

Transcript

Derek Bruff: [0:00] This is Leading Lines, I'm Derek Bruff. A couple of episodes ago. We welcome to new voice to the podcast. Julaine Fowlin is the Vanderbilt Center for Teaching's new Assistant Director for instructional design. I say new, but she's been with us for almost a year now. Julaine loves working with faculty and staff on course and program design. And she loves hearing stories about their teaching. I asked her if she wanted to conduct a few more interviews for leading lines and she jumped at the chance. In this episode, Julaine talks with Courtney Gamston than Professor of the Practice of experiential education at the Harrison School of Pharmacy at Auburn University. Tulane worked at the Harrison School as an instructional designer and faculty developer before coming to Vanderbilt. And she knew that her former colleague Courtney, had some very interesting experiences teaching during the pandemic. Courtney works with pharmacy students who are just starting to enter clinical practice settings. Helping them apply what they've been learning in their pharmacy courses to real patients. Given the work Courtney students do in clinical settings, the 2020 transition to remote teaching and learning meant that she and her colleagues had to rethink how they taught their courses. In the interview, Courtney share some of the methods she used to keep pharmacy education experiential during the pandemic. And mentions a few changes to the course that worked out so well. They'll persist when classes return to traditional settings. And for those of us who know Julaine, it won't come as a surprise that she asked Courtney about fostering student well-being. One of Julaine's favorite subjects. Here is Julaine's conversation with Courtney Gamston.

Julaine Fowlin: [1:44] I'm delighted to be interviewing my former colleague from Auburn University, Harrison School of Pharmacy, Courtney Gamston. I had the pleasure of learning about her use of technology during COVID to facilitate experiential learning online. And I'm just happy to have you here, Courtney. Welcome. **Courtney Gamston: [2:04]** Thank you. It's really a pleasure to get to work with you again at best. But also, to be here and just talk to other folks about our exciting COVID experiences. So, thank you for having me. **Julaine: [2:18]** Awesome. So, Courtney, during my time at Harrison School of

Pharmacy, I've just always been impressed by how your passion for teaching and clinical experience. It just blends so seamlessly. Can you introduce yourself to the audience and tell us a little bit about your passion for experiential learning and what contributed to your career trajectory? **Courtney: [2:41]** Yes. And thank you. I appreciate that. So, I am a professor of experiential, said that here since all pharmacy, I've been in this position for just over two years now. And prior to that, I was a discipline chair for pharmacology Medical School in so I have always been passionate about teaching. I don't think I realized originally that was the path that I wanted to take but that's kind of what an actually fell into. But as I was going through graduate school and then into pharmacy school, it was very apparent to me when they were professors that really enjoyed what they were doing. They were really in not just good at the education and knowledge piece, but actually sharing that with other people. And I just always aspire to be that for someone else like that, one person that they were like, Okay. That professor gets it, or they didn't explain things that are difficult to me in a way that I can get. And so I, I always wanted to do that. And then with regard to clinical practice, I really have a heart for developing practitioners that are good with patients. They give quality patient care not because they know everything in the book, but also because they can relate to the patient that's in front of them. And so, I think those two things just kind of naturally blended as I wanted to be that person who could model, but also teach people how to really thrive in that environment and give our patients what we need. **Julaine: [4:18]** Awesome, so happy for your work. We do need pharmacists who are patient-centered, so, so happy for that. As we're here talking about experiential learning, it just dawned on me like when you look in the literature like experiential learning means so many things that I think we should start by just letting our audience know in the context of pharmacy, what does experiential learning mean? And as you think about your course before the pandemic, what was that like?

Courtney: [4:47] Yes, So in my field, experiential learning actually can still mean a variety of things. It some way to give practical experience to your students. Now that can be through simulations where you have standardized patient to people who are paid to go in and they have canned responses. They're looking for a specific skill to be carried out all the way through. Hey, you know, you have a student in clinic with you who is seeing patients with you. And that sometimes is a little more scary for students, is definitely less structured because you don't know what this patient in front of you is going to say. And so, they're different levels of experiential education to my current role, I am engaged. And experiential education of our second-year pharmacy students. So, they're still early in the curriculum because there's four years of of that curriculum. During that fourth year, they are

