



Research paper

Interprofessional undergraduate health sciences students' experiences seeking natural health product information from Canadian vendors as self-described in reflective essays

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ABSTRACT

Introduction: Natural health products (NHPs), such as herbal medicines, vitamins, and dietary supplements are used by many Canadians. To guide patient decision-making, healthcare providers require awareness of the NHP options available, and what influences patients' choice. During a course for interprofessional undergraduate health sciences students in Canada, 18 teams of 8 students discussed a case study wherein a patient was interested in using NHPs. Students visited an NHP vendor on behalf of the case study patient and following the visit, wrote individual reflective essays based on their experiences. The objective of this study was to describe students' experiences accessing information about NHPs from community-based vendors.

Methods: Reflective essays written up as part of an interdisciplinary course were analyzed using qualitative content analysis.

Results: A total of 81 reflective essays were included in this study. Of these, 64% of students visited a health food store, 27% visited a pharmacy or pharmacy located in a grocery store, and 7% visited an alternative health and wellness clinic (acupuncturist or naturopath). Students reported being overwhelmed by the amount and variety of products, and concerned about patients obtaining information from non-evidence based sources (e.g. advertisements, anecdotes). They also reported that some of their assumptions regarding NHPs were challenged through completing the assignment. Overall, students felt inspired to learn more about NHPs, be more open-minded, and be more patient-centered in their future practice.

Conclusion: The NHP vendor visit assignment helped health sciences students better understand influences on patients in the real world, and could be a valuable addition to curricula, taking a short amount of class time but resulting in enhanced understanding about NHPs.

1. Background

Regulated by Health Canada, natural health products (NHPs) are naturally occurring substances that include vitamins and minerals, herbal medicines, remedies, probiotics, amino acids and essential fatty acids [1]. NHPs are commonly used by the general public. A 2010 Health Canada survey shows that 73% of Canadians regularly take NHPs [2], and in the USA, consumers spent 14.8 billion US dollars on NHPs in 2007 [3]. NHPs are considered to a complementary health approach by the National Center for Complementary and Integrative Health [4].

NHPs do not need a prescription and are sold over-the-counter [1], therefore, patients often choose them without the advice of a healthcare provider (HCP). Despite this, patients want reliable information about

NHPs and most prefer to discuss complementary health approaches use with their HCP [2]. Because of lack of education and experience with NHPs, many HCPs feel uncomfortable discussing NHPs with their patients and may avoid discussions or may respond to patients' inquiries neutrally or negatively [5]. To provide patient-centered and evidence-based care, HCPs should be able to answer patient questions about NHPs [6], including those pertaining to the evidence of their potential benefits and associated risks [7]. Minimally, HCPs should know how to access this information so that they may better help their patients be better informed (Table 1).

Health sciences educators from a number of allied health professions have recognized that it is important for HCPs to be knowledgeable about NHPs, and they have accordingly published proposed NHP and complementary health learning competencies [8–11]. Pharmacist

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Table 1
Recommended Resources for Natural Health Products.

Source	Information
Food and Drug Administration Medwatch Program	http://www.fda.gov/medwatch
Health Canada, Natural Health Products	http://www.hc-sc.gc.ca/dhp-mps/prodnatur/in dex-eng.php
Medical Literature Databases	Medline, PubMed, Google Scholar, Cochrane Library
Medline Plus. Herbs and Supplements.	http://www.nlm.nih.gov/medlineplus/druginfo/herb_All.html
NIH National Center for Complementary and Integrative Health (US)	https://nccih.nih.gov/
National Institute of Health (NIH). Office of Dietary Supplements. Dietary Supplement Fact Sheets.	http://ods.od.nih.gov
Natural Medicines Database	https://naturalmedicines.therapeuticresearch.com
Natural health product – drug interaction clinical tool	Appendix from: Kutt, A., L. Girard, C. Neczyk, P. Gardiner, H. Boon, J. Barnes, And S. Vohra. Natural health product–drug interaction tool – A scoping review. <i>Canadian Pharmacists Journal/Revue des Pharmaciens du Canada</i> , 149(2) (2016) 75–82.

educators in particular have outlined detailed core NHP competencies [8], as pharmacists are in an excellent position to prevent potential NHP-drug interactions [12]. Other health professions such as dietetics, [9], medicine [10,13], and physical therapy [11], have also recognized the need to learn about NHPs. Recently, interprofessional competencies for integrative primary healthcare have been published in recognition of shared complementary health competencies for primary HCPs [14]. Although the recognition of the importance of NHP education is growing, most health sciences programs at Canadian universities currently have little-to-no NHP-related content [8,15].

