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Experiences in Teaching and Learning

Evaluation of multidisciplinary and pharmacy-only student-run clinics on student's perceptions of interprofessional roles



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ABSTRACT

Background and purpose: To determine how participation in multidisciplinary training workshops and student-run clinics impacts students' perceptions of the role of other health professions. Student perceptions from pharmacy-only versus multidisciplinary smoking cessation clinics were also compared.

Education activity and setting: Students from pharmacy, osteopathic medicine, physician assistant, and clinical psychology programs participated in two multidisciplinary smoking cessation training sessions, then provided smoking cessation services to the underserved population in either a multidisciplinary or pharmacy-only student-run smoking cessation clinic. Students completed a survey regarding the roles of other healthcare professionals prior to the workshops, after the workshops, and after the smoking cessation clinic.

Findings: Fifty-six students attended both smoking cessation training sessions and showed statistically significant increases in familiarity and confidence related to smoking cessation after the training workshops. Forty-two students participated in the ten smoking cessation clinics, which included six multidisciplinary clinics and four pharmacy-only clinics. A statistically significant improvement was seen between the pre-workshop survey and post-clinic survey regarding the students' perception of the roles of other healthcare providers in a smoking cessation clinic. Students who participated within the multidisciplinary smoking cessation clinics experienced a significantly greater impact on their perceptions of other healthcare providers than students who participated in the pharmacy-only clinics.

Summary: Student participation in a student-run free clinic is an effective method to increase role awareness of other health professional students in an underserved setting.

Background and purpose

Student-run free clinics are a common setting for graduate and professional health science students to provide care to the underserved population, as well as participate in interprofessional and collaborative practice. There are a number of student-run clinics throughout the United States with over 75% of medical schools participating in at least one clinic in 2014.¹ However, this survey did not report what percentage of these clinics were multidisciplinary efforts.

Interprofessional practice is an integral component of the doctor of pharmacy curriculum included in the American Association of Colleges of Pharmacy 2016 Accreditation Standards and the Center for the Advancement of Pharmacy Education 2013 Educational

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Outcomes.^{2,3} Students who participate in multidisciplinary student-run clinics score higher for interprofessional attitudes and skills, which includes communication, teamwork skills, attitudes about interprofessional learning, and recognition of roles of other healthcare professionals.^{4–8} The opportunity for students to interact with other professions in caring for patients is integral to this collaborative learning process.^{7–9} In addition, students also report a high commitment to the underserved population if the clinics provided service to this population.^{4,5} These multidisciplinary clinics usually include a combination of medical, pharmacy, nursing, physician assistant, and occupational therapy students.

There are limited reports of student-run clinics for the underserved population that provide smoking cessation services separate from other primary care services. There are more targeted smoking cessation clinics provided by medical students only compared to pharmacy student-provided clinics.^{10–13} The primary objective of this study is to determine how multidisciplinary training workshops and student-run clinics impact students' perceptions of other health professions in a smoking cessation clinic. The secondary objective includes a comparison of student perceptions from pharmacy-only smoking cessation clinics versus multidisciplinary smoking cessation clinics.

Educational activity and setting

Student volunteers from the pharmacy, osteopathic medicine, physician assistant, and clinical psychology programs were recruited via email on a first-come, first-serve basis and completed two mandatory training sessions. Each training session was two hours long, and the content was developed by the pharmacy and clinical psychology faculty. Students were from a variety of professional program years, with varying degrees of baseline knowledge on tobacco cessation. Prior to the first training session, students completed a pre-workshop survey (Appendix A) that collected demographic information and baseline perceptions about the role of other health professional students in smoking cessation. The first training session focused on motivational interviewing, and consisted of a faculty-led presentation, followed by students practicing motivational interviewing techniques while pharmacy and clinical psychology faculty members provided feedback. The second training session included an overview of the benefits of tobacco cessation and available pharmacotherapy treatment options. At the second workshop, student volunteers were also trained on the use of a carbon monoxide breath test monitor. The students were also briefed on the study design and clinic logistics, including an overview of the state quit line, ASHLine (Arizona Smokers' Helpline). Following the training sessions, students completed a post-workshop survey (Appendix B), that included the same questions as the pre-workshop survey. In addition, prior to participating in a smoking cessation clinic, students were required to pass a minimum competency test that was developed by the pharmacy faculty that focused on key skills necessary to provide tobacco cessation counseling. The minimum passing level was determined by the pharmacy faculty based on information presented in the workshop. All students were able to pass this exam on the first attempt. All volunteers were also required to complete the National Institute of Health Protecting Human Research Participants training prior to participating in the study. At the conclusion of each clinic, students completed a post-clinic survey (Appendix C).

Each smoking cessation clinic was scheduled for approximately two hours, one evening per week. As the investigators involved in this project were affiliated with the college of pharmacy, the number of pharmacy volunteers was expected to be greater than those from other disciplines. In an attempt to maximize the number of student volunteers and patients seen through the smoking cessation clinics, half of the clinics were designed to be multidisciplinary and the other half were run solely by pharmacy students.

During the multidisciplinary clinics, patient education was provided from pharmacy, doctor of osteopathic medicine and/or physician assistant, and clinical psychology students at three stations. At the first station, the medical and/or physician assistant students completed a brief physical exam including a blood pressure check and optional carbon monoxide breath test. Students also educated the patient on the health benefits of smoking cessation and reviewed disease states that could be caused or exacerbated by tobacco use. The second station consisted of clinical psychology students who provided motivational interviewing for the patient. At the third station, pharmacy students counseled the patient on proper use of the gum or lozenges, and attempted to resolve any potential adherence issues that may arise due to living conditions. During the pharmacy student-only clinics, the same activities took place at each station, but were provided by pharmacy students.

Once the patient completed the first three stations, they were provided a two-week supply of nicotine replacement therapy (NRT) gum or lozenges, based on patient preference. The supply of NRT was funded by an internal grant from the college of pharmacy. Dosing was determined based on the number of cigarettes smoked per day or the time to first cigarette of the day.¹² Patients completed a referral form to ASHLine; ASHLine then attempted to contact the patient over the next 10 days to provide additional support services.

To evaluate student's views regarding multidisciplinary education, students completed a pre-workshop survey, post-workshop survey, and post-clinic survey. It was expected that students would have an increased awareness of the role of other healthcare professions in smoking cessation following the multidisciplinary training workshops, and an even higher awareness after their clinic experiences. The pre-workshop survey included demographic information, and descriptive characteristics were utilized to describe the study population. The last seven statements on the pre-workshop survey assessed baseline confidence regarding tobacco cessation, respondent perception of the role of various healthcare providers in tobacco cessation, and opinions regarding the benefit of the multidisciplinary approach on tobacco cessation. For all perception questions, a 4-point Likert scale (strongly disagree, disagree,

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