more advanced and they go on an entire year's worth of rotations where they're in different clinical practice sites. Whereas the P2s that I get, this is one of their earliest experiences. And so, our course provides kind of a middle ground between that simulation and that just out and practice site because we are working with patients or identify the population health dashboards. And so, what that means is we identified patients with a very specific issue or problem or item that we want to address. So that it helps to kind of narrow down the focus a little bit and helps us to be able to educate the students on what that is. Make sure that it's something they've already covered in their training and then help them to learn how to respond to that, provide the intervention. And then they have the opportunity to review the patient information, patient notes and those sorts of things. And then in some cases actually engaged with the patients over the bone. That's it. Follow pharmacy service. And so, it is working with real-world patient. But we've got the context of, hey, I'm calling you about a vaccine or I'm calling you about this very specific thing, so it's still a little bit more controlled.

Julaine: [6:59] Uh-huh. Can you tell us a little bit I bought at Population Health Dashboard. Where do you get data from? That's pretty interesting. I've never heard about a population health dashboard. **Courtney:** [7:10] Yes. So, population health management is basically using technology tools to take a look at a population and how they're doing with regard to something. So, if you think having a clinic that has 1000 patients in it, if you think of a subpopulation in there of say, patients who have diabetes, your Population Health dashboard pulls information from actually all of the patients, right? But you can focus in on those patients with diabetes and then further drill down to some specific measure. So, for our patients, for instance, we'll look at patients who have an A1C or blood sugar control. That is what that level of control for our patients. Their blood sugar control is not where it's recommended to be so that they can be the healthiest that they can be. And so we can use this dashboard or this tool of technology to identify the, say, a 150 people out of these 1 thousand people is diabetes are uncontrolled so that we can specifically target them for our intervention. **Julaine:** [8:18] So that's amazing. So, you have this population health dashboard that's used in clinical settings, but also this technology is providing a way for you to filter a specific patients to give back learning goal that you want to achieve. So, I think that's amazing. When we had the pandemic. And even though you've mentioned that you were doing some tele-medicine, same as if you did have some instances where students were physically located together when the pandemic hit, how did that make you feel? What were the things that we're no longer possible?

Courtney: [8:56] Yes, when our course first started, the way it was set up is we actually had kind of a bank of six computers in a single room. All the students that come in, we would go over that I the educational component and then the specifics of what we were going to do during that day. And then they will individually be working on that computer in their efforts will result in a phone call to a patient in most cases. And so we would present them in person in that way. Well, three-quarters of the way into our first year is when all the university operation shut down due to COVID. And so we had to figure out how to make sure that the students were still gaining the experience that we wanted. And so we went online. We were already accessing the electronic medical record remotely. And so we just needed to have a way for students to access it while keeping it secure. And so we turn specifically to the Zoom platform because we had it set up through the university and we just jumped into, okay, what is its function? Functionality? And on the other side of that, what it looked like, that we divided our students into breakout rooms. In each breakout room was tagged to one of those specific six computers that I had had in front of me. And through Zooms functionality, the student could actually control the computer that was in front of me from their computers and we didn't have to worry about them being able to access that electronic medical record from home. And so based worked on these computers. They were just in a lot of different places and we moved to pairing them up so they could work together. So we would put basically three things into a Zoom Room to students in that computer and they would work on our initiatives. So we had to. The tele pharmacy geese because there wasn't a way for us to call reliably. We were worried about student internet access. We're worried about delays, time delays in the calls. And so we were fortunate to be able to move to different dashboards. We were able to look at things in interventions now that didn't require a call to the patient. And we've actually been able to fill a gap more or less in pharmacy school curriculum by doing that with some of our measures.

Julaine: [11:21] That's amazing. I remember talking to one faculty because sometimes we think that when we move from one medium to the next, that we have to have a full duplication of everything. And so I appreciated the fact that you kind of thought about what were the outcomes that I wanted to achieve. And so you want to communication with patients, interaction with whatever disease state information and you wanted safety. So I like the fact that you kinda thought about those things and say, Okay, what is available. You had Zoom and you were using the breakout rooms and it was amazing that you are still able to maintain the security using Zoom. Did you have to like, interact with the IT department to make that happen as well? **Courtney:** [12:06] I often joke that just for the nature of this

course that I deserved an IT certificate. Just working with the VA system alone in accessing it will load, has a lot of pickups and hurdles that you have to work through and then adding zoom to that, adding her college software. But that I am always troubleshooting. But we've been able to make it flow very, very smoothly. And so it really wasn't an issue. We were able to make it happen. I did read and watch videos and try to figure out exactly what we could do. But Zoom helped us out too, because I think a lot of boats are on Zoom. And so, we started sending messages like, Hey, we need this, can you get this wars? And they were able to accommodate many of the things that we needed in the course. **Julaine: [12:53]** Could you tell me a little bit more of virtually just by moving to another context, you said you were able to fill a gap in the curriculum and I think that's so amazing. Could you talk more about that gap that you were able to fail?

