Clove room
3.30-3.55pm

Pharmacy Students' Attitudes and Perceptions Towards Peer Assessment and Its Utility in Enhancing Patient Presentation Skills

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Background

In clinical practice, pharmacists are often required to communicate or present patient information, therapeutic plans and recommendations to colleagues and other healthcare providers. (American College of Clinical Pharmacy, 2014; Singapore Pharmacy Council, n. d-a.). Pharmacy students must demonstrate competency in such skills prior to registration, per competency standards from the Singapore Pharmacy Council (Singapore Pharmacy Council, n.d.-b).

To ensure students' readiness for practice, the undergraduate pharmacy curriculum at the National University of Singapore incorporated patient presentation skills into the module "Pharmacy Professional Skills Development (PPSD) III" in AY2017/18. Traditionally, PPSD modules conducted one-on-one practical sessions to teach core pharmacy skills. However, with an average class size of 180 students, the traditional approach allows limited opportunities for practice, feedback and skills refinement given time and manpower constraints. In AY2017/18, peer assessment was adopted in PPSD III for teaching patient presentation skills. This pedagogical strategy had been proven to facilitate positive learning outcomes in higher education (Schneider & Preckel, 2017) and had been implemented with success in other pharmacy education contexts (Storjohann et al., 2015; Bartelme, & Brown, 2016).

Study Aims

The objectives of this study are to describe undergraduate pharmacy students' attitudes and perceptions of peer assessment as a pedagogical strategy to enhance patient presentation skills, and to compare their perceptions of peer assessment relative to receiving feedback from postgraduate teaching assistants (PG-TAs).

Methods

This was a cross-sectional study using an anonymous self-administered survey. Patient presentation was taught over 3 sessions: 1) didactic lecture with a patient case, 2) in-class discussion with faculty, followed by peer assessment of individual patient presentation audio recordings, and 3) one-on-one patient presentations with PG-TAs. The survey instrument was distributed at the end of the module and included 5-point Likert scale statements, "Yes" or "No", and open-ended questions.

Results

A total of 187 students responded to the survey (Response rate: 98%) (Table 1). Students perceived that peer assessment was a useful way to obtain feedback on their patient presentations (87%) and felt comfortable providing an honest assessment (95%). Students were more confident in their peers' skills than in their own skills in assessing patient presentations (76% versus 65%, p=0.02).

Table 1

Students' attitudes and perceptions of peer assessment in learning patient presentation skills (n=187)

Statements	Agreement N (%)[a]	Neutral N (%)	Disagreement N (%)[b]
I believe peer assessment is a useful skill in my career as a pharmacist.	165 (88)	21 (11)	1 (1)
I believe peer assessment is a useful way to obtain feedback on my patient presentation[c]	161 (87)	16 (9)	9 (5)
I am comfortable providing an honest assessment of my classmate's patient presentation.	177 (95)	7 (4)	3 (2)
I am comfortable receiving an assessment of my patient presentation from a classmate.	177 (95)	9 (5)	1 (1)
I believe I have the necessary skills to assess my classmate's patient presentation.	122 (65)	50 (27)	15 (8)
I believe my classmate has the necessary skills to assess my patient presentation.	143 (76)	40 (21)	4 (2)
I believe a classmate will provide an honest assessment of my patient presentation.	169 (90)	16 (9)	2 (1)
In this module, I received constructive comments from my classmate on my patient presentation.	153 (82)	23 (12)	11 (6)
My classmate's comments helped me improve my patient presentation skills.	135 (72)	43 (23)	9 (5)

[a] Agreement = Strongly Agree + Agree

[b] Disagreement = Strongly Disagree + Disagree

[c] One missing response; analysed n=186

The qualitative comments supported peer assessment as a useful pedagogical strategy by allowing students' mistakes and strengths to be identified (e.g. "let me know exactly what I missed out", "my peer pointed out good things that I mentioned"). Additionally, peer assessment encouraged students to self-reflect (e.g. "I realized that I missed out on quite a number of things for my own presentation while I was going through my peer's presentation"). However, some expressed concern on the quality of feedback (e.g. "not specific enough on what I might be lacking in"). Students indicated in their feedback that they would like more instructions (82%) and examples (82%) from faculty on conducting peer assessments.

While students were equally comfortable with receiving feedback from peers and from the PG-TAs (95% versus 97%, $p=0.19$), they were more likely to believe in the PG-TAs' skills in evaluating their patient presentations (76% versus 93%, $p < 0.001$). As compared to feedback from peers, a larger proportion of students also felt that comments from the PG-TAs helped them improve their patient presentations (72% versus 95%, $p < 0.001$). Nonetheless, majority of students (86%) believe that in-class discussions with faculty followed by the receiving of individual feedback via peer assessment was as useful as one-on-one sessions with the PG-TAs.

Conclusion

Peer assessment was a useful pedagogical strategy in teaching patient presentation skills in this module. It encouraged self-reflection and offered a more efficient way to provide feedback in a large class. It was found that an in-class debriefing by faculty was still necessary in addition to peer assessment. Students may benefit from additional training to improve the quality of feedback in peer assessment.

Keywords

Peer assessment, patient presentation, audio recording, pharmacy

References

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