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Research Article

Survey of psychiatric pharmacy education at U.S. schools of pharmacy

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Abstract

Objective: A shortage of health care services dedicated to patients with mental illness exists and will continue to grow with the Patient Protection and Affordable Care Act, which has extended insurance coverage to millions of individuals, many in need of psychiatric care. With these changes, the role of the pharmacist continues to evolve as pharmacists assume expanded roles, with hopes of achieving provider status. Thus, evaluating the delivery of psychiatric pharmacy curricula in U.S. schools of pharmacy is necessary to ensure that the students receive a strong foundation to prepare themselves to assume key roles in the management of patients with mental illness.
Methods: A 29-item survey was developed and disseminated to 136 schools of pharmacy electronically via SurveyMonkey®.
Results: Sixty-two (46%) schools of pharmacy completed the survey. A large number of schools (73%) employ faculty with psychiatric residency or fellowship training. Most schools use a variety of teaching methodologies to deliver content, with didactic lecture being the most common (86%). A majority (69%) of responders feel an adequate amount of time is dedicated to the psychiatric pharmacy curriculum, and 90% believe faculty are appropriately qualified to teach psychiatric pharmacy.
Conclusions: Psychiatric pharmacy education is delivered in a similar manner in a majority of U.S. pharmacy schools. Compared to previous surveys, the amount of time dedicated to psychiatric pharmacy increased and more qualified clinical faculty specializing in psychiatric pharmacy are responsible for delivering content. Additionally, an increased number of psychiatric experiential rotations are now available, along with more schools offering elective coursework.

Keywords: Psychiatry; Education; Survey; Pharmacy

Introduction and background

Annually, one in four adults is affected by a mental illness in the United States (U.S.), and approximately 50% will develop a mental illness in their lifetime.[1] According to the World Health Organization (WHO), depressive disorders are the leading cause of disability worldwide, and schizophrenia and bipolar disorder also rank among the top ten global causes of disability.[2] The economic burden of mental illness is nearly $300 billion in the U.S., with costs attributed to lost productivity, disability benefits, and health care expenditures. Spending on mental health medications in 2014 was $23.1 billion, surpassed only by oncologics.[1,3]

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Rationale and objectives

Widespread shortages of mental health professionals may affect access to mental health care, thereby enabling pharmacists to play a pivotal role in the provision of mental health care services.[4,5] In 2014, 18.1% of all adults in the U.S. experienced a mental illness in the past year, with 4.2% of all U.S. adults experiencing a serious mental illness causing significant functional impairment in daily activities.[6,7] Studies demonstrate that early identification and treatment of mental illness are associated with a more favorable prognosis and treatment outcomes, thereby highlighting the need for appropriately trained health care professionals, including pharmacists, to better identify and treat mental illness.[8,9] Pharmacists can also play a key role in the management of psychiatric illness through the provision of medication education including, but not limited to, educating patients on mental illness and treatment goals as well as the importance of medication adherence. Because pharmacists in nearly all practice settings provide care for patients with mental illnesses, an updated evaluation of psychiatric pharmacy curricula was undertaken to determine if the education provided to pharmacy students is sufficient to meet the demands of the profession with regard to the provision of mental health care.

Methods

This survey was a joint effort conducted by faculty members at three different schools of pharmacy. Previously published surveys of curricula delivered in U.S. schools of pharmacy were used to develop a 29-item, 15-minute survey to evaluate psychiatric pharmacy curricula in the U.S.[10–13] The goal of this survey was to describe the current teaching of psychiatric pharmacy among U.S. schools of pharmacy. The survey was comprised of the following four sections: school demographics, instructor demographics, questions regarding the delivery of psychiatric pharmacy education, and an opinion section. The school demographics section included questions related to institutional type (public or private), number of students enrolled per professional year, number of full-time faculty on staff, Accreditation Council for Pharmacy Education (ACPE) accreditation status, and number of years the pharmacy school has been in existence. The instructor demographics section requested specific information on each institution's psychiatric pharmacy course or course content, such as the number of faculty teaching psychiatric pharmacy and, more specifically, in the therapeutics component of the course. Additionally, information pertaining to the professional training obtained by the clinical faculty involved in the course (e.g., psychiatric residencies and/or fellowships), as well as an estimate of the percentage of time each instructor in the psychiatric pharmacy course dedicates to clinical practice, teaching, and research was requested.

Questions regarding the delivery of psychiatric pharmacy content focused on obtaining information related to the number of class hours dedicated to psychiatric pharmacy, and detailed information on the amount of time allocated to the medicinal chemistry, pharmacology, and therapeutics of psychiatric pharmacy as well as their integration in the course. Additional information on the specific psychiatric/neurologic topics covered, the professional year the course is offered, the teaching style (team-based learning, case-based learning, didactic lecture, etc.) used by faculty teaching in the therapeutics section, and the references used in the course were obtained. Also, information on the availability of psychiatric pharmacy elective courses as well as introductory or advanced pharmacy practice experiences (APPEs) and their settings offered by each institution was requested. A final opinion-based section of the survey asked recipients if they felt the time allotted to the therapeutics section of the psychiatric pharmacy curriculum was adequate, and if the instructor(s) teaching in the course met the qualifications necessary to do so. The survey also requested information regarding the recruitment of pharmacy faculty specialized in the area of psychiatry to evaluate the need for psychiatric pharmacy faculty. The survey instrument is available by contacting the corresponding author.

A list of all U.S. schools of pharmacy in existence at the time of survey development in February 2014 was identified from the American Association of Colleges of Pharmacy (AACP) website (http://www.aacp.org). The AACP Roster of Faculty and Professional Staff were used to identify chairs and department heads in the discipline of pharmacy practice. Searches of individual school/college websites were then conducted as necessary to fill in missing information and to eliminate multiple entries from any single institution. Surveys were distributed to each clinical pharmacy chair or department head via e-mail. The e-mail contained information on the intent of the study and stated that the survey was voluntary, anonymous, and could be stopped at any time by the survey recipient. Additionally, it stated that all information would be kept confidential and included a link to the survey, which was administered via SurveyMonkey® (http://SurveyMonkey.com, ©1999–2014). The e-mail also requested that the chair forward the survey to the most appropriate faculty member, if the chair felt he or she did not have the necessary information available to complete the survey. The survey was e-mailed to a total of 136 department chairs four times over a four-month period. This study was granted exempt status by the Institutional Review Board at each author's affiliated institution. Survey results were coded and entered into a Microsoft Excel(R) 2010 (Microsoft, Redmond, WA) database. Descriptive statistics were used for all data analyses.

Results

The survey tool was opened in January 2014 and remained available for responses until the end of April