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Experiences in Teaching and Learning

Changes in pharmacy students' perceptions of underserved populations after a six-week clinical rotation in a federally qualified health center clinic

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ABSTRACT

Background and purpose: The primary objective of this study was to assess changes in pharmacy students' attitudes and perceptions toward providing care to underserved populations after a six-week clinical experience within a Federally Qualified Health Center (FQHC) clinic.

Educational activity and setting: A pre-post survey design was utilized to evaluate third- and fourth-year pharmacy students' attitudes and perceptions before and after a six-week clinical rotation providing direct patient care to underserved patients in FQHC clinics. Results were collected via self-administered online surveys that collected information on participants' (1) demographics, (2) past experiences interacting with underserved populations, (3) type of clinical activities completed during the rotation, and (4) personal opinions and perceptions of providing care to underserved populations.

Findings: Responses to seven of the 18 attitudinal questions showed a statistically significant positive change from baseline, with three questions being related to educational satisfaction. Changes in attitudes for questions related to domains of personal impact and perceptions/barriers were also significant.

Discussion/summary: Clinical rotations within an FQHC clinic can positively impact pharmacy students' attitudes towards underserved populations. If more students are exposed to direct patient care with underserved populations throughout their experiential training, the number of graduating student pharmacists that explore job opportunities within underserved areas may increase. Clinical rotations within an FQHC clinic can positively impact pharmacy students' attitudes towards underserved populations. If more students are exposed to direct patient care with underserved populations throughout their experiential training, the number of graduating student pharmacists that explore job opportunities within underserved areas may increase.

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Background and purpose

According to the Health Resources and Services Administration (HRSA), there are approximately 18,000 healthcare professional shortage areas throughout the nation.¹ Clinical pharmacists can play a key role in providing quality care to medically underserved populations affected by these shortages, including within federally qualified health center (FQHC) clinics. Despite an increasing growth in ambulatory care pharmacy specialists, attitudes and perceptions towards underserved populations could prevent current and future pharmacists from seeking employment within this specific area of practice. Identifying the prevalence of this potential disconnect during pharmacy students' academic training is crucial to targeting necessary interventions for doctor of pharmacy students. In an effort to diminish health disparities, pharmacy educators, curricular programs, and experiential training should strive to increase awareness and enhance positive attitudes toward caring for underserved populations.

Surveys of various non-pharmacy healthcare professional students have evaluated attitudes toward caring for underserved populations. A longitudinal survey distributed to dental students annually throughout their four years of education showed that certain attitudes of underserved populations (including treatment of low-income, frail elderly, homebound, homeless, other ethnic groups, and non-English-speaking patients) became more negative as students progressed.² However, other literature has described that medical students are more likely to pursue primary care for underserved populations after exposure to these patients via free clinics.³ What has yet to be described is the type of educational interventions that can be employed which might positively influence pharmacy students' perceptions of caring for underserved populations.

Within the Accreditation Council for Pharmacy Education (ACPE) 2016 Standards, one key expectation of advanced pharmacy practice experiences (APPEs) is exposure to diverse populations with varying socioeconomic factors.⁴ In addition the Standards require doctor of pharmacy graduates to be competent in cultural sensitivity. New graduates should be able to recognize social determinants of health in order to diminish disparities and inequities in access to quality care. Pharmacy students from the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS) have the opportunity to complete eight different six-week clinical rotations during their experiential education (one third-year advanced introductory pharmacy practice experience (aIPPE) and seven fourth-year APPEs). In an effort to diminish health disparities across Colorado and help students recognize the importance of providing care for underserved populations, at least two of these experiential rotations must be completed at rural clinical settings (one must be within an underserved area of Colorado). Notably, several experiences are available within FQHC clinics throughout the state that satisfy this requirement for students. Identifying students' attitudes towards underserved populations can help identify curricular opportunities to further promote care to these populations. Thus, this study aimed to assess changes in pharmacy students' attitudes and perceptions towards providing care to underserved populations after a six-week clinical experience within an FQHC clinic.

Educational activity and setting

A pre-post survey design was utilized to evaluate students' attitudes and perceptions before and after a six-week clinical rotation experience in an underserved setting. Each rotation experience was located within an FQHC primary care clinic, and students spent a majority of their time in direct patient care (face-to-face and/or telephonic) activities and chronic disease state management. Rotation activities varied by site and may have included, but were not limited to: medication counseling, medication device teaching, and chronic disease state education and management. Underserved populations that were cared for at these clinic sites included: uninsured, undocumented, limited literacy, homeless, medically complex, patients with Human Immunodeficiency Virus, known drug users, non-English speaking, children (ages 0–17 years), mentally compromised, and pregnant patients. Pharmacy students from the University of Colorado SSPPS completing a third-year aIPPE or fourth-year APPE were invited to complete the surveys. Rotation experiences were similar for third- and fourth-year students. Students were excluded if they had already completed a rotation within an FQHC prior to the start of the study or if the survey was not completed within the specified time frame, defined as no later than two days after rotation start date for pre-rotation survey and no later than seven days after rotation end day for post-rotation survey. Surveys were distributed from November 2016 to July 2017 over five different rotation blocks. Completion of the surveys was on a voluntary basis with no impact on students' final rotation grades. A gift card drawing was used as an incentive for student participation. Funding for this incentive occurred through internal department funds. Results were collected via participant self-administered surveys using Qualtrics[®] (Provo, Utah). Approval for the study was obtained from the Colorado Multiple Institutional Review Board.

An original survey was developed with questions adapted from previous studies assessing perceptions of dental and medical students towards underserved patients.^{2,3,5–7} Categorical-type questions were used to collect information related to students' demographics, past experiences interacting with underserved populations, and types of clinical activities completed during their rotations. The remaining 18 survey questions were used to assess changes in personal attitudes and perceptions of providing care to underserved populations. These questions were divided into one of five domains including access to care/resources, student/professional responsibility, personal impact, perceptions and/or barriers, and educational satisfaction. All attitudinal questions were assessed using a five-point Likert scale, ranging from strongly disagree to strongly agree.

Findings

Descriptive statistics were used to assess the primary objective. Each student's change in pre- to post-score was calculated for each Likert scale question, and a Wilcoxon signed-rank test was performed to determine significance. Additionally, questions within each

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