



ELSEVIER

Contents lists available at ScienceDirect

Currents in Pharmacy Teaching and Learning

journal homepage: www.elsevier.com/locate/cptl

Research Note

Influencing the future of rural-focused pharmacy education: Identifying factors pertinent to pharmacy practice in rural health environments

Shanna K. O'Connor^{a,*}, Jennifer M. Fox^b, Pamela U. Joyner^b^a Idaho State University College of Pharmacy, 921S. 8th Ave., Stop 8333, Pocatello, ID 83209-8333, United States^b UNC Eshelman School of Pharmacy, 100 Beard Hall, CB#7566, Chapel Hill, NC 27599-7566, United States

ARTICLE INFO

Keywords:

Rural health
Rural health services
Pharmacy education
Clinical practice patterns

ABSTRACT

Introduction: To identify themes regarding the skills used on a regular basis by pharmacists practicing in rural areas.

Methods: A cross-sectional qualitative survey was administered to pharmacists working in a non-clinical capacity in rural community and hospital practice. Pharmacists were identified in conjunction with departments of experiential education, boards of pharmacy, and other rural health experts. Contacts were interviewed using a semi-structured approach with thematic saturation determining the number of interviews. Themes were identified by reviewing interview notes and transcripts for repeated phrases, concepts, and ideas then compared with the literature.

Results: Fifteen pharmacists practicing in rural areas were interviewed. Themes related to practice environment, patient population, skills used by rural pharmacists, preparation of students, and continuing education needs were identified. Many of the identified themes are corroborated by published literature. One pharmacy-specific theme not corroborated was “pharmacy specialization is not helpful”.

Discussion and conclusions: The results of this study coupled with data from rural medical education may be useful for educators developing rural-focused coursework via reverse design.

Introduction

It is well-documented that individuals living in rural areas of the United States (US) lack access to sufficient healthcare.^{1–3} Several factors contribute to the lack of access including difficulty recruiting and retaining an adequate healthcare-related workforce, closures of hospitals and independent pharmacies, and fewer complex facilities such as trauma hospitals.^{3,4} The access problem is compounded by higher rates of patients with chronic diseases.³ One strategy to address the challenges of rural healthcare proposed by an Institute of Medicine Committee on the Future of Rural Healthcare¹ was to improve the supply of primary care professionals in rural areas through better education and training.

Although the shortage of primary care healthcare providers in rural areas has continued for many years, there is evidence that medical education has made progress in addressing some deficiencies and identified areas of success.^{5–7} Previous studies from medicine have found that students from rural areas are more likely to become practitioners in a rural area.^{3,5,6,8–10} Evidence shows that students who have repeated exposure to rural health curricula and who have training opportunities in rural areas are more likely to express greater interest in rural practice. These practitioners also tend to remain in rural practice for a longer time.^{5,8,10}

* Corresponding author.

E-mail addresses: ocnshan2@isu.edu (S.K. O'Connor), jfox@unc.edu (J.M. Fox), Pam_joyner@unc.edu (P.U. Joyner).

<https://doi.org/10.1016/j.cptl.2017.12.013>

1877-1297/© 2018 Elsevier Inc. All rights reserved.

In many rural areas, a pharmacist may be the primary point of healthcare access in his/her community.^{9,11,12} Rural pharmacy education is in the early stages of development and this type of education is a relatively new concept in many US schools and colleges of pharmacy.¹³ A 2012 web survey of accredited colleges and schools of pharmacy in the US revealed a wide spectrum of approaches to preparing pharmacy graduates specifically for rural practice. A number of schools and colleges included singular or limited coursework, most often in the form of a required or elective Advanced Pharmacy Practice Experience (APPE).¹⁴

In addition to tailored training, the medical and nursing literature suggests that providers of rural healthcare require diverse and specialized skills.^{3,15,16} In order to support expansion of rural pharmacy education in the US, a comprehensive literature search was conducted to identify rural pharmacy practice themes and skills. Unfortunately, the review of the literature did not find any publications in pharmacy that specifically address skills that are valuable for pharmacists practicing in rural areas. One study found that rural pharmacists reported a lower level of preparation for patient care as compared to pharmacists in urban areas, although this finding may have been impacted by the greater proportion of urban pharmacists with doctor of pharmacy (PharmD) degrees.⁴ The aim of this study is to obtain themes regarding the skills used on a regular basis by pharmacists practicing in rural areas and thus lay a foundation for additional research in this area and provide guidance for those seeking to develop rural pharmacy-focused curricula.

