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Research

Collaboration between Schools of Pharmacy and Social Work to promote care for a medically underserved population[☆]

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Abstract

Introduction: Medically underserved populations experience a lower quality of health services and increased incidence of chronic disease. Identified strategies to reduce disparities in health care include educating health professional students on caring for medically underserved populations and integrating interprofessional education into health science curricula. The objective of this paper is to describe an interprofessional course designed for Doctor of Pharmacy and Master of Social Work students to enhance knowledge and identify barriers in providing care to medically underserved populations with an emphasis on homeless populations and examine students' perceptions of interprofessional education. Challenges to course implementation are also described.

Methods: An elective course including didactic and experiential components was created with the goal of promoting awareness and self-reflection in providing care for medically underserved populations. Students participated in case-based discussions and wrote reflections about their experiences at a homeless clinic.

Results: Of 25 students, 18 participated in pre- and post-surveys. At the end of the course, students' confidence in communicating with medically underserved populations increased, but interest in working with these patients declined.

Conclusion: The course enhanced collaboration and interprofessional communication between the Schools of Pharmacy and Social Work. Factors to consider for future courses include closer examination of the content level of introductory materials and differences in curriculum committee guidelines.

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Keywords: Interprofessional education; Homeless; Medically underserved; Pharmacy; Social Work

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Introduction

In 2002, the Institute of Medicine (IOM) reported that U.S. racial/ethnic minorities were found to have an increased risk and incidence of chronic diseases, as they are less likely to receive health screenings, routine diagnostic and medical procedures, and experience an overall lower quality of health services.¹ Therefore, racial/ethnic health disparities have continued to negatively impact the health of U.S.

citizens and impose a significant cost to the U.S. economy with excess direct medical care expenditures caused by health care inequalities estimated at \$229.4 billion from 2003 to 2006.^{2–9} In addition to decreased access to care, other health system conditions and responses, such as provider stereotyping of certain population groups and provider workforce shortages in rural and inner city areas, have been cited as contributing to health disparities.⁸ Socioeconomic status has also been identified as a significant determinant of health status and survival odds since persons of lower socioeconomic status are more likely to be uninsured, reside in substandard housing, lack consistent access to nutritious food and reliable transportation, and be employed in unsafe and/or challenging work environments.^{8,10–17}

One health science program strategy found to be helpful in modifying perceptions and attitudes that reduce racial, ethnic, and socioeconomic health disparities among service providers is the integration of cross-cultural curricula and case-based instruction for providing care to historically underserved populations.¹ Relevant topics that are critical to pharmacy and social work education and service provision such as cultural competence, health literacy, and health care disparities provide curricula content that has been shown to increase sensitivity in practice methods and service delivery. Therefore, both didactic and experiential teaching methods should be used in education approaches to assist in reducing barriers to current and future service delivery.¹⁸ Interprofessional education is also identified as an effective approach to help prepare future health care professionals to provide quality care to vulnerable populations in their careers.¹⁹ The integration of social work's emphasis on empathic communication and establishing rapport and relationship building combined with pharmacy's emphasis on discerning accurate medication histories to provide the most effective pharmacological intervention provide a "best-practice" approach to underserved populations. In particular, schools of pharmacy have been urged to support faculty members engaged in education, research, and/or professional service with the underserved and to encourage faculty members to identify interprofessional and community partnership opportunities for best-practice opportunities.^{20,21} Further, the National Association of Social Workers (NASW) emphasizes the inclusion of interprofessional collaboration, consultation, and leadership for social work practitioners. NASW argues that social workers shall advocate for and participate in education programs that advance cultural competence within the profession.²²

Schools and colleges of various health and social sciences have designed and implemented course offerings that educate students to care for the underserved and that encourage interprofessional collaborations. As a result, students were found to be more prepared and confident in their ability to care for the underserved and reported a greater likelihood of working with underserved populations in the future.^{23–30} Additionally, students enrolled in interprofessional courses reported an improvement in perceptions and a greater understanding of the roles of other

health care disciplines, as well as an increase in knowledge, skills, and confidence in working with other professionals.^{31–35} Further, interprofessional education has been attributed to enhanced patient/client care and greater patient satisfaction.^{31,32,36}

A collaborative initiative between Virginia Commonwealth University Schools of Pharmacy and Social Work and a Federally Qualified Health Care for the Homeless Clinic resulted in the development of an interprofessional elective graduate course, with an emphasis on providing quality care for individuals experiencing homelessness. This collaboration is unique in that experiential social work, which includes case study and role-play teaching methods, were infused with the more didactic approaches of pharmacy methods, resulting in an integration of content and methods that required both groups of students to learn an integrated model of intervention. Pharmacy students were required to focus more on the social work tenets of professional use of self, self-awareness and self-reflection, a less structured and less didactic but effective approach to gaining competence with communication with the underserved patient/client as a central concept of competent practice. Social work students were required to use an assessment model that provided a more structured approach to practice competence as well as a new practice content. We hypothesized that upon completion of the course, students would have an increase in knowledge about the types of underserved populations and improved perceptions about medically underserved populations and interprofessional education.

Methods

This elective course was entitled "Medical Access and Care for Underserved Populations" and was designed for third-year Doctor of Pharmacy (PharmD) students and second-year Master of Social Work (MSW) students, who were targeted for participation because they have completed the majority of their didactic training and had some experience in off-site rotations or fieldwork. Four faculty members from the School of Pharmacy, one faculty member from the School of Social Work, and the behavioral health coordinator from a local health care for the homeless clinic contributed to the development and implementation of the course. Two faculty members, one from the School of Pharmacy and one from the School of Social Work, shared the role of course coordinator. Upon completion of the course, students were expected to be able to:

- Demonstrate an understanding of multicultural and psychosociological issues affecting medical access and care for underserved populations, with an emphasis on homeless individuals.
- Identify current gaps in medical services being provided to homeless patients and identify economically feasible opportunities to address these gaps.

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