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## Research Paper

## Identifying student learning competencies for urban underserved practice using a Delphi process

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## ABSTRACT

**Introduction:** The pharmacy profession has a growing opportunity to provide high-quality patient care to urban underserved patients. The Accreditation Council for Pharmacy Education (ACPE) has also recognized the necessity of training pharmacy students to care for underserved patients within Standard 3.5 in Standards 2016. Despite this recognized need to train students to care for urban underserved patients, there is limited literature to guide schools and colleges of pharmacy in developing learning activities and curricula to meet this need.

**Methods:** This study utilized a three-round modified Delphi process to develop learning competencies. Participation was solicited from pharmacy practice faculty members of the American Association of Colleges of Pharmacy (AACCP) Health Disparities and Cultural Competency Special Interest Group (SIG). This study used a proportion of experts rating agree or strongly agree at 80% to determine consensus.

**Results:** The expert pool had a combined 235 years of pharmacy practice experience in urban underserved settings. Ten learning competencies were developed and finalized: Identified learning competencies related to the development of pharmaceutical and social knowledge base; development of pharmaceutical care and social skills; and building awareness of benefits and disadvantages of working with urban underserved patient populations.

**Discussion:** The learning competencies described in this study provide schools and colleges of pharmacy a tool to help guide learning activity and curricular development to educate students to provide high-quality and compassionate care to urban underserved patients.

**Conclusions:** This study is the first description of practice-based student learning competencies for urban underserved pharmacy practice in the literature.

## Introduction

Healthcare for medically underserved patients is an area that has been recognized as a need and has prompted legislative efforts since The Great Depression. As part of The New Deal, President Franklin Delano Roosevelt included health programs aimed at women and children who were unable to receive care due to the economic circumstances of the nation at the time.<sup>1</sup> Since the 1930s, Congress has attempted to address the healthcare of the nation through legislation, including the passage of the Public Health Services Act.<sup>2</sup> This legislation has provided several resources aimed at improving the health of underserved patients including funding for

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organizations and programs providing care to underserved populations such as the Rural Physician Training Program and the National Vaccine Program.<sup>2</sup> This was the beginning of a historical pattern in which the unmet healthcare needs of the American public stimulated legislation. While affected groups may change over time, the need and importance of providing high quality healthcare to medically underserved patients does not wane. More programs, including the Kerr-Mills Act of 1960 and the incorporation of Medicare and Medicaid into the Social Security Act in 1965, further utilized government resources to improve healthcare for low income patients. Recently, the 340B drug pricing program and the Patient Protection and Affordable Care Act sought to increase access to care for underserved patients.<sup>1,3,4</sup>

However, the efforts to deliver high quality healthcare to this patient population has been hampered by a lack of healthcare providers working in this area.<sup>5</sup> In November 2013, the Health Resources and Services Administration (HRSA) projected an overall primary care physician shortage of just over 20,000 physicians by 2020 for the United States as a whole.<sup>5</sup> The shortage may disproportionately affect medically underserved areas (MUAs), as they already have a low ratio of physicians to patients.<sup>6</sup> This shortage provides a tremendous opportunity to expand pharmacy practice to address this unmet need. Schools and colleges of pharmacy can enhance the quality of care for the medically underserved by preparing students to care for this patient population. At the time of this writing, pending legislation, entitled the Pharmacy and Medically Underserved Areas Enhancement Act, aims to recognize pharmacists as healthcare providers and reimburse organizations for clinical pharmacy services in an attempt to address the issues caused by the shortage of primary care providers in MUAs.<sup>7</sup>

Standard 3.5 in Standards 2016 published by the Accreditation Council for Pharmacy Education (ACPE) states that graduates should be “able to recognize social determinants of health to diminish disparities and inequities in access to quality care.”<sup>8</sup> A 2008 report from Zweber et al.,<sup>9</sup> noted that 70% of 92 colleges and schools of pharmacy addressed community outreach or service to society within their mission, vision, goal, or strategic plan statements. Both the American Academy of Colleges of Pharmacy (AAPC) Professional Affairs Committee<sup>10</sup> and Argus Commission<sup>11</sup> have advocated for further incorporation of curricular initiatives to train future pharmacists to deliver “pharmaceutical care to underserved patients.”

Table 1 details some of the curricular and co-curricular initiatives aimed at underserved practice that have previously been published in the literature.<sup>12-17</sup> These studies have shown value to communities and students in terms of personal and professional development, improving attitudes and empathy toward the underserved, and increasing service to patients. While these initiatives have some benefits, the literature is lacking statements of learning competencies based on consensus-building methods that schools and colleges of pharmacy may use to adequately prepare graduates to practice with underserved patients. Additionally, one study

**Table 1**  
Previously published educational initiatives aimed at underserved practice.

School/College	Program	Results
<b>Curricular Initiatives</b>		
Purdue University School of Pharmacy and Pharmaceutical Sciences and University of Connecticut School of Pharmacy <sup>12</sup>	Patient empathy modeling activity during APPE <sup>a</sup> rotations.	Activity increased empathy towards underserved patients as measured by modified JPSE. <sup>b</sup>
Creighton University School of Pharmacy and Health Professions <sup>13</sup>	Health fair and educational sessions delivered to underserved youth by health professions students.	Youth health knowledge and awareness of careers in health professions increased. Additionally, health professions students found the activity to be a valuable learning experience.
Medical College of Wisconsin <sup>14</sup>	Underserved curricular pathway instituted as one of five options for mandatory pathway selection during first three years of medical school curriculum.	Students overwhelmingly agreed that the program enhanced their development as a physician, and that both core and noncore activities were valuable.
<b>Co-Curricular Initiatives</b>		
Notre Dame of Maryland School of Pharmacy <sup>15</sup>	This program assigned groups of students to community organizations that provided services to underserved patient populations for at least seven hours per semester over first three years of curriculum.	Overall, students provided > 10,000 h of patient care and student comments indicated the program was a positive learning experience.
Virginia Commonwealth University School of Pharmacy <sup>16</sup>	Program incorporating seven academic-community partnerships targeting underserved patients and five large scale community outreach programs integrated with service-learning courses, APPE, <sup>a</sup> electives and interprofessional education experiences. <sup>c</sup>	Through the initiatives, 14 School of Pharmacy faculty members, 500 students and 35 residents have provided more than 20,000 patient care encounters in the Greater Richmond Area.
University of Oklahoma College of Pharmacy <sup>17</sup>	OU Physician Community Health Evening Clinic open two evenings per week, providing IPPEs, and care to mostly uninsured patients. The program also includes opportunities with Variety Care and the Pharmacotherapy Service at the University of Oklahoma Family Medicine Center, both of which focus on caring for indigent and uninsured patients. <sup>a</sup>	Clinic has conducted consultations with more than 10,000 patients and more than 275 student pharmacists have earned IPPE hours.

<sup>a</sup> APPE = Advanced Pharmacy Practice Experience.

<sup>b</sup> JPSE = Jefferson Scale of Physician Empathy.

<sup>c</sup> Recipient of AACP Lawrence C Weaver Transformative Community Service Award.

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