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Incorporating a Continuing Professional Development Process into Residency Training

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Abstract

Continuing Professional development (CPD) has been defined as a "self-directed, ongoing, systematic and outcomes-focused approach to learning and professional development." CPD is an important process that can be used to achieve a habit of lifelong learning and competence in the profession. The CPD process includes 5 steps – reflect, plan, act, evaluate and document. It has been postulated that introducing CPD early in a pharmacist's career encourages the development of life-long learning habits. Pharmacy residents are an ideal cohort to implement CPD into their program, since their accrediting body, the American Society of Health System Pharmacists (ASHP) already encourages the use of deliberate goal identification and evaluation throughout the resident's training. We describe here the process of integrating a continuing professional development (CPD) model into a residency teaching certificate program, subsequent lessons learned and recommendations for the future.

Introduction

There is a shortage of clinical faculty in academic institutions across the country. Because of this select residency programs are implementing academic learning objectives or teaching certificate programs (TCP) into their programs.[1] Published studies have shown that TCPs are valued by residents because they improve confidence with teaching, assist residents in completion of academic learning objectives, and provide mentoring opportunities.[2-5] Currently there is a lot of variety in TCPs and professional pharmacy associations, such as American College of Clinical Pharmacy (ACCP) and American Association of Colleges of Pharmacy (AACP), are contemplating making these teaching certificate programs more standardized.[6,7] Continuing professional development (CPD) as described below is one idea to bring standardization to TCPs. In an effort to increase teaching knowledge in the residents affiliated with UNC Eshelman School of Pharmacy a TCP was launched in 2009. In this paper we describe the integration of CPD into the TCP.

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Continuing Professional Development (CPD)

Continuing professional development (CPD) is one approach pharmacists can use to maintain skills and competencies. This approach is self-directed and outcomes based, and generally includes continuing pharmacy education (CPE).[8] The steps of the CPD process include reflect, plan, act, evaluate and document. In 2012, Accreditation Council for Pharmacy Education (ACPE) updated the cycle on their website to include "learn" instead of "act" (See Figure 1).[9]

Pharmacists have demonstrated that a CPD approach to CPE is effective.[8,10,11] These pharmacists maintain a personal CPD portfolio and proactively direct their CPE to enhance career opportunities and patient services.[8,10,11] Other healthcare professions, including medicine, nursing, dentistry, and allied health, are utilizing the CPD process to actively maintain and improve their knowledge and skills.[12-15] Accumulating CPE hours without any sort of planning for the content or form is unlikely to result in long-term, positive outcomes.[12,14]

Dental professionals in the United Kingdom have followed a required CPD process for more than 10 years.[14] The overall conclusion of a study within this group was that CPD should be planned and tailored to each individual clinician.[14] There also is evidence that CPD is most effective when it involves active learning and reflection. CPD has the most value when needs are assessed yearly to develop a personal plan for accomplishing goals.[14]

Pharmacists using CPD as a means of education reported an increase in professional knowledge, skills, attitudes and values compared to their counterparts solely using CPE as a basis for education.[16, 17] These pharmacists proactively utilized the CPD method to reflect on their educational needs, plan a process to address them, act on their plan, evaluate its effectiveness and document each step.[18]

In most of the world, including the United States, application of CPD as a replacement for or supplement to CPE is not extensive. There are many contributing factors to this; including poor knowledge of the CPD process, an undeveloped infrastructure of educational opportunities and funding.[19] Additional barriers recognized in the United States include the division of inter-professional decision making and lack of available time.[16, 20]

While there is literature to support the use of the CPD process for health care professionals who have completed training, there is little data concerning use of CPD by pharmacy residents. They are an ideal group to receive CPD training as they can utilize the CPD cycle to develop a specific plan, based on individual goal-setting, and meet goals and outcomes established by the American Society of Health-System Pharmacists (ASHP).[21] It is thought that individualizing this planning process via CPD helps provide focus, internal motivation, and direction to residents. Since TCPs are longitudinal in nature and are focused on development of residents as life-long learners, they are a natural place to incorporate CPD.

