Development of a Virtual Pharmacy Resident Conference

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A virtual conference for pharmacists and residents offered a cost-effective means to share research findings across facilities.

The VHA is the nation's largest provider of pharmacy residency programs offering > 150 programs.[1] The American Society of Health-System Pharmacists (ASHP) is the accreditation body for these pharmacy residency programs. One of the several ASHP residency standards is the presentation of a resident project at an annual conference.[2,3] To meet the requirement, U.S. residency programs send pharmacy residents to regional conferences to present their projects.

Often only pharmacy residents and their project preceptors attend the regional conferences. Most pharmacists who work at each institution are not able to attend and do not have the opportunity to benefit from resident research directly related to the pharmacy profession and the facilities where the research is conducted.

Reasons for not being able to attend these regional resident conferences include financial limitations as well as staffing and work requirements. The expenses associated with attending regional resident conferences include conference registration, transportation, lodging, meals, and other incidental expenses. These expenses could easily surpass several hundred dollars per attendee.

The requirements to obtain travel reimbursement for VHA employees to attend conferences for professional development have become increasingly more complex. This has presented the VHA with a unique challenge to provide its employees with professional development opportunities that do not require travel.

One option is to develop virtual learning environments, which eliminate the need for travel and conference-related expenses. Virtual learning has been a successful and convenient platform for professional development and has recently emerged within the pharmacy profession.[4] In 2012, the American College of Clinical Pharmacy hosted its first Virtual Poster Symposium, which allowed participants to visit posters and interact with presenters online.[5] At the VHA, pharmacists also have the opportunity to deliver and attend virtual presentations through the VA Learning University system.

To provide increased exposure and understanding to pharmacy resident research within the limitations of the VHA employee travel reimbursement system, a virtual pharmacy resident conference was developed. This article describes the steps taken to develop a conference and its impact on the pharmacists and pharmacy residents of VISN 11.

METHODS

Planning for the VISN 11 Virtual Pharmacy Resident Conference started in June 2013 during the annual call for education programming from the VHA Employee Education System (EES). A proposal for the virtual conference, explaining its purpose and structure, was submitted to EES at that time, and approval was granted in August 2013.

Planning Process

Once approved, an EES representative provided guidance through the planning process and serve as a liaison between the planning committee and the desired educational accreditation body, the Accreditation Council for Pharmacy Education (ACPE). For any educational program receiving continuing education (CE) credit from ACPE, an ACPE Planning Committee must be formed that includes a licensed pharmacist.[6]

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The ACPE credit approval process then requires a needs assessment. The needs assessment identified a current gap within the profession and highlighted how the proposed education programming filled this gap. For the VISN 11 Virtual Pharmacy Resident Conference, the needs assessment included the challenges surrounding professional travel reimbursement and the missed learning opportunity for VA pharmacists who were not able to learn from resident research projects. Developing a virtual conference was proposed to fill this gap; pharmacists within the VISN could attend presentations from their workstations in order to stay abreast of pharmacy resident projects while gaining required CE hours for license renewal.

After the needs assessment was approved, a brochure and a content alignment worksheet was developed. The brochure identified the date and time of the conference, the target audience, and included a statement of purpose. The content alignment worksheet listed the program (presentation) title, the faculty delivering the presentation, and objectives. The completed brochure and content alignment worksheet was submitted to ACPE for credit hours approval. In the VHA, it is a VHA employee who coordinates ACPE activities for the entire health system.

Gaining Support

Another important step was to gain the support of VHA pharmacy leadership. In September 2013, an informational meeting was held to discuss the proposal and request feedback from the pharmacy chiefs, supervisors, and residency program directors at each facility within VISN 11. Following this meeting, each facility was given 1 month to determine whether the pharmacy residents at each respective facility would participate

