



## Assessing student perceptions of the underserved at a Federally Qualified Health Center

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### Abstract

The purpose of this evaluation is to determine student perceptions of caring for underserved patients. Doctor of Pharmacy candidates participating in an experiential rotation at a community health center were assigned to write a semistructured reflection paper upon rotation completion. Retrospective review of the reflections was done to identify common themes and provide insight into students' perceptions of caring for the underserved. Six main themes were identified. Students expressed positive changes in their perceptions toward underserved patients and prior negative misconceptions diminished as a result of rotation completion. A clinical rotation that focused on improving care of underserved patients positively impacted student learning, provided new perspectives, and dispelled prior misconceptions. Experiential rotations involving the care of underserved patients should be emphasized to foster future pharmacists' roles in the reduction of health care disparities and addressing unmet needs in high-poverty communities.

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"It is easy to stereotype a service, place or people, but clerkship at the Tippecanoe Community Health Clinic reminds one to research before making any judgment."

—Doctor of Pharmacy Candidate, 2004

The "underserved" population refers to patients disadvantaged because of their inability to pay for health services or access health care, as well as those disadvantaged for reasons of race, religion, language group, or social status. As a result, medically underserved populations face economic, cultural, and/or linguistic barriers to health care.<sup>1</sup> Approximately 46 million people in this country have no health insurance<sup>2</sup> and the percentage of uninsured likely will continue to rise with the current economic downturn.

Many individuals still have little or no access to health care, whereas others lack quality health care. In the face of this serious problem, the uninsured may forgo health care services because of access issues and in the end use more costly medical services owing to untreated diseases.<sup>3</sup> It has been estimated that as many as 18,000 unnecessary deaths were caused by lack of health insurance.<sup>4</sup> In addition to the effect on quality of life, this issue has a major financial impact on the public health system. The Institute of Medicine estimated the annual lost economic value of being uninsured in the United States is between \$65 to \$130 billion.<sup>4</sup>

The growing numbers of underserved patients in the United States will likely increase pharmacists' interaction with this population. Therefore, it is important to address the unique needs of and barriers faced by this growing patient population in pharmacy curricula. Efforts to incorporate this content—didactic and/or experiential—should coincide with the newly revised Accreditation Council for Pharmacy Education (ACPE) Standards.<sup>5</sup> The impact of this content should then be evaluated to

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determine its effect on students' ability to provide holistic patient-centered care.

The revised ACPE Standards address students' abilities to contribute to patient care and the profession as a whole. Specifically, ACPE Standard 14 states: "Pharmacy practice experiences must include direct interaction with diverse patient populations in a variety of practice settings and involve collaboration with other health care professionals."<sup>5</sup> Therefore, it is imperative that students receive curricular training, as well as structured mentored experiences with diverse populations to ensure confident, competent graduates capable of contributing to positive patient outcomes. Other health professions have incorporated experiential learning with specific patient populations that are often disenfranchised (e.g., mental illness, homeless and geriatric).<sup>6–9</sup> In all cases cited, students' attitudes toward these patients improved after their experience.

The Advanced Pharmacy Practice Experience (APPE), referred to hereafter as the clinical rotation, is one method to integrate a structured, mentored student experience with the underserved. Assessment of the experience is essential to determine the impact on student learning in pharmacy education. One method of evaluation is through the use of written reflections, which allows students to process an experience and develop it within a personal framework.<sup>10–12</sup> Professional schools including pharmacy, education, and nursing often use reflection as a method to assist and/or assess student learning.<sup>10,13–16</sup>

The following description is of an eight-week clinical rotation at a community health center dedicated to caring for the underserved. The purpose of this exploratory evaluation was to describe and assess students' learning and attitudes about the underserved. Little research in pharmacy education has been conducted with regard to students' perceptions of the underserved population; therefore, it was essential to initially explore the students' learning through a qualitative approach. This retrospective evaluation was deemed exempt by the University's Institutional Review Board.

## Methods

After an individual interview, students are assigned to rotation sites based on a variety of factors, including student interest and geographic location. The clinical rotation at Tippecanoe Community Health Clinic (TCHC) is designed to enhance students' understanding of a variety of disease states and pharmacotherapy concerns relating to the management of underserved patients. Table 1 lists the clinical rotation objectives. Student performance is evaluated on a satisfactory or unsatisfactory basis.

### *Patient care environment*

Nonprofit Federally Qualified Health Centers (FQHCs) are a major component of the nation's safety net for the medically underserved, special populations, and the uninsured. The rotation site, TCHC, is the only FQHC located in

Table 1

Clinical rotation objectives at Tippecanoe Community Health Clinic

Upon completion of this clinical rotation, the students will demonstrate the ability to:

1. Describe the philosophy of clinical pharmacy practice, emphasizing its application to caring for the underserved patients in a multidisciplinary ambulatory care environment.
2. Obtain, organize, and assess patients' medication profiles for potential medication-related problems:
  - Untreated indication, drug use without indication
  - Inappropriately prescribed drugs, dosages, frequency of administration
  - Drug-drug, drug-disease, drug-food, and drug-lab interactions
  - Contraindications for drug therapy
  - Adverse drug reactions
  - Compliance, accessibility, and affordability
  - Need for alternative or additional therapies to optimize care
3. Integrate information to design, recommend, implement, monitor, and evaluate patient-specific pharmacotherapeutic regimens to prevent or resolve medication-related problems in underserved populations.
4. Assess patient medication adherence and develop strategies for improving adherence in underserved patients.
5. Develop a level of comfort in interacting with other health care providers and an appreciation of the roles of the various members of the health care team.
6. Advise physicians and other health care professionals on appropriate drug therapy based on clinical efficacy, safety, availability, ease of administration, and cost-effective prescribing.
7. Demonstrate effective communication skills with underserved patients in interviews and educational sessions.
8. Demonstrate effective communication skills with health care professionals in written and verbal format.
9. Respond to information requests from patients and health care professionals through appropriate drug literature retrieval, evaluation, interpretation, and clinical application.
10. Demonstrate basic level of medication history-taking skills and physical assessment skills.
11. List 3 challenges and rewards of caring for the underserved population.
12. Identify the role of pharmacists in addressing health disparities.

the Greater Lafayette, Indiana area. The clinic is located in a rural setting. The service area is "high risk" and considered medically underserved because of its lack of participating Medicaid providers. More than half of the clinic patients received Medicaid assistance, whereas 17% of the patients are uninsured. Furthermore, approximately 46% of the underserved residents' incomes fall below 100% of the federal poverty level. The clinic's vision is to deliver accessible, affordable health care to county residents and it serves more than 9,000 patients annually. The clinic provides services to all age groups in the management of acute and chronic illnesses, as well as disease prevention. Specialized services offered through TCHC include pharmaco-

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