

Service and education within a student-run pharmacy: An evaluation of the Butler University Community Outreach Pharmacy

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Abstract

Objective: To evaluate the quality of activities rendered through the service and education domains of Butler University Community Outreach Pharmacy's (BUCOP) mission statement.

Methods: Anonymous evaluations of service and education amongst patients receiving prescriptions from BUCOP and student-pharmacists volunteering at BUCOP were performed respectively. Patient's confidence in students' ability to render retail-based pharmaceutical care was assessed via a questionnaire. A student questionnaire solicited feedback on pharmacy practice experiences (PPE) obtained through BUCOP volunteering. Descriptive statistics are reported where appropriate. Responses are reported as likelihood ratios (Chi-squared).

Results: Approximately 80% of the patients reported favorable experiences at BUCOP. The majority (97.9%) of patients stated that they would use BUCOP again and would refer to BUCOP. Patients viewing services as "Very Good" or "Excellent" expressed confidence in the students' ability to explain medical conditions (80.43%; LR = 42.02; df = 9; $p < 0.001$); explain medications (78.72%; LR = 50.93; df = 9; $p < 0.001$); and how to take medication (81.25%; LR = 9.72; df = 3; $p = 0.021$). All student-pharmacists ($n = 21$) who were surveyed reported increased confidence counseling/interacting with patients secondary to this experience. Regarding interdisciplinary interaction, 70% of the student-pharmacists felt "Very" or "Somewhat" utilized by the student-physicians and 70% felt that the interactions with student-physicians were either "Very" or "Somewhat" beneficial. All students stated that they would volunteer again and recommend other student-pharmacists to volunteer.

Conclusion: Results suggest a positive experience on student learning and patient satisfaction with this student-run pharmacy. While quality improvements can be made, BUCOP is fulfilling its service and education mission statements.

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Introduction

History

Data deprived from the American Community Service report that for the 46201 Eastside community (EScommunity)

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of Marion County Indianapolis 26% of the residence live at or below poverty levels.¹ For this particular community, like many others across the United States, access to affordable healthcare poses a major problem. In an attempt to assist such populations, federally funded healthcare systems were established as part of the War on Poverty.² In response to the War on Poverty initiative, Citizens Health Center became the first federally funded clinic in Indianapolis.² Additionally, for over 150 years, Wishard Health Services has provided care for underserved patients at its main hospital campus and eight satellite clinics throughout the city.³ Further efforts to assist underserved communities included the establishment of several free clinics, such as the Gennesaret Free Clinic, Shepard Community Center and Kingsway Community Care Center.

Increasing affordable access to healthcare has been at the forefront of American culture in recent years. In 2010, President Obama signed the Patient Protection and Affordable Care Act and the Healthcare and Education Reconciliation Act of 2010 with a vision and goal to dramatically reform healthcare and to allow individuals to obtain affordable healthcare coverage over the next several years.^{4,5} Preceding these Acts were the development of programs such as patient medication assistance and income-based sliding scale and free clinics in order to fulfill this same vision. In recent years, several student-run free clinics have been established. Student-run clinics accomplish several goals. Foremost they increase access to affordable healthcare; secondly, they serve as innovative and real-world teaching sites for several disciplines; and thirdly they enable medical and health professional schools to meet accreditation standards that focus on service-learning and multidisciplinary approaches to healthcare. Reportedly, there are 60 student-run free clinics in the United States; at the time this article was submitted, the Butler University Community Outreach Pharmacy (BUCOP), in conjunction with the Indiana University Student Outreach Clinic (IUSOC), was the only student-run free healthcare provider in the state of Indiana.⁶ The IUSOC and BUCOP operate out of a local church, the Neighborhood Fellowship Church in the heart of the ESCommunity, on Saturdays from 10:00 am to 2:00 pm.⁷ This paper discussed the impact of the BUCOP on pharmaceutical care to the underserved and student training and learning.

August 1st, 2009, BUCOP was opened as a free, student-run pharmacy.⁷ The services provided by the student-pharmacist to patients included: (1) free medications, (2) non-drug therapies, and (3) medication counseling. Additionally, the student-pharmacists provided drug information-related knowledge, such as initial doses, recommended indication for medication therapy, and monitoring parameters to student-physicians of the partnering IUSOC. The student executive board, in consultation with the faculty advisor, conducts the supervision of BUCOP. In addition to the student executive board and the advisor, the BUCOP operates with the assistance of student-pharmacist volunteers and pharmacist

volunteers. A more detailed overview of the roles and responsibilities of the various parties involved in the operations of the BUCOP can be found in [Table 1](#).

Furthermore, the service-learning and public health components of the student-run pharmacy reflect the academic public health and interdisciplinary education initiatives of the Accreditation Council for Pharmacy Education (ACPE). According to the 2011 ACPE Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree, a pre-advanced pharmacy practice experience core domain is Health and Wellness—Public Health.⁸ It states that students should, “Know and apply principles of health and wellness in provision of individual and population-based health and wellness information” and “Integrate unique characteristics of individuals and populations in design of health and wellness information.”⁸ Additionally, in accordance with the American Association of Colleges of Pharmacy (AACP) Center for Advancement of Pharmaceutical Education (CAPE) 2004 Educational Outcomes, the ACPE Accreditation Standards recommend that students fulfill their public health and other education experiences, such as experiential experiences “in cooperation with other members of an inter-professional team of healthcare providers.”⁸

BUCOP mission statement

Service: To provide medically underserved and uninsured populations within Indianapolis with access to basic medication for acute disease states, information on non-drug therapies, and education on chronic disease prevention at no cost to the patient.

Education: To provide pre-professional and professional students with the opportunity to expand clinical skills, explore aspects of clinic administration, build interdisciplinary skills with other professional students, and better understand community resources available to uninsured patients.

Understanding: To provide a setting in which medical research regarding social, cultural, and financial influences on the delivery of healthcare to underserved and uninsured populations can be conducted.

Advocacy: To advocate for universal access to adequate and affordable healthcare and medications for the underserved and uninsured populations of Indianapolis.

Objectives

The objective of this study was to evaluate the quality of the services rendered through the service and education domains of the BUCOP mission statement to assess progress and identify areas of improvement.

Methods

This study was approved by the Butler University Institutional Review Board in accordance with the principles

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