

An Evaluation of Physical Examination Training Offered to Pharmacy Residents: A Survey of Program Directors

Matthew Levit, B.S., PharmD Candidate¹; Sandeep Devabhakthuni, PharmD, BCPS-AQ Cardiology¹; Brent N. Reed, PharmD, BCPS-AQ Cardiology, FAHA¹; Nicholas Leon, PharmD, BCPS, BCACP²; Kristin Watson, PharmD, BCPS-AQ Cardiology¹

¹ University of Maryland School of Pharmacy, Baltimore, Maryland ²Thomas Jefferson College of Pharmacy, Philadelphia, Pennsylvania

Background

- Performing the physical examination is crucial to assessing a patient's overall health and can assist practitioners in making conscientious decisions regarding patient management. ^{1,2}
- Pharmacists can conduct a limited or comprehensive physical examination (PE) in many patient care settings.^{2,3}
- Advanced pharmacy practice experiences and postgraduate year (PGY) residency training programs are opportunities where PE skills can be learned or reinforced.
- The purpose of this survey was to characterize how "hands-on" PE training is provided to pharmacy residents enrolled in adult, patient care-focused programs. We also sought to determine barriers or reasons that residents may not receive PE training.

Objectives

Primary outcome:

• To determine the type and frequency of formalized and non-formalized PE training offered to residents in adult, patient care-focused programs. Formalized training was defined as a structured educational program developed to meet a set of predefined goals and provide educational content and learning materials.

Secondary outcome:

• To determine barriers or reasons that residents may not receive PE training.

Methods

Study design:

- Prospective, multi-center survey-based pilot study.
- This study was deemed non-human subject research by the University of Maryland Institutional Review Board.

Study population:

- A random sample of 1000 PGY-1, PGY-2, PGY-1/2 pharmacy residency program directors from the United States and Puerto Rico were invited to participate.
- An equal distribution of directors (~33%) were invited from each program type.
- Program director contact information was obtained from the American Society of Health-System Pharmacists Residency Directory.
- Survey questions were distributed via Qualtrics[®].
- Descriptive statistics were utilized.

Results

- 122 program directors completed the survey; response rate was 12.2%.
- Directors from PGY-1 pharmacy residency (52%); PGY-1 community (14%); and PGY-2 ambulatory care (13.1%) programs were the most common responders.
- Thirteen programs (10.7%) provide formalized PE training. The components of this training are listed in Figure 1.

Figure 1. Components included in PE training offered by residency training programs

