

Background

- At UW-Madison School of Pharmacy, P1 students completing a 40-hour community introductory pharmacy practice experiences (IPPEs) reflect on how pharmacists serve medically underserved populations
- This aligns with the 2025 draft of the ACPE accreditation standards which incorporates the expected learning outcomes for graduates regarding cultural and structural humility (ALLY) as outlined in the 2022 AACP COEPA¹
- The U.S. Department of Health and Human Services (HHS) definition of medically underserved groups includes racial and ethnic minorities, people with physical disabilities, low income, and living in rural areas per census data²

Objective

To assess P1 students' understanding of the pharmacist's role in addressing the needs of medically underserved communities while on introductory pharmacy practice experiences (IPPEs)

Methods

1 Rotation Completion

- Students completed rotations using guided activities and worksheets
- Students completed post-rotation reflections describing:
 - Key demographics at the site
 - Impactful interactions or discussions with their preceptors

2 Codebook Development



Codebook developed based on the following recurring themes:

Role of Pharmacist:

- Ensuring appropriate resources
- Increasing access to healthcare
- Increasing understanding of medication use
- Providing health screenings
- Administering vaccinations
- Mitigating cost of medication
- Patient advocacy
- Respecting patient preferences

3 Qualitative Coding



- 2 years of P1 students included
 - Spring 2023 and Spring 2024
- Student reflections coded using Dedoose³
 - 24.4% was coded in duplicate to ensure inter-rater reliability

Results

192 P1 students were included

- 72.9% (140 students) identified one or more medically underserved population
- 44.5% (85 students) reflected on observations rather than preceptor discussions
- 132 students identified sub-themes related to the pharmacist's role in serving medically underserved patients

