VIEWPOINTS

Faculty Role in Classroom Engagement and Attendance

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INTRODUCTION

Poor live attendance in college classrooms across the United States has reached epidemic proportions and US colleges and schools of pharmacy are not immune. Because of this, pharmacy school administrators and faculty members are faced with the tough challenge of determining the role attendance plays in student learning through their respective curricular models. The fact that fewer students are actually attending class is particularly concerning when you consider this phenomenon is occurring in a profession where students are trained to problem solve, critically analyze, and make therapeutic drug therapy recommendations.

The natural tendency is to assume that poor attendance translates into diminished learning and declines in performance; however, this is not always the case. Reports from studies performed in undergraduate student populations suggest a positive correlation between classroom attendance and academic performance.^{1,2} However, new findings are casting doubt about the role that class attendance plays in academic success.³⁻⁶ Different theories and explanations have been proposed to explain the reasons for the dramatic change in classroom attendance. At the same time, one must recognize that this change is not new, with reports documenting this observation published over 20 years ago. Factors contributing to poor classroom attendance have been identified as increased rates of outside employment among students, diminished faculty expectations, increased student accessibility to information through technology advancements, and students' perceptions of diminishing value in attending lectures live.⁷ Certainly the methods in which technology are used both inside and outside of the classroom as well as the methods in which the new age of students learn are contributing factors in this dynamic classroom change.

A second natural tendency is to look for fault in students, how they prepare, and the role they take in the active-learning process. However, pharmacy administrators and faculty members within each college and school must

conduct a critical internal evaluation and assessment to determine whether attendance is critical to student learning. If the answer to this question is "no," then the next question needs to be "why not?" With newly revamped Accreditation Council for Pharmacy Education (ACPE) Standards⁸ and increased emphasis on faculty member and student assessment, schools and their faculty members must identify where value can be put back in the classroom and restore the sense of a "community of learners." The impact of students not being engaged in the classroom has many broad-reaching effects, including poor morale of both students and faculty members.

Faculty members should have the responsibility of providing an atmosphere of learning where students want to be in the classroom and can derive clear benefits by doing so. In order for this to be successful, it is important to show this value and increase participation without the implementation of "motivators" considered punitive in nature. Part of the responsibility of being a faculty member is to identify what motivates students and to adapt teaching styles so that they are conducive to effective learning. In a study of pharmacy students by Fjortoft,⁹ motivators to attend live class lectures included the lack of a conclusive handout, the expectation that new information would be presented in class that was not included in the handout, and faculty application of information to solve real problems. In the same study, negative variables that contributed to poor classroom attendance included the class being either before or after an examination in another course, faculty members who do not supplement their provided notes, personal logistics, and extended breaks of 2 hours or more between classes. A second study of pharmacy students by Westrick and colleagues¹⁰ identified that the primary reasons students come to class is a desire to take their own notes and an impression that the instructor might provide information as to what was most important to study from the volume of information presented. Emphasizing the importance of what motivates students can also be seen in the latest ACPE standards.

ACPE has established clear and well-defined expectations for achievement of Standards 10 and 11⁸ related to curricular development, delivery, improvement, and teaching and learning methods. In these standards, ACPE

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suggests that different active-learning strategies should be used and supported to assist students in developing both critical thinking and problem-solving skills. Through these guidelines, colleges and schools are asked to develop and design different methods of active learning.

While not all courses are considered “ideal” for traditional active-learning methods, the call from ACPE challenges faculty members to change their methods as student learning styles today are not the same as they were 5, 10, or 20 years ago. There is a push to move away from the traditional “data dump” lectures and subsequent assessment methods that do not fully require students to demonstrate a level of understanding or mastery outside of their ability to recall information.¹¹

There are multiple means by which to increase student and faculty classroom engagement and interaction. The use of technology beyond traditional PowerPoint presentations is important. There are a number of supplemental methods to increase student interaction with technology through different audience response systems that allow for instant assessment and feedback for the instructor through asking the students to participate in real time through their mobile devices. The use of a “flipped” classroom is another option. This instructional method involves the students watching a prerecorded lecture prior to class and then the instructor using the scheduled class time to discuss the lecture, answer questions, and problem solve. When pharmacy students are in the clinical application portions of their curriculum they have reported that increased presentation and discussion of clinical scenarios is particularly beneficial. Another philosophy uses different team-based learning strategies, with the emphasis being placed on the students to learn in a smaller group setting and to teach themselves with the aid of faculty facilitation. These are just some examples; there are a number of other options available to faculty members, though there is a risk of overuse of alternative instructional methods.

As noted above, the issue of classroom attendance is not focused on one particular discipline or health profession. Medical faculty members from Stanford have written about use of the clinical scenario throughout basic and clinical education of medical students. The basic

premise of this approach is to ask the student throughout the curriculum: “Do you want to learn more?”¹²

The focus on student learning, and achieving the optimum response to how best to deal with classroom attendance needs to appropriately focus upon students as well. We cannot expect students to be active learners, interveners in patient therapies, and problem solvers if educators first do not first engage them in how they can be best educated. Much remains to be accomplished in colleges and schools of pharmacy. The appropriate place to start is with the students, faculty members, and administrators in each institution.

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