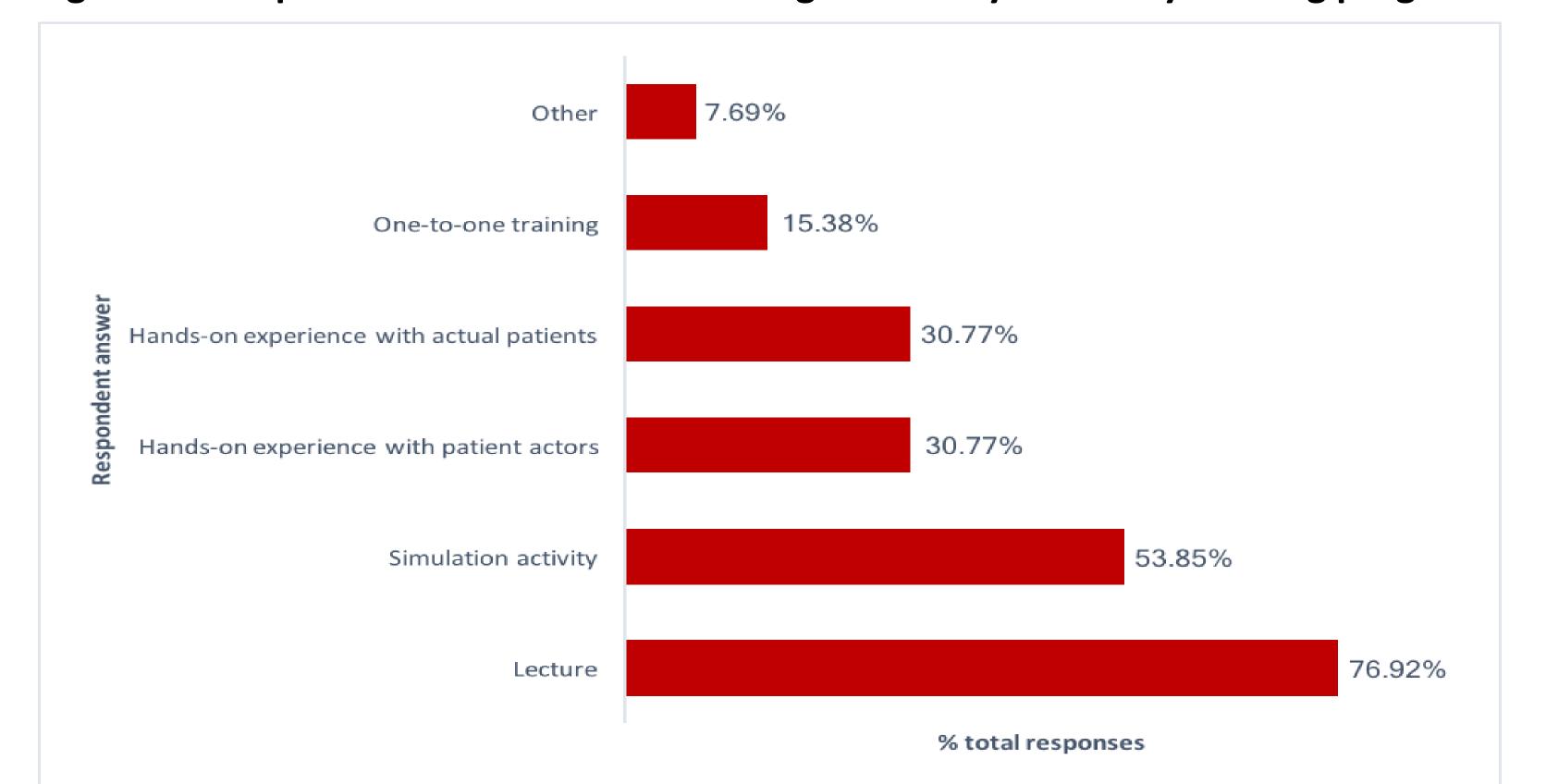
