Implementation of a Health Screening Training Process for Second and Third Year Pharmacy Students

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Background
Student pharmacists at the Daniel K. Inouye College of Pharmacy (DKICP) at the University of Hawaii at Hilo frequently participate in community health screening events led by various student organizations. Prior to this study, each organization was responsible for creating their own training process. In order to standardize the training process, a more robust training program was developed, to ensure that all students were adequately prepared to conduct health screenings in the community, and to prevent the need to hold individual sign-offs for each event throughout the year.

In the Fall of 2016, 16 student pharmacists formed a voluntary committee with the goal of unifying the health screening protocol under the guidance of two faculty members. This would ensure that all students of the college that planned to do health screenings would receive the same standardized training. A questionnaire was created with 5-6 questions per disease state topic and was administered to gauge student’s retention of counseling knowledge.

Methods
A total of 67 students enrolled, consisting of 32 second-year (P2) and 35 third-year (P3) pharmacy students, who participated in the screening training facilitated by faculty members was integrated into the Pharm.D. curriculum for each class. Though all of the educational components of this training are covered in various parts of the Pharm.D. core curriculum, having the application piece tied together with hands-on training for community health screenings is a beneficial experience for all students. This is further supported by a post-training feedback survey, in which a majority of the students found the hands-on portion of the training to be the most helpful, and gave it an average rating of 4.35 on a 5 point scale.

Results
There was a decrease in knowledge retention after the standardized health screening training process, which was trending towards significant. Secondary outcomes revealed that P2 students had better overall retention rates when compared to P3 students, however this may be confounded by the difference in topics in the Pharm.D. curriculum for each class.

Discussion
For students on the committee, creating lectures based on the guidelines, presenting to fellow students, and being a part of the process of creating a new standardized training was a beneficial learning experience. While some organizations may have done a similar process previously, this large scale committee involved students from six different organizations and was able to successfully implement this standardized process for the entire DKICP.

Conclusion
Students benefit from being exposed to the health screening training process multiple times. Increasing their exposure and practical experience has the most potential to increase their knowledge retention. Based on these findings, this process of a unified health screening training facilitated by faculty members was integrated into the College’s Introductory Pharmacy Practice Experiential (IPPE) courses for P2 and P3 students in the 2017-2018 academic year. Further studies should be performed to evaluate the efficacy of a formalized training course as a part of the core curriculum.

Disclosures
The University of Hawaii Institutional Review Board approved this study with exempt status.

References

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