Courtney: [13:08] Yes, absolutely. So, we had to figure out, you know, how can we still be abuse and be helpful during this time when we couldn't patients, but also at a time the patients weren't come into the clinic as much because, you know, they tried to decrease exposure by decreasing the appointment load. And one of the ways that we were able to do that was by shifting the focus of our initiative. So, one new initiative that we picked up was review prescription drug monitoring program. So, per the VA standards, patients who are taking a controlled substance need to have that is provided by the VA, need to have that review completed at least one time per year. And so, as you can imagine, that's a significant number of patients. And then we've got nursing, pharmacy staff with that, physician staff who are trying to do that for all of their patients, but it is owe a lot to keep up with. And so, the VA was doing a pretty good job keeping up with it. But they did go through times when they were busy or other things were going on where their percentage completion rate was lower than they wanted into. We were able to come in and help fill that gap and teach students how to read and interpret that PDMP report. And it was something that they'll need to do as pharmacists' clinical practice. And there was nowhere else in the curriculum where they were seeing that honestly as a pharmacy student here about controlled substances, when you go out into rotations, you don't get to see the cabinet where they keep them because their control you just don't get to have much interactions with the medications themselves, with the prescriptions themselves, and certainly not the monitoring programs. And so now the students understand how to use the program, what it looks like, and then what that report actually means, what they are seeing and how to interpret, you know, this report of how many and which types of medications and how often these patients are getting it. And I think it has been a real asset to our program, a really great

addition. And so, we continue to do that, even though we have Ms. back to hybrid operations and we've been able to keep the completion rate for the VA hovering close to a 100 percent.

Julaine: [15:35] Awesome. And as a follow-up to that, you know, at Vanderbilt University Center for Teaching, we have a graduate student who started a blog post about never going back, where we asked faculty to reflect on some of the things that they did, do an alternative operation that they will carry forward when we return to quote unquote normal. So what does that look like for you? What's you're never going back? **Courtney: [16:02]** I'm never going back. See, we have I think we've just tried to make the best of all pluses and we're constantly trying to figure out what worked better then versus now. And so, one thing that we've really enjoyed is putting students together and cares. Because it's improved. The quality of questions that we get is a mirror and physiology heavy course. There's a lot of moving pieces. Learning a new electronic medical record is difficult. And so, we would get like very basic questions from the person who no, whose mind wandered or didn't quite understand the instructions, or was really a visual learner. I needed to see it to know which questions they needed to ask. And so, when we partner them up, we get rid of some of those questions because they bounce them off of each other and answer them for one another first before they come to us. I think also it can be very lonely in the Zoom room and working by yourself. Sometimes it's not going to be everybody's forte. Again, they're key to, so there's a lot of learning to be done. And so, I think that they, they are learning very well from one another. So, for the most part they're, they're paired up. Now, although there are a few initiatives that they still complete on their own. So, I think that is a nice mix of activities. **Julaine: [17:16]** What would you say for like our audience listeners who are probably saying, "Oh, this is farm is C. I'm not a pharmacist. I don't see how it can benefit from how Courtney was able to use this technology." I'm seeing it transferable, but I would just love to hear from you about how this whole process about thinking about it can help other faculty who would want to use technology to optimize their learning and create experiential learning experiences.

Courtney: [17:45] Yeah, I think that's a great question, definitely something that's universal. So, anytime that you want to have a mix between the ways that you engage students or whether in a large group session and then in smaller breakout sessions, of course you can use these things. The breakout rooms are fantastic for that adhere to do any sort of flip learning or team-based learning or anything like that. You can put your teams and their little rooms and they can completely interact with one another. But you can also go in

and interact with that team separate from the other teams and give them whatever it is that they might need. You also have, you know, if you're talking about the remote-control feature, they have the ability to actually share their work in, love each other screens and interact with each other springs. Or you could even have the same model where you got it connected to a computer that was right in front of you. One good thing about that is I can always see what they are doing. So I like to hail when they are struggling. I'm Mike Bader hanging out right there in that section. I'm going to go in or I'm going to send another reason theory to say, okay, what are you doing? And you can, you can really monitor them that way. I am not a man of these person, but I can imagine if you had like a music class or an art class or something where they had to take in something visually or point, point out certain design elements or features like that. You could have that in there for them to actually manipulate and turn that back into so I definitely see opportunity no matter what the discipline is.