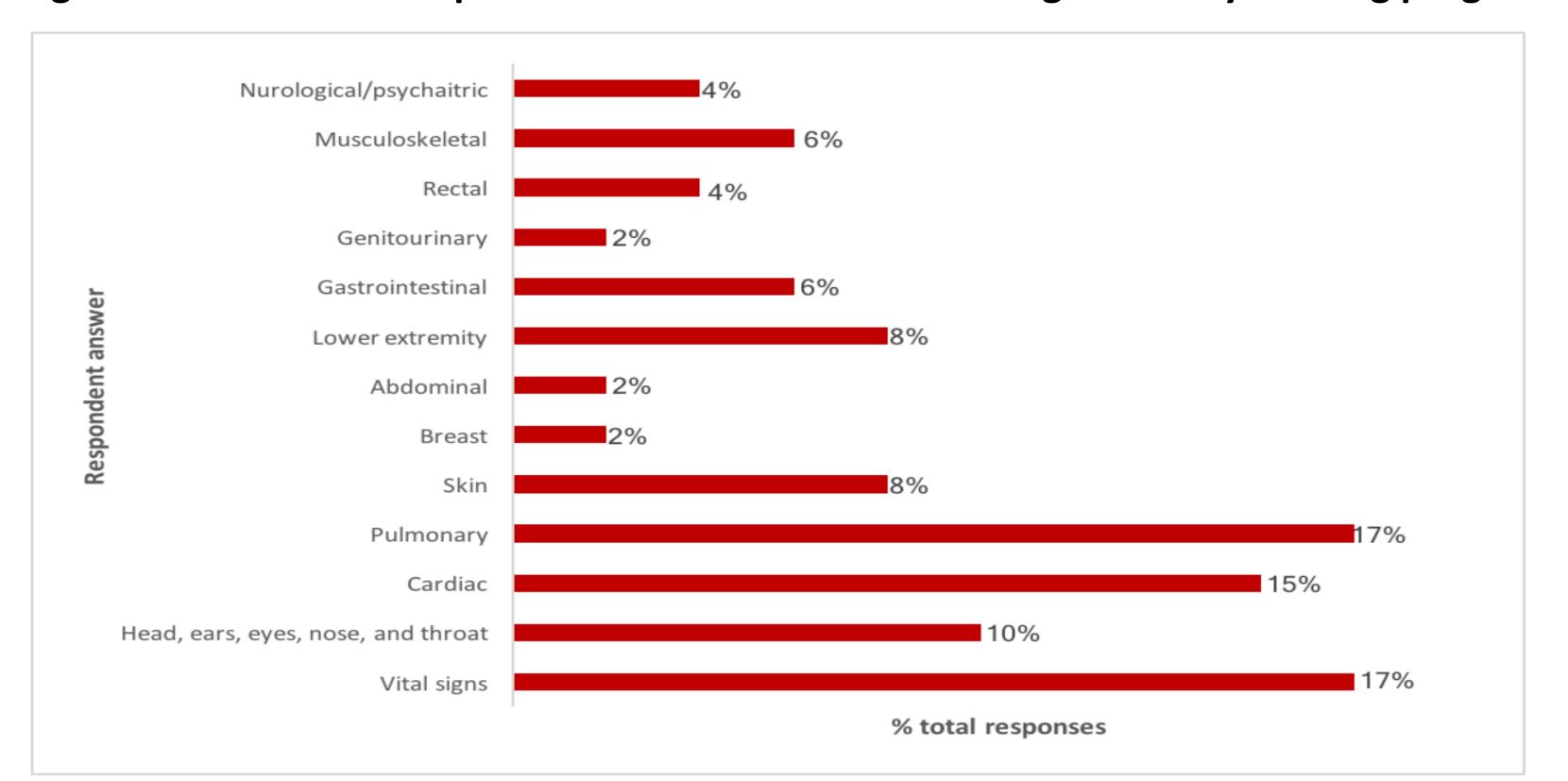


