



Opinion

Evaluating men's health education in US pharmacy practice curriculum

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Abstract

The objective of this study was to evaluate men's health education in the pharmacy practice curriculum of colleges/schools of pharmacy in the United States. The pharmacy practice department heads from colleges/schools of pharmacy in the United States received an online survey. The survey included demographic questions about the college/school of pharmacy, the men's health topics covered, and viewpoints about incorporating men's health in their curriculum. A total of 143 initial emails were sent, with 19 completed surveys received. Nine of 11 specific men's health topics evaluated in the survey were taught by at least 50% of respondents within a required didactic course for at least one hour. There was no significant difference between the colleges' demographics and total hours of men's health topics taught. More than 50% of respondents indicated that eight of the 11 specific men's health survey topics should be included in the required curriculum only. Overall, 89% of schools/colleges identified the main barrier to incorporating men's health topics in the curriculum as lack of time. As schools/colleges of pharmacy undergo curricular change, the results of this survey may be used to evaluate the men's health content in their curriculum and to make adjustments, as necessary, to help better prepare pharmacists for increasing roles in men's health.

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Keywords: Curriculum; Men's health; Education; Pharmacy practice

Introduction

Males accounted for 49.2% of the United States (US) population according to the 2010 United States Census.¹ In 2010, a life-expectancy difference existed between males and females, with females living 4.7 years longer than males. Males had higher age-adjusted death rates for heart disease, cancer, chronic lower respiratory diseases, diabetes, and unintentional injuries than females. Males were less likely to utilize outpatient health care services though, with more males than females having no visits to a doctor's office, emergency department, or home visits in the past year. Males, as compared to females, had longer average

length of hospitalizations (5.3 versus 4.4 days, respectively).² This health discrepancy between males and females presents an area for pharmacists to intervene.

The impact of pharmacists on men's health was shown in a study by Boyle et al.³ In this study, community pharmacists completed an educational program about assessing men's health risks and counseling men about their risks. Pharmacists then discussed these risks with men in the pharmacy and encouraged them to make an appointment with their physician. The study divided patients into those receiving a telephone intervention for a reminder to follow-up with the physician and those without a telephone reminder. A total of 382 men were screened and an average 3.1 health risks per person identified. At 12 weeks after the initial pharmacist encounter, 63% ($n = 99$) of the telephone intervention group and 57% ($n = 87$) of the non-telephone group had a physical exam. For the 186 patients who went to their physician, pharmacists filled 152 new prescriptions.³

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This study showed the positive impact that pharmacists can have in men's health care.

In order to prepare pharmacists for these roles, there needs to be education about men's health in the pharmacy curriculum. A literature search revealed no publications about men's health education in the US pharmacy practice curriculum; however, an article describing a required undergraduate pharmacy course about women and men's health at the University of Alberta was identified. This course was designed to integrate the basic and clinical science aspects of conditions affecting men and women's health. The course included 14 therapeutic women's health topics and two therapeutic men's health topics (erectile dysfunction and hypogonadism/andropause). In addition, four topics related to men's and women's health were covered (contraception, infertility, sexual dysfunction, and sexual assault). Some men's health topics, such as benign prostatic hyperplasia (BPH) and prostate cancer, were included elsewhere in the curriculum. The course addressed anatomy, physiology, pharmacology, and medicinal chemistry for both men's and women's health and used different teaching methods including lecture, large- and small-group case discussions, self-directed learning assignments, and case-based stimulations with standardized patients.⁴ While there are published surveys evaluating the topics taught and quantity of information included in the curriculum of schools/colleges of pharmacy about sterile product compounding, geriatrics, drug information education, literature evaluation and biostatistics, end-of-life care, pediatrics, pharmacoeconomics, and pharmacogenomics, there are no current studies about men's health education in pharmacy curriculum.^{5–12} Furthermore, there are no studies that evaluate men's health education in the training of other health care professionals.

The importance of gender as a factor that influences health care is recognized in the Center for the Advancement of Pharmacy Education (CAPE) 2013 Educational Outcomes as an example of a social determinant of health that pharmacy graduates should recognize to help improve access to care (Outcome 3.5).¹³ The current Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Guidelines further recognize the importance of gender as a factor, among others, that pharmacy graduates should demonstrate sensitivity to when caring for patients prior to initiating advanced pharmacy practice experiences (example performance competency for core domain 6) and receive diverse exposure to during pharmacy practice experiences (Guideline 28.3).¹⁴ The 2016 ACPE Accreditation draft Standards continue to recognize the importance of gender as an influential health care factor to which pharmacy students should obtain diverse exposure during their education (Standard 13.2).¹⁵ In 2013, the American Association of Colleges of Pharmacy (AACP) released a new Women's Health Curriculum that includes core competencies and performance-based learning objectives to be used in pharmacy courses. AACP does not currently have a curriculum guide for men's health.¹⁶

Since gender-specific education within pharmacy curricula should not be limited to women's health, and due to the overall lack of published information about men's health in the curriculum, this study was conducted to evaluate current content and areas of potential deficiency regarding men's health education in the pharmacy practice curricula of schools/colleges of pharmacy in the United States. The primary aim was to determine the men's health topics taught in schools'/colleges' pharmacy practice curricula. The secondary aim was to evaluate the location of the men's health content in the curriculums (elective, required, didactic, or experiential courses) and the length of time devoted to each topic. Other secondary aims included evaluating the schools'/colleges' views about incorporating men's health in the pharmacy practice curriculum and determining if the schools'/colleges' demographics affected the total number of hours of men's health topics taught.

Methods

The study was conducted via an online survey through SurveyMonkey[®] and distributed to the heads of the Department of Pharmacy Practice at schools/colleges of pharmacy in the United States via a list of e-mail addresses obtained from AACP. The department head received an introductory e-mail about the survey one week before its release in November 2012 stating that the survey could be forwarded to another faculty member who was better able to complete the survey. The survey remained open for four weeks, with a reminder e-mail sent halfway through. The survey included questions relating to the demographics of the schools/colleges, the men's health topics taught, the schools'/colleges' views of incorporating men's health in the curriculum, and perceived barriers to incorporating men's health in the curriculum. The survey was not piloted, but faculty members not involved in the study provided feedback about the survey questions (content and phrasing), including the men's health topics identified in the survey. Several revisions were made based on the feedback provided. Results of the survey were analyzed using descriptive statistics. The total number of hours for men's health topics was calculated for each school/college and compared to the schools'/colleges' demographics using Mann–Whitney *U* or Kruskal–Wallis tests. Data were collected through SurveyMonkey[®], exported to Microsoft Excel, and analyzed using SPSS version 19.0. Prior to conducting the research, the Institutional Review Board at Midwestern University assigned the proposal exempt status.

Study population

Participation in the study was voluntary, and at no time were the responses linked to specific individuals or institutions. The study included schools/colleges of pharmacy in the accredited or candidate status for accreditation; however, it excluded schools/colleges in the pre-candidate status

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