Julaine: [19:17] Me too, It's amazing how for just anything collaborative. And then the one thing that I noticed that you said that sometimes when you're in physically in a classroom, it's harder to monitor. Technology was able to forward your ability to notice when students were struggling. And it also helps students to feel more supported. And so that's awesome. How about how did the students respond to the change? **Courtney: [19:44]** So, that was a little trickier to discern it first because everything was so different. Suddenly all of their classes for different all of their classes were online. And so, at first we got zombies from an entire day of amphitheater in front of your face. If you were, then he showed up to our class like I have another course where there's a finger in my face and my eyes are hurting and what not. But for us, being an interactive course really helped having that other person in the room with them as they work through. Things really helps in, they enjoyed it. I actually have two students who are on rotation with me right now who are fourth-year pharmacy students. So they had this force when they were second-year students. Tell me every day all the good and the bad and the differences between there, of course, isn't there like me and I wish we would've been able to do that this, this way instead of the way we did it. And so we really have had positive feedback from me, from the students. I think they also like the personal presenting that happens when we can go into a room. There's no distractions from any of their student TO know when listening to their conversation. We are there when we were, when we are in that word and I think they do really, really appreciate that. Awesome. So what would you say? Was your favorite part of the course? Favorite kind of question. You know, I really enjoyed interacting with the students. I like being able to go into those rooms,

2.5, like this, this nomads, each little pair has its own little personality. And so you get to kind of have a little fun, joke around a little bit with the boat sewer in there. If they're a tougher group, you get to work through hard issues and be a professionalism issues or, you know, if they're, you know, I'll I'll come Interbrand sometimes in my car. We do and where we are just like Dr. game stand. It has been a long day. And so as I show them something, I feel like we really get a personal connection there in symptoms and you didn't get in the big room, does everyone who's competing for my attention. And so I have really enjoyed that piece of it.

Julaine: [22:11] So, I always tell people that I just have this passion for teaching our well-being. And you're touching on this a little bit because you said like the students will come into your class. And I can definitely relate to that just a zombie feeling when we have meetings on Zoom. And the idea that you're able to give them that individual attention because of technology. Could you say a little bit more of how you were able to personalize that experience and humanize the learning for, for these students.

Courtney: [22:40] So great question is, is so interesting because it happens organically. Yeah, so you're in that group who's like, man, I'm having a tough whatever, you know, and you talk to them about it. But maybe, you know that the other groups you're going slower than they are and they be like, Do you know what you can take? Just a couple minutes. Like, you know, you have a couple minutes to talk to them and you say you can take a couple minutes break or, you know, I say this all the time to whoever's is my high-functioning group and like, "Hey, you guys are rock stars". Just so you know, you were doing great. You're ahead of your fears, fear in those sorts of things. It also gives me that time to have some of those teachable moments into tournament and motivational moments because they're not all in there, so they're getting motivated in front of the other folks. And so you really do personalize that experience to whatever is going on in that brain at that moment and the niche to shared between you and those students. And I think they really feel like you've taken a personal interest in them because of that, because you have met them wherever they are in that we're in at that time. And I think you're right. I think that's something that the students are missing especially wants to hot behind a computer screen. I think also. No, for students who maybe are a little more introverted, I have, this medium gives them the opportunity. You know, it, it's lower. It's like a lower risk, right? A lower stress level. And it's like that's what for me to like. I, I am introverted as well, and so there's a little bit more comfort and familiarity that you can have in those little rooms. I don't I don't know exactly why that is, but I have definitely seen conversations and relationships facilitated because of that.

