LETTERS
The CAPE Outcomes Revisions Should Not Require Drastic Changes to Pharmacy Curricula

To the Editor. A recent issue of the Journal featured a Viewpoints and Special Article on the revisions to the 2013 Center for the Advancement of Pharmaceutical Education (CAPE) Outcomes.1,2 We read the articles discussing the inclusion of outcomes addressing the affective domain of learning and practice skill sets within pharmacy with great interest. The new domain, which focuses on Personal and Professional Development and challenges pharmacy programs to deliberately expose students to experiences and content representing concepts in self-awareness, leadership, and professionalism, may elicit mixed reactions from the academy.

On one hand, pharmacy educators strongly support the idea of deliberately including the affective elements into the model for what a pharmacy graduate should “look like” at the conclusion of their PharmD education. Further, educators seem to relish the inclusion of self-awareness, leadership, innovation, entrepreneurialism, and professionalism3-5 within the plan for the curriculum because it provides a safe vehicle for which to lay the foundation of discussing more interpersonal with students to help them develop holistically as people and contributing citizens and leaders.2 Pharmacy preceptors who have hired recent PharmD graduates and seasoned practitioners comment enthusiastically about the greater need for programs to emphasize leadership attributes, and inculcate elements of innovative thinking and the entrepreneurial spirit into new pharmacy graduates. Many graduates will assume their first professional roles, sometimes as managers responsible for leading and mentoring others, within weeks to months after they complete their formal training, further establishing the need for the revisions.

On the other hand, issues arise as faculty members within the academy ask themselves how they will incorporate this new content into the curriculum and assess these new outcomes. Further questions arise when faced with how they will incorporate the affective domain into developing teaching strategies and methods for evaluation of student learning.6 Further, while there is sufficient guidance in the form of example learning objectives that programs may adopt, some colleagues have verbalized apprehension on how to approach these topics, including learning new material, developing these topics, and determining who should teach the material. We have also heard colleagues state that self-awareness, ethics, and professionalism, as examples, will be difficult, if not impossible to assess. Further, the inclusion of this new domain is met with great hesitation from faculty members who may interpret this as an increase in their workload because of the need to add more time to the curriculum, or drastically revamp their teaching approaches to ensure students learn about these new elements.

To the issues of incorporating the revised outcomes and the new affective domains, we argue that many programs already teach those elements within their current curriculum. Programs already teaching the tenets of patient care, pharmacy practice, and foundational knowledge have a great opportunity to deliberately incorporate some of the language of the affective domain. This allows students to recognize and fully use those skill sets as they participate in simulated laboratories, collaborate on team projects. Students and faculty members may realize that by simply introducing, learning, and using the terminology found within the affective domain as early as the first semester, it can be extremely easy to reinforce the ideas and practices related to the CAPE outcome revisions throughout the remainder of the curriculum. These updates need not result in increased workloads, added hours to pharmacy curricula, or extensive course modifications.

The CAPE outcome revisions may, however, result in a greater need to reexamine our approaches to assessing and evaluating the achievement of these outcomes. Traditional testing methods such as multiple-choice examinations may be obsolete in assessing students’ achievement of the affective skill sets. Programs may have to creatively incorporate some of the aspects of the habits of mind, theories and practices of leadership, and other related elements into their pharmaceutical care laboratories, simulations, reflections, and other written assignments.

In our program at Manchester University College of Pharmacy, we are incorporating the habits of mind, as well as theories and practices in leadership and management in our required courses, namely the Introduction to Pharmacy course during the first year and our pharmacy practice laboratories. During the Introduction to Pharmacy course, offered in the first semester of the program, students learn the foundations of managing self and leadership. The course continues into exploration of conflict management, delegation, providing effective feedback, and mentorship relationships.

During the Pharmacy Practice Lab 3, second-year students participate in activities throughout the curriculum including reflection, discussion, continued reinforcement, and integration with pharmacy practice skill sets, ie, reviewing medication regimens, identifying drug-related problems, and developing treatment plans for patient case
One activity that we have incorporated recently requires students to develop their own patient “story” using very minimal case information (a chief complaint, list of disease states, the patient’s gender, and some social/economic information). After developing this case in teams, students are asked to complete a survey asking them to reflect on whether they agree they have experienced or practiced the habits of mind. To our delight, we are finding that students simply need to be given time to reflect on what they have done within the context of the affective domain so they can recognize and appreciate their achievement of these new outcomes. Merely adding reflective activities such as surveys and minute papers allowed students to realize that they had achieved the habits of mind. Specific areas that emphasized teamwork included listening empathically, working interdependently, and challenging one another, among other habits. Future activities are being developed in various courses and laboratory activities within our curriculum at this time and we look forward to sharing our successes and challenges adopting the new outcomes as we continue to develop our program.

We feel fortunate to be part of an emerging program where revisions of the CAPE outcomes are seen as opportunities for our program to remain forward thinking and continue to set our sights on the horizon for what these changes might mean for the development of future pharmacists.

REFERENCES