CPD Incorporation into a Teaching Certificate Program: An Example

The UNC Eshelman School of Pharmacy created a teaching certificate program in 2009 with the purpose of helping the next generation of pharmacy educators develop necessary teaching skills, both inside and outside the classroom. The program is competitive and is limited to 20-25 residents annually. The program consists of eight webinars on various aspects of teaching and academic life; two live discussion sessions; teaching in small and large classroom environments; precepting; individual mentoring by a faculty member; and creation of a teaching portfolio. The UNC program introduced education on the CPD process in 2010 (See Figure 2). Participants were asked to read a paper about CPD in pharmacy.[22] They were then asked to view three presentations on-line. The first presentation, "CPD 101", describes and provides an introduction to the concepts and components of CPD, the need to improve how pharmacists approach their continuing education and lifelong learning, and compares and contrasts the traditional CPE model with a CPD model.[9] The second presentation, "Using Reflection to Create A Learning Plan", describes the importance and application of reflection in personal and professional development and how to design learning objectives that address the personal and professional goals identified through reflection.[9] Emphasis was made on writing objectives that were Specific, Measurable, Achievable, Relevant and Timed (SMART).[23] The third and final presentation, "Act, Evaluate, and Record Your CPD", describes how to implement a personal learning plan to accomplish identified learning objectives, evaluate personal learning and the overall CPD process, and develop and maintain a CPD portfolio.[9] Each presentation was supported by handouts and self-assessment questions for participants. Participants were then asked to take part in a live discussion session during which the residents were taught how to write SMART learning objectives. Following training, residents were instructed to apply the CPD process voluntarily throughout the remainder of their residency.

In order to obtain residents feedback about CPD an eleven question survey was e-mailed to participants in the 2010-2011 and 2011-2012 teaching certificate program. Survey questions assessed the residents' perceptions of the various CPD activities, how they incorporated CPD into their residency year, and their overall opinion of CPD.

Lessons Learned

The implementation and incorporation of CPD into the TCP was straightforward and considered a positive addition based on survey results. A total of 19 out of 28 (68%) residents completed the survey. After completing the program, 84% of residents reported being either moderately familiar or very familiar with the concept of CPD . No resident responded as being "unfamiliar" with the concept.

The live session focusing on sample learning objectives and learning plans was moderately successful based on survey results capturing residents' subjective reporting of comfort. When asked "How comfortable are you writing SMART learning objectives?" and "How comfortable are you creating a learning plan?", residents were more comfortable in writing learning objectives (79% strongly agreed/agreed) than with creating learning plans (47% strongly agreed/agreed).

When asked which step of the CPD cycle was the easiest to implement, 47% responded the "plan" step was easiest (Figure 3). There was a comment box for the residents to provide reasons for their selection. The most commonly reported reason was that residents already perform this step in practice and that it involved less time on their part. Residents perceived "evaluate" and "document" as the most

difficult steps to accomplish in the CPD cycle. The most commonly reported reasons for difficulty included time involvement, as well as the subjective, rather than objective, nature of these steps.

Residents were asked to provide information regarding what resources, tools or additional programming they needed to successfully implement CPD in their professional life and in their residency program. Twenty-one percent (21%) wanted more examples of CPD, such as a sample CPD plan or learning portfolio.

In addition, 32% wanted more interactive workshops with small group work and active learning. One approach we could have incorporated would have been to add a few more half hour sessions, perhaps quarterly, to allow discussion of what was going well with the residents on their CPD journey and what barriers they were encountering.

Verbal feedback from a residency graduate emphasized that using this process during residency was easier than using the process after graduation, since there was less of an incentive after graduation. We believe that if residency program directors and preceptors were actively using the CPD process it would be easier for all residents to develop the habit themselves and incorporate it into their practices after competing their residency programs. Even though the residency program directors were involved in this process, in the future we would consider having sessions for the residency preceptors to help emphasize the process and encourage coaching of the residents along the way.

Discussion

The nature of residency training and this TCP allowed for easy incorporation of CPD. After a brief training program, residents reported being comfortable with CPD and understood the steps to manage their own learning through this process. Since residencies and TCPs are elective educational experiences, it would be expected that participants enrolled are more driven to be involved in self-directed learning and would easily adapt to CPD.

Our findings that residents view the "plan" and "reflect" portion of CPD as easier components compared to the "document" and "evaluate" portions are most likely a reflection of the set-up of most ASHP residency programs. Residents are evaluated often and asked to reflect frequently on experiences throughout the course of the year. They are also required to plan their learning activities with guidance from residency directors and preceptors. However, they receive less practice with documentation and evaluation of their own learning. Prior to entering the TCP, only 21% of residents had a portfolio. One way our TCP addresses documentation is via a portfolio requirement. We require residents to document teaching activities and evaluations of their teaching in a portfolio and then share that portfolio with an assigned teaching mentor at the end of the TCP year. The TCP Portfolio requirement coincides well with CPD, which emphasizes the need to document learning on a regular basis.[11] An existing TCP portfolio requirement likely aided the ease of incorporating CPD into our program.