Julaine: [24:34] That's amazing. Like I'm just here and just really smiling at how sometimes we focus on the technology. So, it's like zoom in breakout rooms. But there's just so many outcomes and affordances that you've shared. And just the idea of like you said, meeting students where they are. And I really love where you said turning teachable moments into motivation. Because a lot of times motivation is that block and just prioritizing that. So I've listened to you totally energized. And if I were a faculty, I would want to do what you've done. And so what advice would you give to faculty and administrators who would like to implement your model of experiential learning or just something similar, whether in pharmacy or another discipline. **Courtney: [25:22]** I think it's really important to engage folks who have done it successfully because it was very difficult to go from, okay. We meet a 100 percent in-person to a 100 percent online in basically are we going to half? Right. And so we just didn't know all of the things that were all the tools that we're at our disposal and how are we going to make this work? And for our course, there's a lot of materials. There are handouts that go with this, right? Because every individual room of students has an instruction sheet to help them walk through difficult electronic medical record and this such a thing. So there's a lot of prep time that goes into it. And so I think if you can identify someone who's maybe done it before, that can help you get through that process. But I think also just recognizing that there's a lot of work up front just to get it off the ground. Not necessarily that it has to be hard, but some of it takes time. And so giving yourself enough time and space to do that and recognizing that it's all worth it because it pays off in the end, you know, it takes me a long time to make the perfect kind of cheat sheet for the day, but it decreases the number of questions that I get. I can go into a room and say, Yes, that's a great question. It's in your handout helped students to be a little a little more self-sufficient. I'm just The instructions and then I can use them to make instructions later sessions and those sorts of things. So I think you just have to recognize that just would, just like for any good lecture, for any great TBL session. There's a lot of prep work that goes in on the front end. But there are other folks who have been successful, so lean on their knowledge. They're usually more than happy to share what worked and what didn't and more awesome. **Julaine: [27:10]** I just pointed to something that's super important for any type of experiential learning is that what we call instruct a scuffle because you determine beforehand based on your expertise, what were some of the most frequently asked questions. And so, to limit that, you prepare it a cheat sheet and so getting them to know about. And then it seem as if you're also seen this as an iterative process because as you go through one cohort, you're getting that feedback and just using that coordinate. It's been a pleasure talking with you today. Is there anything else that you'd like to share about technology experiential learning are just

teaching as we wrap up our time together?

Courtney: [27:54] I just think that, you know, technology has really opened a wide world to us. And I am always looking to improve what we do and having responsible use of technology. So not just technology for technology's sake, because it actually adds value to the poor. So that is one thing I think that is super important. And then in general, you know, if there's something you want to do and you want to see if there's a technology solution like, you know, it's generally out there. And if it's not out there, you can typically find someone who's willing to work with you to try to try to make it happen. So, I think, you know, as we continue to move down this trajectory of education, then it's just going to be more and more important. And so, I think it's great to always be on the lookout for, you know, how, how can you improve your course? What are the tools that you need? And just look for it. **Julaine: [28:51]** I love your mindset of not technology for technology's sake but looking at day affordances or the value that you desire and how can we achieve or learning outcomes through this. Thank you so much for your time, Courtney, and I can't wait to see more of your work. I'm not sure if this will be published or if it's already been published. So, our readers, our listeners that you can learn more about your work. Thank you so much. **Courtney: [29:17]** Well, thank you so much for having me and we're working on it. We're working on getting it all together so we can put it out there. So, someone else since. So. Thank you. It's been a great time.

Derek Bruff: [29:32] That was Courtney Gamston, Professor of the Practice of experiential education at the Harrison School of Pharmacy at Auburn University. Thanks to Courtney for taking some time to talk with us. And thanks to Duan for her first solo interview here on leading lines. I really like the never going back connection that Dwayne made in the interview. The last 18 or 19 months of teaching have been incredibly challenging. With faculty in all disciplines forced to practice a form of adaptive teaching to respond to changing contexts and circumstances. That was definitely hard work, but it also pushed a lot of faculty to think creatively about their teaching and to rethink their course goals and objectives. I'm not surprised that Courtney found something of lasting value in her improvisation during remote teaching. I've heard again and again from faculty who now have a few more teaching practices or technologies in their toolkit that will persist even after the pandemic. Leading lines is produced by the Vanderbilt Center for Teaching and the Gene and Alexander Heard Libraries. You can find us on Twitter at leading lines pod and on the web at leading lines Pod.com. This episode was edited by Red McDaniel. Look for new episodes the first, third

Monday of each month, and sometimes you will find them. I'm your host, Derek
breath. Thanks for listening.