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Research paper

Immediate and longitudinal effects of incorporating health literacy and cultural competency into a yearlong pharmacy curriculum[☆]

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Abstract

Objective: To determine the immediate and longitudinal effects of incorporating health literacy and cultural competency (HL-CC) concepts into one semester of pharmacy school.

Methods: HL-CC concepts were incorporated into three fall semester courses for first-year professional pharmacy students. Students completed a 23-item Likert-type health literacy instrument (perceptions, understanding, and application) and the Inventory for Assessing the Process of Cultural Competence among Healthcare Professionals—Student Version (IAPCC-SV[®], Campinha-Bacote, 2007) pre–post fall semester ($n = 53$, 100% response rate) and post-spring semester (no concept incorporation, $n = 52$, 98% response rate). Data were analyzed using Wilcoxon signed rank tests to examine the differences between pre- and post-semester for the health literacy assessments and the IAPCC-SV[®] assessments.

Results: Students' perceptions, understanding, and application of health literacy principles had significant improvements in the fall semester, but some attrition was seen after the spring semester. Students' cultural competency levels increased during the fall, and their overall IAPCC-SV[®] scores did not significantly change during the spring.

Conclusions: Integrating HL-CC concepts throughout one semester can be useful for improving pharmacy students' knowledge and skills in these areas. Concepts should be reinforced throughout the curricula to maintain their knowledge and skills.

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Keywords: Pharmacy; Health literacy; Cultural competency; Integration; Curriculum

Introduction

Effective communication among health professions is a necessary component of health care, as no single profession can adequately respond to the complexity of health problems that patients may possess.¹ Pharmacists have a role as communicators of information between other health care

professionals and the community.² Communicating effectively at the appropriate level of depth can be a challenging task, and therefore, it is important that pharmacists are aware of barriers to effective communication.³

One such barrier to effective patient–pharmacist communication is low health literacy. Health literacy is known as “the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.”⁴ Although an average American adult reads at the eighth-grade level, most written health information materials are written at the twelfth-grade level.^{5–7} Due to these disparities in communication, up to half of the patients struggle with health information, leading to outcomes such as poor health,

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decreased adherence to medical instructions, increased hospitalizations, and higher health care costs.^{8–11} In an effort to improve the current state of health literacy and improve health outcomes, the National Action Plan to Improve Health Literacy, along with other researchers, has called for health literacy-related concepts to be addressed in the curriculum of health professionals.^{8,12,13} Previous incorporation of health literacy concepts into the education of health care professionals through presentations, small-group activities, and care-based learning has proven to be successful in increasing students' knowledge, skills, and confidence.^{14–18} However, the question remains whether current curricular initiatives are sufficient to improve health literacy knowledge and skills longitudinally.

Cultural competency is another factor influencing effective communication between pharmacists and patients.¹⁹ It is crucial for pharmacists to be able to deliver care to patient populations with diverse values, beliefs, and behaviors^{15,20,21} given the increasingly multicultural and diverse population in the United States.^{22,23} Cultural competency is an ongoing process in which a health care professional continuously strives to achieve the ability to effectively work within the cultural context of the patient and is a process where there is always room for improvement.²¹ Pharmacists need to be aware of patients' beliefs, values, and preferences that are influenced by their cultural differences, which in turn impact their health care decision-making process.²⁴

In recent years, pharmacy educators have incorporated cultural competency topics into their curricula.^{19,25} Incorporation of cultural competency into health care education for pharmacy, medical, and nursing students has proven to be effective^{22,26–33} and should be continued in order to increase the awareness of future health care professionals.^{19,22,25–33} Elective courses have been shown to enhance students' cultural competency.^{22,26,27,29,31} Effective methods of curriculum integration of culture competency have included learning activities such as interactive lectures, role-playing, interviewing patients of different cultures, and Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) experiences.^{27,30,33} However, despite the strides made in the curriculum, recent American College of Clinical Pharmacy White Papers have called for an expansion in cultural competency topics in pharmacy curricula.^{19,25}

The Accreditation Council for Pharmacy Education (ACPE) mandates that each college of school of pharmacy has a curriculum that "...addresses patient safety, cultural appreciation, health literacy, health care disparities, and competencies needed to work as a member of or on an interprofessional team."³⁴ Health literacy and cultural competency concepts have often been incorporated into a single course but not integrated into multiple courses or assessed longitudinally. The concepts should be integrated throughout the curriculum to provide a lasting impact on students.^{35,36} Therefore, the objective of this project was to

determine the immediate and longitudinal effects of incorporating health literacy and cultural competency concepts across three separate courses during one semester.

Methods

This longitudinal study was conducted at the Cedarville university, School of Pharmacy, from August 2012 to April 2013. Institutional Review Board exempt status was obtained prior to conducting the study. Participants were first-year professional pharmacy students. First-year students were chosen because they spend 50 hours in a community pharmacy setting each semester during this year. It was our hope that students would be better prepared and possibly prevent negative socialization toward the cultural groups that they would encounter in these experiences.

Curriculum

Health literacy and cultural competency concepts were integrated throughout three concurrent courses in the fall semester: Self-Care, Introduction to Pharmacy Practice, and Pharmacy Practice Lab (skills lab) (Fig.). By integrating these concepts into several lectures in more than one course, concepts were reinforced in multiple classroom settings. Students also were then able to apply concepts learned in the classroom at their IPPE sites. Class objectives were created after a literature review as well as the Tool for Assessing Cultural Competency Training (TACCT).³⁷ Students were first introduced to the concepts of cultural competency and health literacy in the Self-Care course, which utilizes team-based learning. Students completed a pre-class assignment with a reading guide and questions. During the classroom session, an individual Readiness Assessment Test (iRAT), a team Readiness Assessment Test (tRAT), and an application exercise focusing primarily on cultural competency were given. This type of delivery in the classroom allows for collaboration and discussion focused on cultural competency. In the Introduction to Pharmacy Practice course, there was an active-learning lecture focusing on the prevalence of low health literacy, health literacy assessments, and methods of assisting patients with low health literacy levels.

To allow for reinforcement and skills-based practice of concepts learned in the Self-Care and Introduction to Pharmacy Practice courses, cultural competency and health literacy concepts were incorporated into two sessions of the Pharmacy Practice Lab. One lab focused on both health literacy and cultural competency. Prior to the lab, students reviewed material from the Self-Care and Introduction to Pharmacy Practice courses, completed a pre-reading on creating pill cards (<http://www.ahrq.gov/patients-consumers/diagnosis-treatment/treatments/pillcard/pillcard.html>) from the Agency for Healthcare Research and Quality (AHRQ) resources on health literacy,³⁸ and watched a

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