Residents were more confident in writing learning objectives than with creating a learning plan. Throughout the TCP, many residents had the opportunity to write learning objectives for classes in which they taught. They had less experience writing a learning plan for themselves or other learners. Assistance on learning planning is an area that programs will need to consider enhancing to improve resident confidence. One way to do this would be for program directors and/or mentors to consider modeling the planning process early on and provide examples of what works and what does not.

Other considerations for improving incorporation of the CPD process could be regular discussions between preceptor and resident on barriers to achieving goals and approaches to surmount those barriers. In addition, consideration should also be placed on utilizing recording systems for residents that incorporates reflective learning components (learning statements, portfolios, journaling) that align with the CPD model. Lastly, having CPD discussions, using the process in Figure 4, with residency program directors and preceptors in clinical experiences can reinforce the CPD principles and allow residents to reflect and continually evaluate their learning.

Many countries use the CPD model and several states within the United States are adopting it to allow pharmacists another method for license renewal. CPD has shown to be more effective than traditional CPE. Exposing pharmacy residents to CPD via a TCP can serve as a conduit to increase the use of CPD rather than traditional CPE.[16] Further research is needed to assess the impact of utilizing CPD in a TCP on lifelong learning after completion of residency training.

Summary

CPD is gradually being introduced into different sectors of the pharmacy profession in the United States This paper demonstrates that a TCP can be a conduit to introduce residents to the CPD concept. Incorporation of the CPD framework into a TCP assists residents to purposefully plan for teaching and learning opportunities and experiences during residency training and development of life-long learning habits.

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Figure 1. Continuing Professional Development Process (used with permission)[9]