Interprofessional education (IPE) is defined as an endeavor “where two or more health professions learn with, from, and about each other ... to improve their collaboration, practice, and quality of patient-centered care” [16]. There has been literature suggesting that IPE and complementary health education initiatives may be successfully combined [17,18], with the potential to work synergistically to develop HCPs capable of providing holistic, patient-centered care [18].

IntD410 “Interprofessional Health Team Development” is a mandatory 30-h, 10-week long IPE course for undergraduate health sciences students at the University of Alberta. *IntD410* spans such diverse programs such as dietetics, dental hygiene, medical laboratory science, medicine, nursing, pharmacy, physical therapy, and occupational therapy. Academics were invited to develop specialty streams to complement the regular IPE course, the rationale being that specialized health information would add interest for the health sciences students. Our team was offered the opportunity to develop curriculum incorporating both IPE and complementary health learning objectives, which became the *CAM (Complementary and Alternative Medicine) Stream of IntD410 Interprofessional Health Team Development (or CAM Stream)*, as described in Kutt et al. [19].

Briefly, students in the *CAM stream* are offered a general complementary health lecture at the beginning of the course that defines NHPs, highlights complementary health and NHP usage statistics, and identifies potential concerns with NHPs such as patient safety issues (e.g., NHP-drug interactions). Students are also provided a list of evidence-based resources (Appendix A). Then, in their interprofessional teams (approximately eight members), students practice team skills while completing experiential, case-based learning assignments. These assignments include health-specific information relevant to each profession so students can share their own professions’ views with each other.

One assignment includes discussing a hypothetical case wherein a patient is interested in taking a variety of NHPs for his conditions. Students are asked to find information about these NHPs using evidence-based resources and then share what they learned with each other. The case study patient poses the question, “what else can help my condition?”. Each student is asked to visit a vendor that sells NHPs to experience what a patient might experience when searching for information in the community. Students then share their experiences with

team members in a follow-up class and finally, write an individual reflective essay based on their experiences.

This vendor assignment was designed according to pedagogies of experiential learning (EL), case-based learning, and reflection. EL is situated in, and not dissociated from, the context in which it occurs—here, the healthcare environment [20]. A common form of experiential learning used in health professions is case-based learning [21], whereby a patient’s history is presented and students work through the case to determine the best course of treatment. Because healthcare professionals may have stereotypes or misconceptions of other healthcare professionals that negatively impact opportunities to teach or practice collaboration [22], EL and case-based learning provides a potential pathway toward overcoming these misconceptions [17]. Reflection, where students have an experience and then consider the thoughts and feelings they had during the experience, promotes transformational learning, where new perspectives are attained [23]. The chief benefit of the reflective approach, according to Redmond, is that it “allow[s] individuals to see through the habitual way that they experience in everyday life” [24].

The objective of this article is to describe students’ experiences accessing information and making decisions about NHPs available from community-based vendors.

2. Methods

The Human Research Ethics Board at the University of Alberta provided ethical approval for this study, and all participants provided informed consent.

All undergraduate health sciences students were invited to register in *IntD410* (including the regular section and all specialty streams). Students were invited to enroll in their preferred specialty stream (e.g., *CAM stream*, continuing care stream, private practice), pending space constraints. On the first day of class, consent was requested of all students registered in the *CAM Stream* to use their reflective essays for research purposes. These students’ essays were electronically copied, anonymized and saved for analysis by the research team. It was critically important for students to have their essays anonymized, which included removing their names and programs; students, particularly in programs with smaller enrolments (e.g., medical laboratory science, nutrition/dietetics, physical education) did not want to risk the chance that their names/programs and particular reflections could be linked.

The theoretical underpinning for this study comes out of naturalistic inquiry, or the study of phenomena (i.e., NHP vendor visit), as it unfolds and is experienced by participants (i.e., undergraduate health sciences students). A document analysis of student essay assignments was conducted. The essays were analyzed using qualitative content analysis [25].

In reading their reflective essays, our goal was to identify what students reported they learned as they accessed information about

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