

LETTERS

Continuing the Conversation on Small-Group Learning

To the Editor. In their publication, Ferreri and O'Connor describe the redesign of a large lecture course into a small-group learning course.¹ I commend the authors on their student-centered redesign and their incorporation of active and team-based learning components. Although the course evaluations following the redesign included significantly more negative comments when compared to the year prior, based on my personal experience this should not discourage faculty members from incorporating similar methods of nontraditional teaching into PharmD curricula.

As a 2012 graduate, I look back on my education and fondly remember instructors who strayed from the expected lecture format. A course I remember with particular enthusiasm incorporated nontraditional small-group learning. Although a majority of the course content was presented in lecture format, my favorite component involved the weekly group work that centered on our virtual patient "Burping Bertha" and her self-care ailments. Every week our virtual patient e-mailed us with problems that required patient counseling and recommendations. Although this exercise did not focus on verbal patient communication, working together to respond to and care for Bertha required us to work effectively as a team and apply our classroom knowledge to a simulated patient case. Not only did this assignment strengthen my ability to successfully work as part of a team, it was an effective way to reinforce topics covered in class and contributed significantly to my knowledge retention.

The healthcare model is rapidly shifting to one that relies on a team-based approach to patient care.¹ Graduating pharmacists are expected to work as part of an interprofessional healthcare team. Pharmacists need verbal communication skills, the ability to tackle and resolve unfamiliar problems, work effectively as part of a team, and understand and work with individuals from diverse cultures. Evaluations of Ferreri and O'Connor's course redesign indicated that students improved in all of these areas.

Active, team-based learning that involves the interprofessional team is the next step. The idea of interprofessional education is not a new concept. In 2011 the Interprofessional Education Collaborative published a report outlining four interprofessional practice competency domains.² The report described how the competencies could be formulated into learning objectives and learning activities, thus providing a framework for interprofessional education. Unfortunately, interprofessional education continues to lag behind the shifting model of patient care. Stepping out of our respective silos, and working together as students will allow for an easier transition to postgraduate team-based healthcare delivery. If healthcare practitioners are expected to provide team-based care, health professions students should be trained to do so.

Amanda Wojtusik, PharmD
UPMC St. Margaret, Pittsburgh, Pennsylvania

REFERENCES

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