Methods

This cross-sectional qualitative, semi-structured interview was approved by the Institutional Review Boards at the University of North Carolina (UNC) and the University of Arizona.

This study was designed to collect qualitative data in order to identify themes across respondents; a comprehensive literature search was conducted to augment the analysis of themes. The interview questionnaire was designed by the authors with assistance from the UNC Odum Institute for Research in Social Science.¹⁷ The instrument consisted of one Likert-scale question that asked participants to rank the importance of various skills in their daily work, three open-ended questions related to practice responsibilities, three open-ended questions related to education, and three demographic questions. The instrument was pilot-tested with a faculty cohort and a practicing pharmacist cohort to ensure clarity of questions.

Consults with survey experts provided estimates of the number of respondents that would likely be needed, guidance on methodology to ensure quality data collection, and suggestions on 'check points' for response saturation. A semi-structured interview approach was chosen to obtain information on similar topics from all participants without overly limiting respondent answers. The instrument was used to ensure all questions were asked of each participant, but probing questions were asked to obtain further information where warranted.¹⁸ Saturation of results was defined as receipt of no new information obtained by the investigators after conducting a new four-interview block. The intentional design of the study called for six interviews, an investigator-led review of data for themes, another four interviews, and re-analysis of data to search for novel information. If saturation was not reached, additional cycles of four interviews and re-analysis of data for novel information would be conducted until saturation. When saturation was reached, an additional four interviews would be conducted to confirm saturation of response information.

This survey used purposive sampling (a non-probability, investigator judgment-based sampling method). The intent was to interview subjects working in a non-clinical capacity in rural community and hospital practice settings. Potential subjects were identified by collaborating with experiential education coordinators at six colleges of pharmacy, authors' contacts at state organizations and state boards of pharmacy, the American Society of Health-System Pharmacists (ASHP) rural health listserv, and personal recommendations. This convenience sample was deemed acceptable, as it is unlikely to affect the saturation point for responses. Individuals were asked to provide contact information for pharmacists practicing in hospital or community settings located in rural areas (defined by the US Census Bureau as areas with population < 50,000 people).¹⁹ The individuals were asked to exclude contacts with exclusively clinical positions, residency training, board certification, or working at sites that provided pharmacy residency training. The list provided by these individuals comprised the list of potential subjects for this study. Additional details regarding subject selection are available by contacting the corresponding author but are omitted here to safeguard the identities of participants.

Potential subjects were contacted via phone by a research assistant using publicly available contact information. The research assistant briefly explained the study and, if subjects expressed interest in participating, scheduled calls with both researchers on a shared calendar. No incentive was provided to subjects for their participation.

Calls were scheduled for thirty minutes and began with the researcher explaining details about the study and obtaining verbal consent to participate. One investigator served as the primary lead for the semi-structured interview, the other investigator took notes and served as timekeeper and asked additional follow-up questions, and the research assistant managed the recording of interviews and took notes. All calls were recorded, the notes were combined, and recordings were used for validation or resolution of discrepancies. The questions were asked in a regular order unless the conversation warranted inclusion of a question at a different point. For example, if a respondent discussed continuing education as part of their response to a practice-related question, further probing might lead to the question related to continuing education which otherwise would have been asked later. The intent was to encourage open conversation rather than adhere to a strict question/answer protocol in order to obtain broad information. Regardless of order, all questions were asked of all participants.

A comprehensive literature search was conducted first in PubMed using Medical Subject Headings (MeSH) and keyword searches and then in Scopus[®] and Web of Science (see [Appendix](#)). A health science librarian was consulted to ensure completeness of results. All abstracts were reviewed for relevance to this study; those studies with abstracts demonstrating relevance were reviewed and information used as a comparison source for the themes discovered in this study.

Themes from the interviews were identified by reviewing interview notes for repeated phrases, concepts, and ideas. Repetition of phrases, concepts, or ideas in greater than 50% of respondents was classified as a theme. This level was set after consultation with a

Download English Version:

<https://daneshyari.com/en/article/6839939>

Download Persian Version:

<https://daneshyari.com/article/6839939>

[Daneshyari.com](https://daneshyari.com)