# Student reflections from a self-care small group simulation activity with standardized patients

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### Introduction

As the clinical role of pharmacists on health care teams has expanded, the education of pharmacy students has evolved to meet the demands of these new roles. To ensure graduating pharmacists have the necessary skills to complement their knowledge, pharmacy education includes application-based active learning alongside didactic coursework. Simulation-based traditional education (SBE) uses "guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner" in a structured learning environment.<sup>1</sup> SBE teaching strategies used by pharmacy schools often include the use of standardized patients (SPs), role-play, mannequins, computer-based programs, or virtual games.<sup>2</sup> The use of SBE can be implemented across the curriculum in various courses. Rude and colleagues demonstrated how a virtual simulation using an online dispensing program improved drug knowledge and student confidence in selecting over the counter products and consultation, and the activity was well received by the students.<sup>3</sup> Though the use of SBE is increasing in pharmacy education, the literature evaluating strategies in various coursework is lacking.

### Methods

Second year pharmacy students engaged in two small group simulation activities in the Self-Care, Health, and Wellness course. These activities required students to interview a SP, select an appropriate over-the-counter (OTC) product, and counsel the SP on the chosen product. Eight minutes were allotted for each portion of the activity. Students were able to use one drug information resource and the included product labeling when selecting an OTC product. All students in the small group were encouraged to participate in each portion of the simulation. The disease states evaluated were chosen by course faculty based on prevalence in clinical practice, student performance on knowledge-based exams, and student feedback from previous years. After the second simulation activity, each student was required to complete a self-assessment with multiple choice and free response questions. Students were asked to individually reflect on strengths, weaknesses, group challenges, and suggestions for future offerings of this activity.

Analysis of the data utilized mixed methods. Multiple choice questions were analyzed through descriptive statistics. Free response questions were reviewed and categorized by individual faculty, themes were developed and these were verified by a second faculty.

#### Discussion

A total of 92 students (99 enrolled) completed the postsimulation survey. Students felt the biggest challenge was balancing the activity among team members. The most commonly desired conditions for future offerings were dermatology cases such as dermatitis, burns, and insect bites. One-third of students recommended incorporating an individual component to the activity.

Limitations for the activity primarily involve time and budget. Multiple students requested more time for the activity or additional offerings. With the school schedule this activity is run during course time (8am) which is challenging for students, faculty, and the simulation center as a whole to staff. A multi-campus model also drives availability of space and large group sizes to complete all in the same hour. To maintain a "real-life" feel as much as possible in cases, OTC products are purchased to utilize during the activity. When cases are changed, this requires additional spending.