Figure 1. Presentation Content
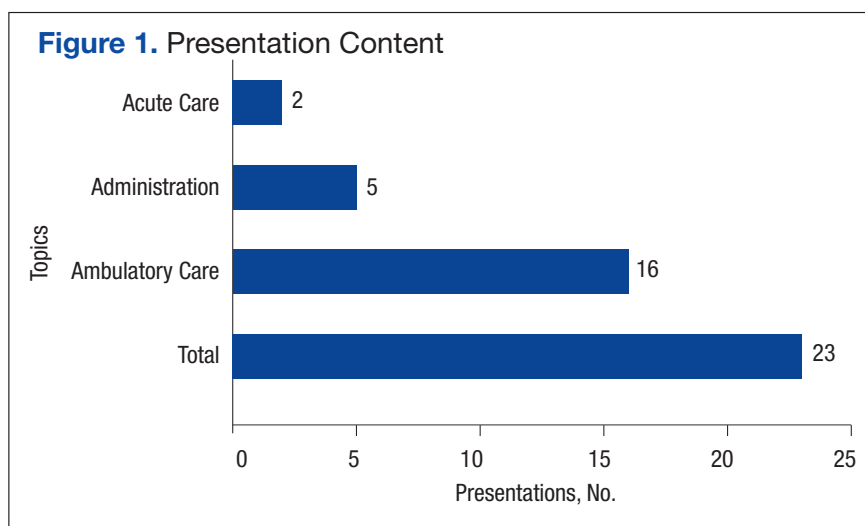
in the virtual conference. Once the planning committee had a final list of participating residents, an official announcement of the virtual conference was made to the pharmacy residents, chiefs of pharmacy, supervisors, and residency pharmacy directors.

Participating pharmacy residents submitted presentation titles to the ACPE planning committee and identified which of the 3 content tracks the research fell into: ambulatory care, acute care, or pharmacy administration. A presentation schedule was then developed.

VISN 11 pharmacists were invited to register for each of the presentations. Registration took place through the VHA Talent Management System. Presentations were delivered through Microsoft Lync (Redmond, WA), a web-based communication and conferencing platform. The VA eHealth University could have been used to achieve the same outcome.

Statistical Analysis

Presentation content breakdown and attendance rates from the VISN 11 Virtual Pharmacy Resident Conference were analyzed using descriptive statistics. The comparison of atten-

dance rates at the virtual conference with those expected for the regional face-to-face conference was analyzed using a single sample t test.

RESULTS

The VISN 11 Virtual Pharmacy Resident Conference took place May 5-7, 2014. Twenty-six of the 29 pharmacy residents in VISN 11 delivered 23 presentations. Three presentations had 2 presenters each, as these had completed their research as a team. Each presentation was approved by ACPE for 0.5 CE hours for a total of 11.5 CE hours available to participants.

Of the 23 presentations, 16 (69.6%) focused on ambulatory care, 5 (21.7%) on pharmacy administration, and 2 (8.7%) on acute care (Figure 1). The ambulatory care presentations were divided into subgroups of diabetes (n = 6), mental health (n = 4), anticoagulation (n = 4), and cardiology (n = 2). Diabetes and cardiology presentations were delivered on day 1 of the conference, mental health and anticoagulation on day 2, and acute care and pharmacy administration on day 3.

A total of 386 VISN 11 pharmacists were invited to attend the

Figure 2. Comparison of Conference Attendance Rates
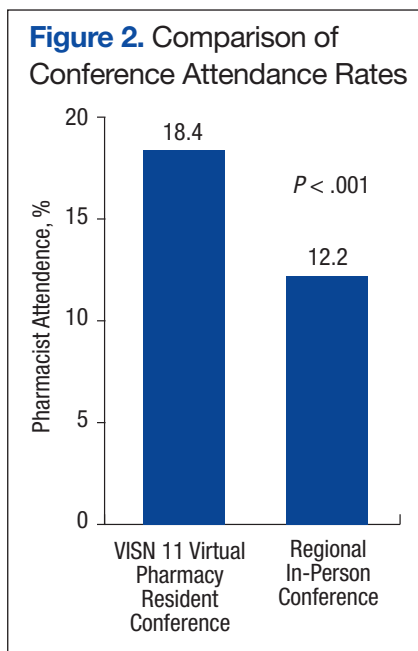
virtual conference and 71 pharmacists (18.4%) registered for at least 1 presentation. VISN 11 pharmacy participation at the virtual conference was increased by 50% compared with the attendance at the 29th Annual Great Lakes Pharmacy Resident Conference, hosted by Purdue University, where only 47 VISN 11 pharmacists (12.2%) were expected to attend, based on results of a VISN-wide survey (95% confidence interval, 0.15-0.23; $P < .001$) (Figure 2).

On average, each participant attended 7 presentations and earned 3.5 hours of ACPE credit. Of the pharmacists who registered, 14 (19.7%) were pharmacy residents. Of note, registration was not required to deliver a presentation, which explains why the number of pharmacy residents registered to attend (14) was less than the number of pharmacy residents that delivered presentations (26).

