the TLCP enables you to provide very helpful feedback. And, of course, because the best way to learn anything is to "teach" it, serving as a mentor enhances your personal growth. If you are interested, please contact zmiti@accp.com.

Keeping Track

Portfolio Assignments

The online portfolio system is available at www.accp.com/academy. If you have not already done so, please visit the site today to begin assignments for the modules you've completed. Online portfolio assignments must be completed within 6 months of participating in a module.

Progress Reports

Progress reports are available at any time in your online portfolio. Progress reports will be updated within 14 days after the end of each ACCP meeting. To view your updated progress report, visit www.accp.com/academy.

Note on Portfolios

The four required 4-hour modules of the TLCP are taken in sequence: Primer and Planning for Effective Teaching and Learning are offered in the fall, and Implementing Effective Teaching and Learning and Assessing Student Learning are offered in the spring.

Remember that to attend the spring modules, participants must have completed the required portfolio assignments for the fall modules.

Information regarding the portfolios and your status can be found at http://www.accp.com/academy/teachingAndLearning.aspx.

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