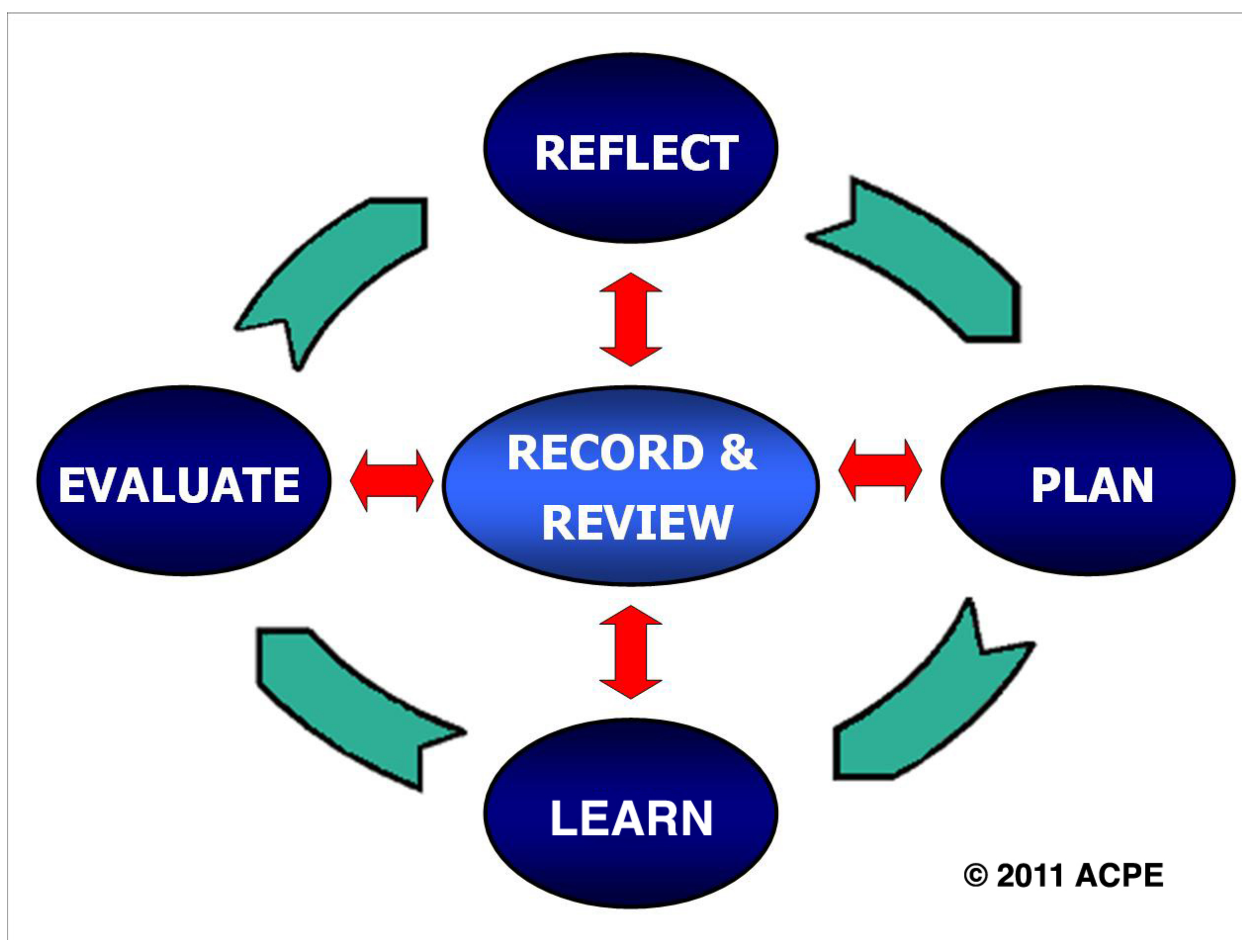


Figure 2. Process Used to Incorporate CPD into the UNC Teaching Certificate Program