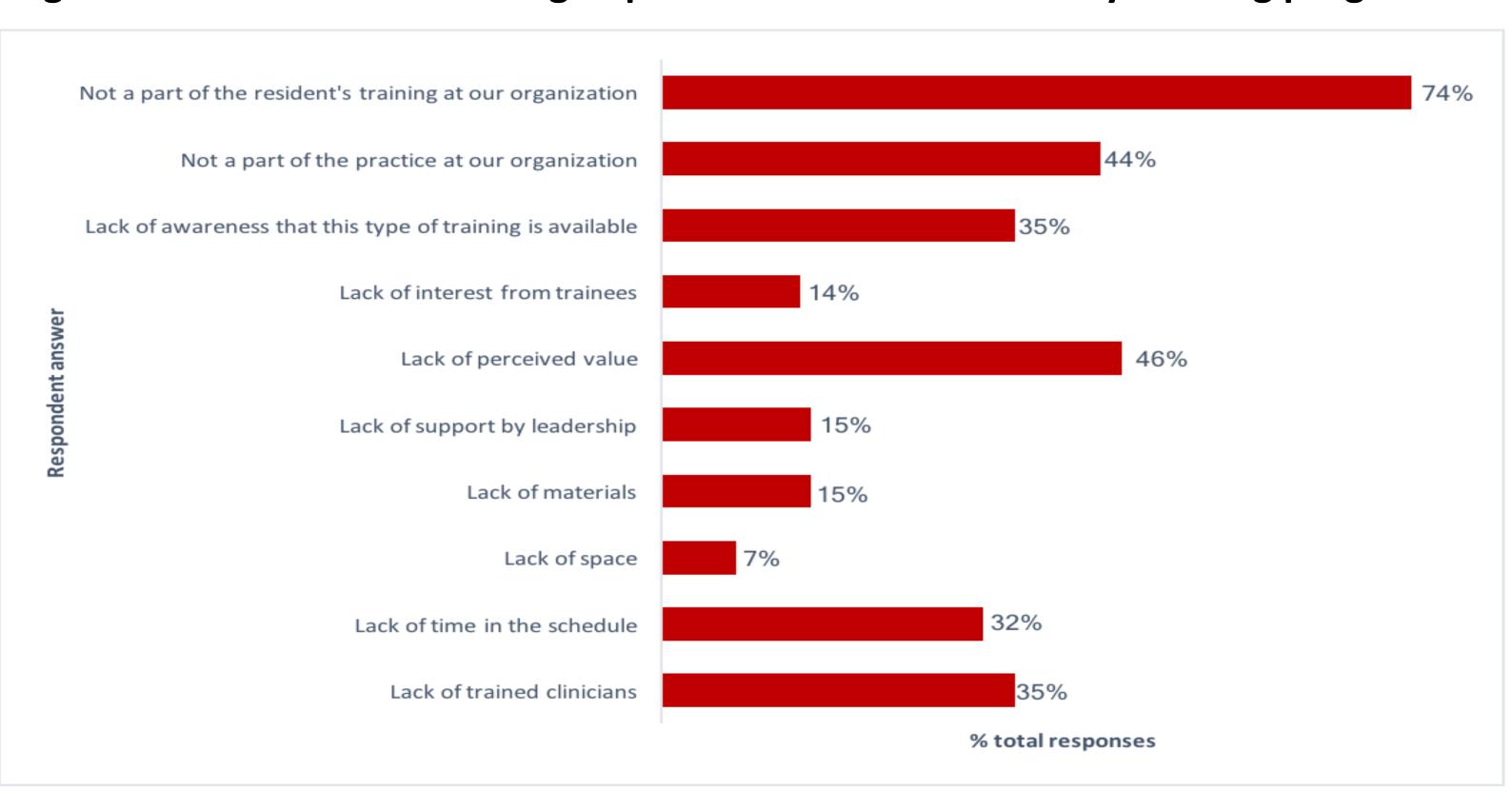
Figure 2. Examination topics covered with residents during residency training program



• Examination topics covered with residents in a formalized PE training program are shown in Figure 2, respondents were able to select more than one examination topic.

Results (Continued)

Figure 3: Barriers to PE training implementation in a residency training program



 Barriers to implementing a formalized PE training program are shown in Figure 3, respondents were able to select more than one barrier.

Conclusions

- Formalized PE training does not appear to be routinely offered to pharmacy residents participating in adult, patient care-focused programs.
- The low response rate may limit the generalizability of the results. However, the results show that the majority of directors (95.9%) clearly see a value in PE training for pharmacists.
- The reasons for not offering a formalized training program suggest that raising awareness of the benefits for pharmacists to learn PE is warranted.
- As pharmacists seek provider status, the need to increase PE training in pharmacy residency programs may be necessary.

References

- 1. Jones M, Gokun Y, et al. Curr Pharm Teach Learn. 2014; 6:340-47.
- 2. Mistry A, Machado M, et al. J Pharm Technol. 2012; 28:82-87.
- 3. Ho J, Bidwal M, et al. *Am J Pharm Educ*. 2014; 78:182-184.

Acknowledgments

Disclosures: Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Contact: matthew.levit@umaryland.edu, kristin.watson@rx.umaryland.edu