Figure 1: Pharmacist Role in Serving Medically Underserved Patients

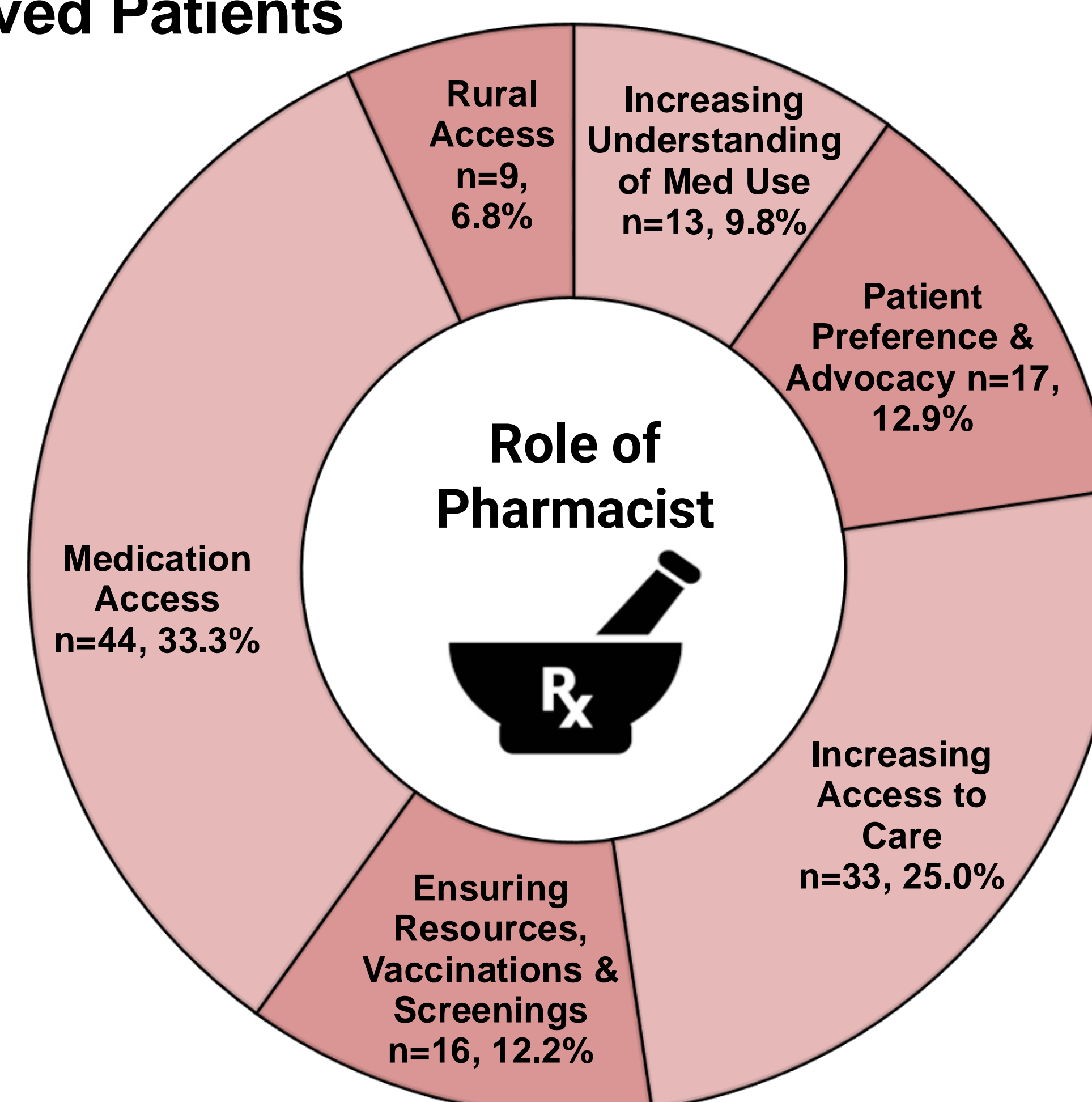


Figure 2: Exemplary Quotes

Sub-theme	Quotes
Increasing access to healthcare	"Due to the generally lower socioeconomic class of native people on the reservation, many [native people] are underinsured, on government insurance, or not insured. Therefore, the services that the [native] health center provides are usually free or very cheap for the patients they service, with or without insurance"
Low health literacy and increasing understanding of medication use	"One situation arose when a low-income patient came in and needed help understanding how to take their medication. I believe it was a diabetes medication and they weren't sure how to use it. The pharmacist was able to pull the person into a private setting and explain what the medication was for and how to take it correctly. It was satisfying to see the relief on the patients face when they finally understood what to do."
Ensuring appropriate resources	"An experience I had was when I have encountered a homeless patient with a chronic cardiovascular disease. He was having a serious disease, but he was suffering from a financial crisis. My preceptor and I provided immediate counseling, referred them to drug discount program, provided him an in detailed consultation, so that he could maintain and improve his health. This experience was enlightening, revealing the critical role of the pharmacist in identifying and addressing health issues, especially in populations that might minimize, overlook or struggle with their symptoms until they escalate."

Codebook definitions

- Increasing access to care:** Enhancing healthcare services and medication access for rural populations and other underserved groups
- Rural/geographic access:** Increasing access for rural by filling gaps in primary care, offering mobile clinics, delivery services, health education and screening events, etc.
- Medication access:** Ensuring timely and equitable access to medications and reducing the financial burdens through prescription assistance programs, therapeutic substitutions, patient discounts, cost effective options and insurance navigation, etc.
- Low health literacy and increasing understanding of medication use:** improving patient understanding of medication use by providing personalized care tailored to their health literacy levels (e.g., clear communication, teach-back, personalized counseling)
- Patient advocacy:** Collaborating with healthcare providers to reduce barriers to medication access
- Health screenings:** Offering preventative healthcare services to increase early detection of chronic conditions
- Administering vaccinations:** Offering timely and convenient access to immunization services
- Patient preferences:** Honoring patient choices and values related to selecting medications, and treatment goals through shared-decision-making
- Ensuring appropriate resources:** Ensuring medication availability, providing relevant references to programs and educational materials, and health monitoring tools

Discussion

- P1 students on community IPPEs described ways pharmacists can assist patients experiencing financial and resource limitations and geographic, language, and health literacy barriers to care based on direct observation and discussions with their preceptor
- Research evaluating pharmacy students' understanding of DEI suggests that strategies must be integrated into student training to enhance cultural competence, humility, and the ability to address the diverse needs of patient populations they will serve⁵
 - Guided experiential learning activities and subsequent reflection may be a useful strategies
- Student reflection activities also allow pharmacy programs to assess the impact of IPPEs on the learning objectives for pharmacy students surrounding providing inclusive and equitable care to all patients

Future Directions:

- Create focused reflection prompts to encourage deeper analysis of DEI and the role of the pharmacist
- Create guided rotation activities centered on DEI centered aspects of the pharmacist role to enhance student understanding

References

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