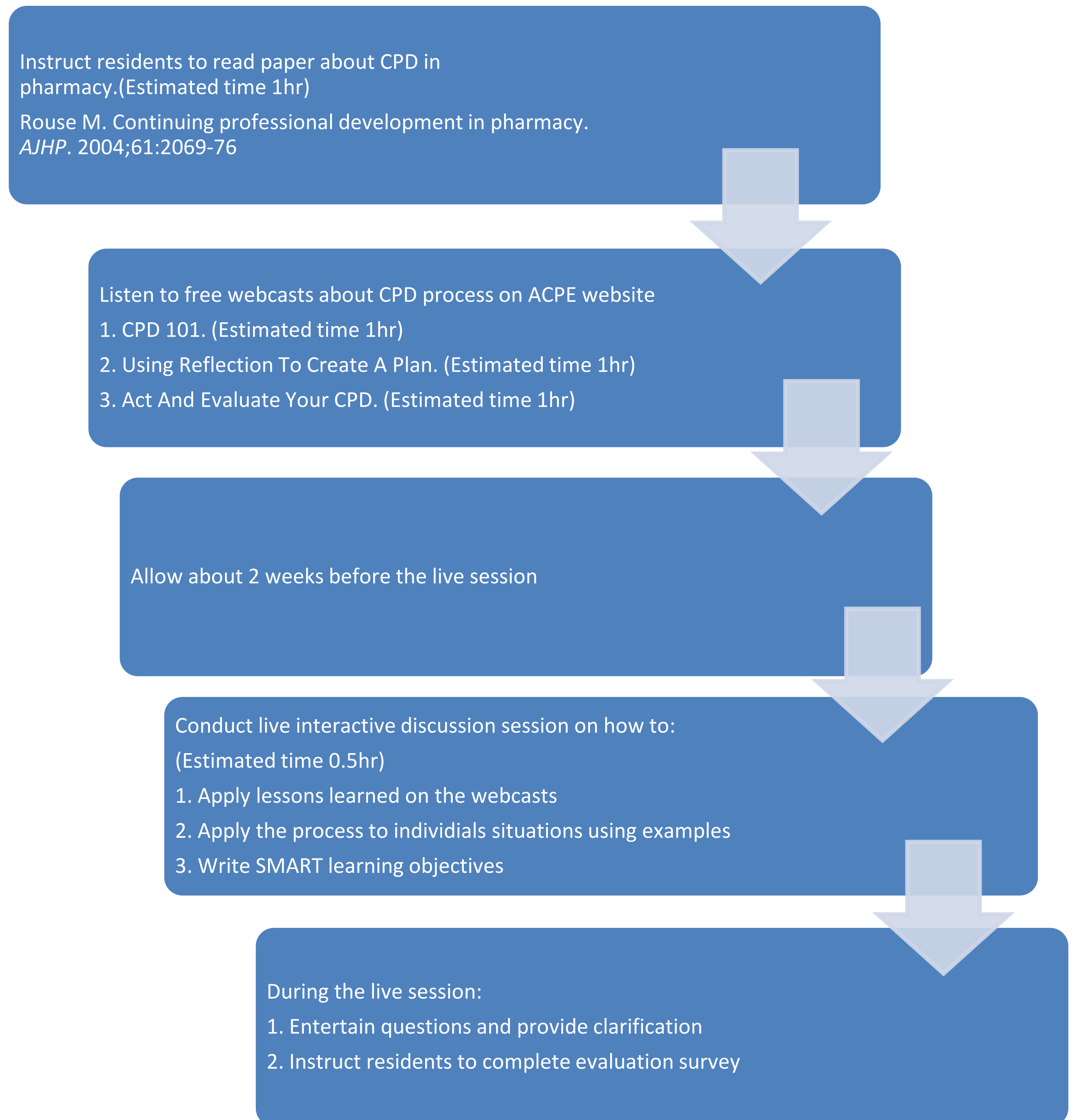
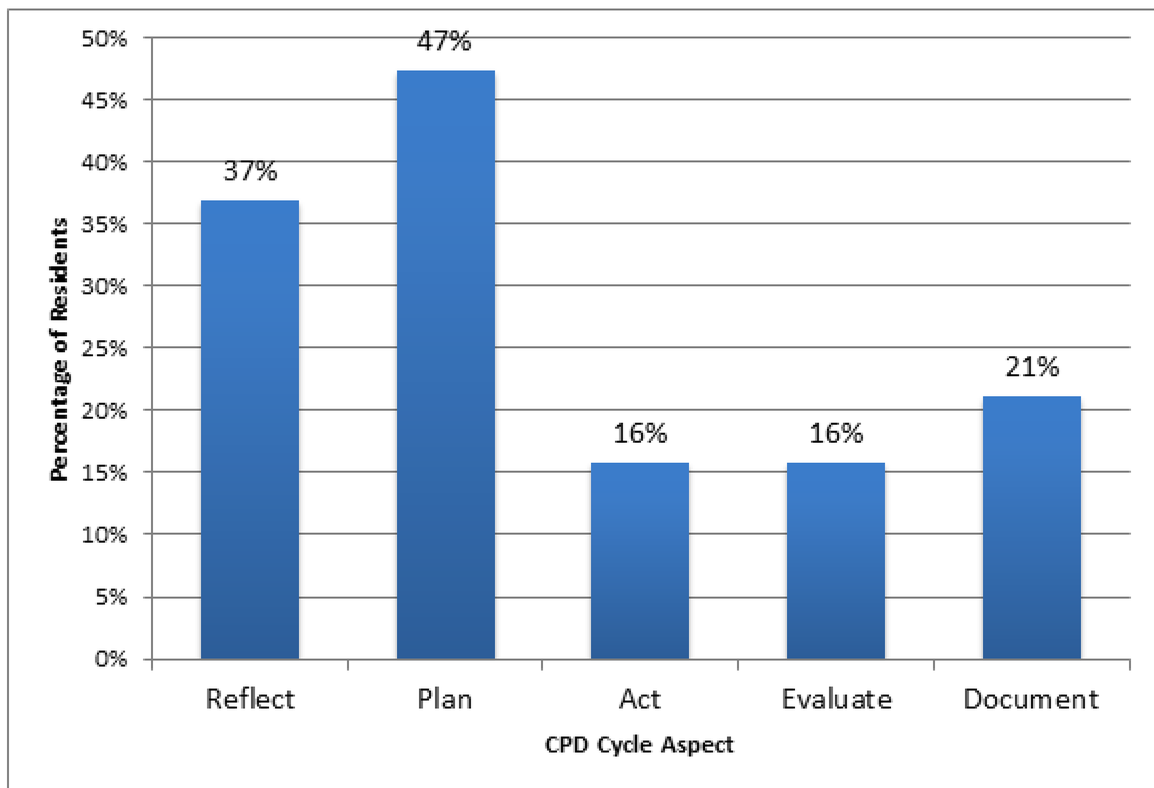


Figure 3. Which Aspects of the CPD Cycle Do You Think Will Be the Easiest to Accomplish?*



*Residents were allowed to select more than one response.

Figure 4. Applying the CPD cycle to Residency Programs or Projects