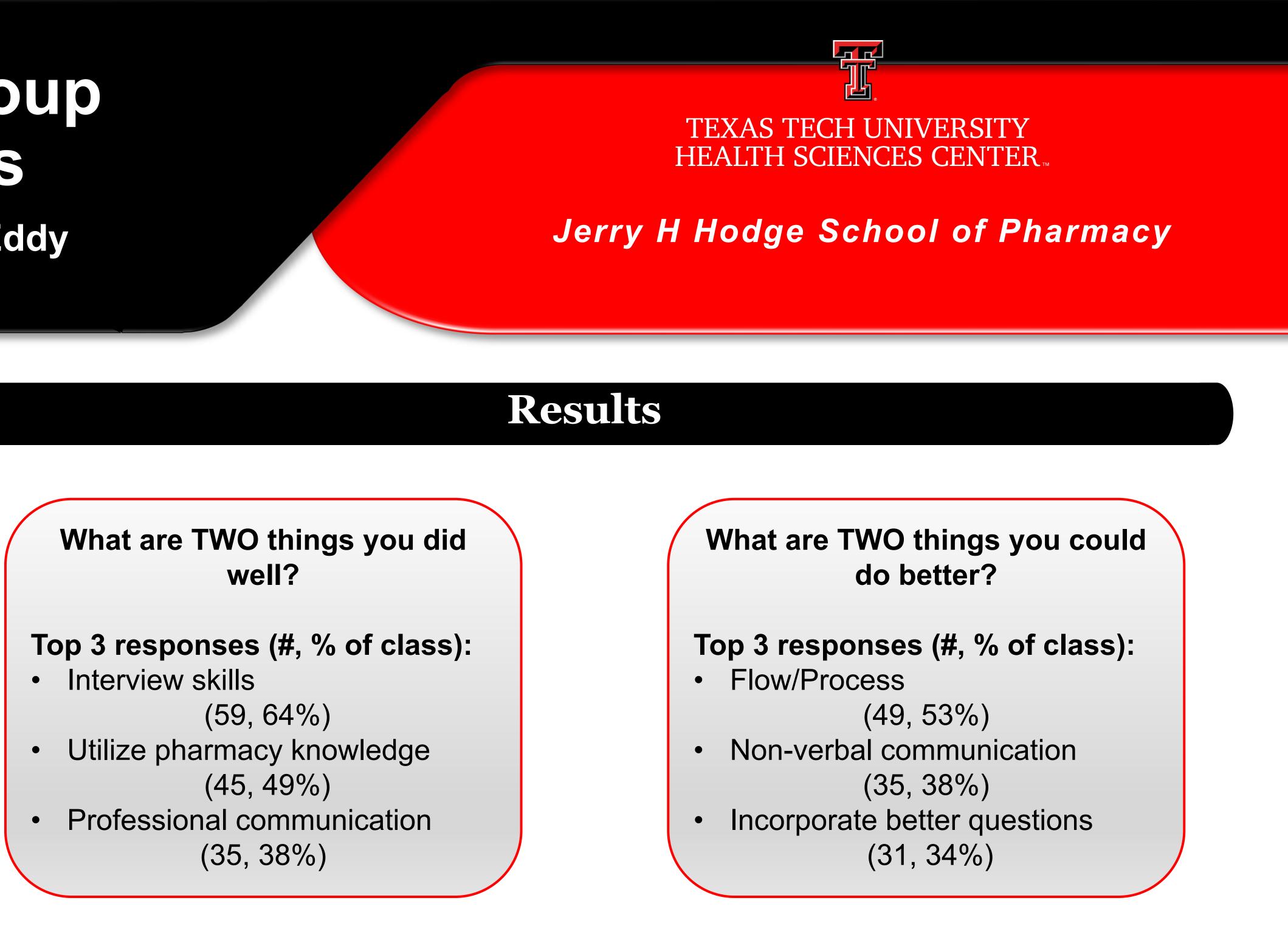
The cases used for 2023 were yeast infection, dry eye, constipation, and GERD. It should be noted that the topics tested on exams and taught directly during the survey period were dermatologic.