More pharmacists registered for ambulatory care presentations (76.2%), followed by pharmacy ad-ministration (16.4%) and acute care (7.4%). These differences may be explained by the variability in the number of presentations within each content track. The registration for ambulatory care presentations, when stratified by content subgroup, was 45.7% for diabetes, 22.6% for mental health, 21.2% for anticoagulation, and 10.5% for cardiology.

The first day of the conference had the largest number of participants with 42.8% of all registrants, followed by 33.4% of registrants attending presentations on day 2 and 23.8% on day 3. The presentation with the largest number of registrants was in the diabetes subgroup, which was presented on the first day of the conference. The pharmacy administration presentation was held on the third and final day of the conference and had the lowest number of registrants. An average of 21.2 pharmacists registered for each presentation.

DISCUSSION

The VISN 11 Virtual Pharmacy Resident Conference was structured in a way that offered benefits to multiple groups. First, the virtual conference served as a medium for pharmacy residents to present their yearlong research projects and meet an ASHP residency requirement. Second, the virtual conference greatly expanded the audience size and potential impact of the presentations. Traditionally, resident research projects have been available to the few pharmacists who are able to attend an in-person conference. Almost 20% of all VISN 11 pharmacists were able to attend at least 1 presentation over the course of the 3-day conference. Attendance may increase as the virtual conference becomes more familiar to the VISN 11 pharmacy staff.

Access to a larger audience may help more pharmacists understand veteran-specific research. The information discovered through these research projects may be valuable to advance the clinical and administrative role of pharmacy within each facility as well as the entire VISN. Previously, staff pharmacists could not easily learn about resident research projects taking place at their local and neighboring VA facilities. In addition to the increased impact having a larger audience size also increases staff buy-in and feedback toward the projects.

Individual VHA facilities frequently try to find ways to increase collaboration between VISN sites. The virtual conference format can help this collaboration. Sharing information between sites through a virtual conference may decrease duplication of projects across facilities, and each facility can learn from the mistakes of the others as well as the successes.

The VHA has a standing contract with ACPE, and therefore, registration fees were not required for this conference. For health systems that may not have such a contract, an ACPE registration fee may be required; however, this fee would still be considerably lower than the travel costs of an in-person conference.

Experience preparing and delivering a virtual presentation is useful for pharmacy residents. Delivering a virtual presentation offers its own set of challenges, such as learning how to engage an audience. Exposure to this type of public speaking may benefit residents as they progress on their career paths.

To prepare for this conference, a tutorial was created to help develop presentations. Residents were encouraged to learn how to not only deliver the presentation using the

web conference technology, but also incorporate active learning exercises throughout the presentation to maximize involvement and engagement of the audience. For most resident presenters, this was the first experience delivering a virtual presentation.

Finally, a virtual conference format allows pharmacists to obtain ACPE credit hours required for license renewal.

In addition to the many benefits offered through virtual conferences, there are also some limitations. Many learners enjoy the personal element that comes with an in-person presentation. Although the use of webcams is available for virtual conferences, some of this human element may still be lost. Additionally, in-person conferences provide professional networking opportunities, which are not as readily available through virtual conferences.

The majority of presentations for this conference were related to ambulatory care, which is to be expected in a VHA setting, given the multitude of outpatient clinics in the VHA health system. Of ambulatory care presentations, most participants attended presentations that focused on diabetes or cardiology (day 1 of the conference).

However, some technology difficulties occurred on the first day of the conference, which might explain the decreased participation on subsequent days. Afternoon hours were selected as the time to host the virtual conference, because it was believed this would increase the opportunity for participation, as several pharmacists were expected to be unavail-

able in the morning hours due to increased workload and/or clinical responsibilities.

A follow-up questionnaire was available to participants after the conference. The majority of responses received indicated positive feedback in regards to the ease of conference participation, applicability of information gained to specific facilities, as well as availability of ACPE CE hours. In the future, the intent is to expand the VISN 11 Virtual Pharmacy Resident Conference to also include CE credit for pharmacy technicians, which requires some additional steps in the ACPE credit approval process. Also, presentations will be recorded and available either live or on-demand for CE credit.

CONCLUSION

The VISN 11 Virtual Pharmacy Resident Conference was an innovative, educational program that allowed pharmacy residents to meet the ASHP requirement to present residency research at an annual conference, while also providing the opportunity for pharmacists to have a more encompassing understanding of research taking place within the VISN and meet their CE requirements.

The virtual conference format may be applied to any multisite health system where members from pharmacy services would benefit from the presentations. Last, pharmacy residents will gain new techniques and experience in developing and delivering a virtual presentation, which will prove be a useful skill set for the future. ●

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