



Research

Measuring the impact of a national meeting special session: Change in participant perceptions of rural health pharmacy curricula and effects at home institution

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Abstract

Objectives: The primary objective is to describe the impact of an AACP session on participants' opinions toward rural health pharmacy education. The secondary objective is to determine the session's impact at participants' pharmacy institution.

Methods: Participants were surveyed twice, once via paper during the session and then via telephone, four months after the session. Questions were related to respondent perception of rural health needs and the impact of the session on participant home institution.

Results: The pre- and post-questionnaires had response rates of 66.7% and 68.4%, respectively. No change was seen in respondent opinion for most prompts, but more respondents disagreed at follow-up with a statement that pharmacists in rural and urban areas require the same skills (65.6% pre and 82.1% post, $p < 0.05$). Over 50% of follow-up respondents reported perceiving a change at their home institution after attending the special session.

Conclusions: Pharmacy educators interested in rural health share similar opinions regarding rural health pharmacy education and are motivated to initiate change in this area. Attendance at a national meeting may impact attendee home institutions.

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Introduction

Much of the research conducted in the United States (US) has demonstrated that there is a shortage of health care professionals, including pharmacists, working in rural areas.^{1–4} The educational approaches used to specifically generate rural pharmacy practitioners are varied and ranges from formally integrated to no specific rural health

offerings.^{5–8} Rural pharmacy education is a small section of the academic pharmacy community—pharmacy educators with rural interests are spread across the country, making collaborations difficult. As rural pharmacy education is still developing relative to rural medical education, partnerships amongst interested schools and colleges of pharmacy may be helpful to encourage support for this sector. One opportunity for the formation of such collaborations is at national meetings. Although information regarding national conferences is frequently available in the literature in summary form, little to no information is available regarding the impact of national conference sessions on the participants or on pharmacy education.

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Most information available from other fields are from cross-sectional studies without follow-up regarding the impact of sessions on attendees.^{9–12} A review of the literature did not reveal data regarding the possibility of using national meeting sessions to promote relationships among attendees interested in rural health.

The American Association of Colleges of Pharmacy (AACP) conducts a pharmacy educators national conference annually with the purposes of enrichment, networking, professional growth, and development. The authors presented a special session at the 2013 AACP Annual Meeting that was targeted to attendees with an interest in rural pharmacy education; all authors have conducted research in this area and are interested in continuing to promote rural pharmacy education in the US.

The primary aim of this study was to determine if a special session at an AACP Annual Meeting on the topic of rural health pharmacy could change a participant's attitude regarding the topic. The secondary aim was to determine if any participant reported changes at their home educational institution as a result of the session. We hope that by sharing these results, communication about rural health amongst pharmacy educators can continue to be facilitated at national meetings and that, through the connections made, the status of rural pharmacy education can be enhanced.

Methods

This study was exempted from review by the Institutional Review Boards at the University of Illinois at Chicago, the University of North Carolina, and the University of Washington. A single page (front and back) survey instrument was designed to determine the impact of a special session conducted during the 2013 AACP Annual Meeting on participants' perceptions of rural health pharmacy education. To improve readability and quality, the survey instrument was reviewed by a faculty cohort, a resident cohort, and the Odom Institute for Research.¹³ The ten-question pre-survey instrument included demographic questions related to type of educational institution affiliation, primary role or title of the faculty member completing the survey, size of entering PharmD class, presence of distant or satellite campuses, five 5-point Likert-based questions, and one open-ended question. The Likert-based questions were related to participant opinion regarding health care needs of those living in rural areas, pharmacist skills needed in rural areas, importance of rural-focused pharmacy education, participant's current curriculum, and motivation to increase rural health content in program curriculum. Given the number of definitions of rural used in the US, the researchers chose not to define rural for the participants but rather assess participant perception based on their own definition of rural.¹⁴ The post-survey instrument consisted of ten items: the same five 5-point Likert-based questions and open-ended question from the initial

questionnaire, two additional 5-point Likert-based questions regarding participant confidence that their own school of pharmacy can increase rural health education and likelihood of programmatic expansion, and two open-ended questions specific to the AACP presentation. Both instruments are available by contacting the corresponding author.

The initial survey was conducted at the AACP Annual Meeting in Chicago, IL, on July 17, 2013 at a special session entitled "Rural Pharmacy Education: Past, Present, and Future." All attendees who were present at the designated start time or who entered within two minutes of the start time were given a packet containing a consent statement, an initial questionnaire, and a follow-up contact information form. The packets were coded with numbers one through 100 at the top right corner to allow for de-identification of participant responses. Anyone who did not wish to participate was asked to return the blank form to the investigators.

The investigators made an announcement asking all non-student attendees to participate in the study and confirmed that participation in the study would not affect attendees' ability to participate in the programming or receive continuing education credit. Attendees were asked to complete the questionnaire and to provide contact information to allow for follow-up. The study paperwork was collected within seven minutes of the start of the presentation.

Follow-up questionnaires were completed via telephone interview with the study conductors between October and November 2013. Telephone follow-up was warranted due to a potential low response rate for mailed surveys, the cost associated with postage, and the desire of the researchers to obtain qualitative information from conversing with respondents. All participants who provided contact information were contacted. Up to three attempts were made to contact each participant. If, through the contact, the participant stated they would prefer to schedule a different time to complete the questionnaire, a time was arranged between the researcher and participant. Participants were able to elect to discontinue participation in the study at any time by telling the researcher on the phone call or in writing. At the end of the follow-up call, participation in the research was complete.

The data was evaluated for quantitative changes using descriptive statistics and qualitative changes using thematic content analysis for trends across responses. Within six months of completion of the study, all identifiable information was destroyed.

Results

Of the 96 questionnaires distributed, 64 were returned with the initial questionnaire completed, yielding an initial response rate of 66.7%. Three were excluded as they were completed by students. Four were returned without contact information. Of the 57 questionnaires eligible for follow-up, 18 were not reached via telephone after three attempts and

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