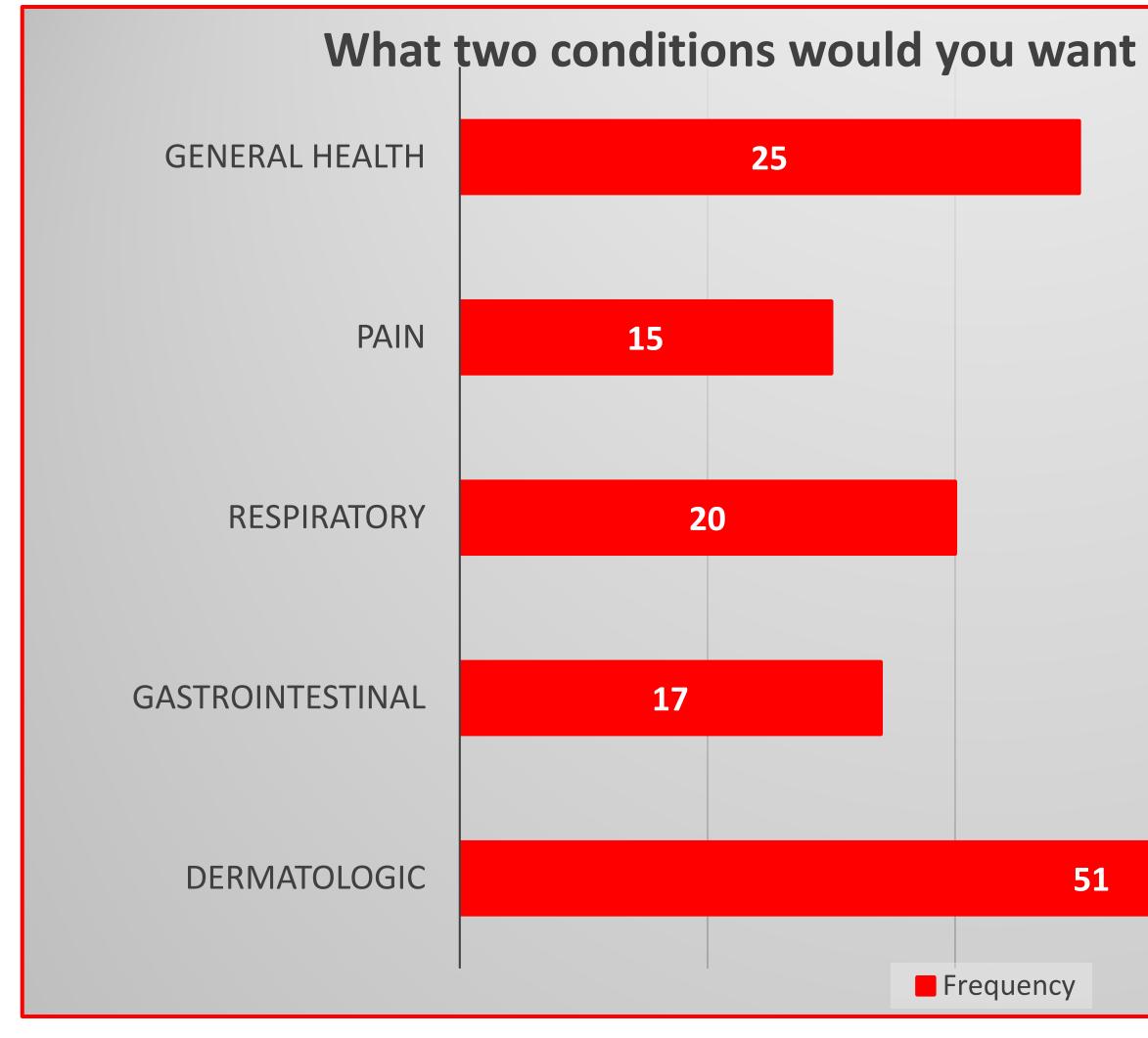
#### Conclusion

The use of SBE in a didactic self care course is viewed as beneficial by students and faculty. Delivering content in a manner that allows for development of skills needed for practicing pharmacists is key to building confidence in pharmacy students and allowing opportunities for selfassessment. Students have a strong desire to have "reallife" scenarios woven into existing curriculum outside of didactic delivery. Moving forward, the faculty team will evaluate how to incorporate an individual component to the activity and continue to advocate for implementation of these types of activities to augment didactic learning.

#### **Questions?**

If you have any questions or would like more information on the activity, please email becky.mahan@ttuhsc.edu





## References

. Gaba, DM. The future vision of simulation in health care. Qual Saf Health Care 2004;13(Suppl 1):i2–i10. doi: 10.1136/qshc.2004.009878.

2. Korayem GB, Alshaya OA, Kurdi SM, Alnajjar LI, Badr AF, Alfahed A, Cluntun A. Simulation-Based Education Implementation in Pharmacy Curriculum: A Review of the Current Status. Adv Med Educ Pract. 2022 Jul 1;13:649-660. doi: 10.2147/AMEP.S366724. PMID: 35801134; PMCID: PMC9255713.

3. Rude TA, Eukel HN, Ahmed-Sarwar N, Burke ES, Anderson AN, Riskin J, Caldas LM. An Introductory Over-the-Counter Simulation for First-Year Pharmacy Students Using a Virtual Pharmacy. Am J Pharm Educ. 2023 Mar;87(2):ajpe8940. doi: 10.5688/ajpe8940. Epub 2022 Mar 21. PMID: 35314424; PMCID: PMC10159501.

4. AACP. Core entrustable professional activities for new pharmacy graduates. Appendix 1. Published 14 November 2022. Accessed 24 June 2024. https://www.aacp.org/sites/default/files/2017-10/Appendix1CoreEntrustableProfessionalActivities%20%281%29.pdf

covered in this activity?			