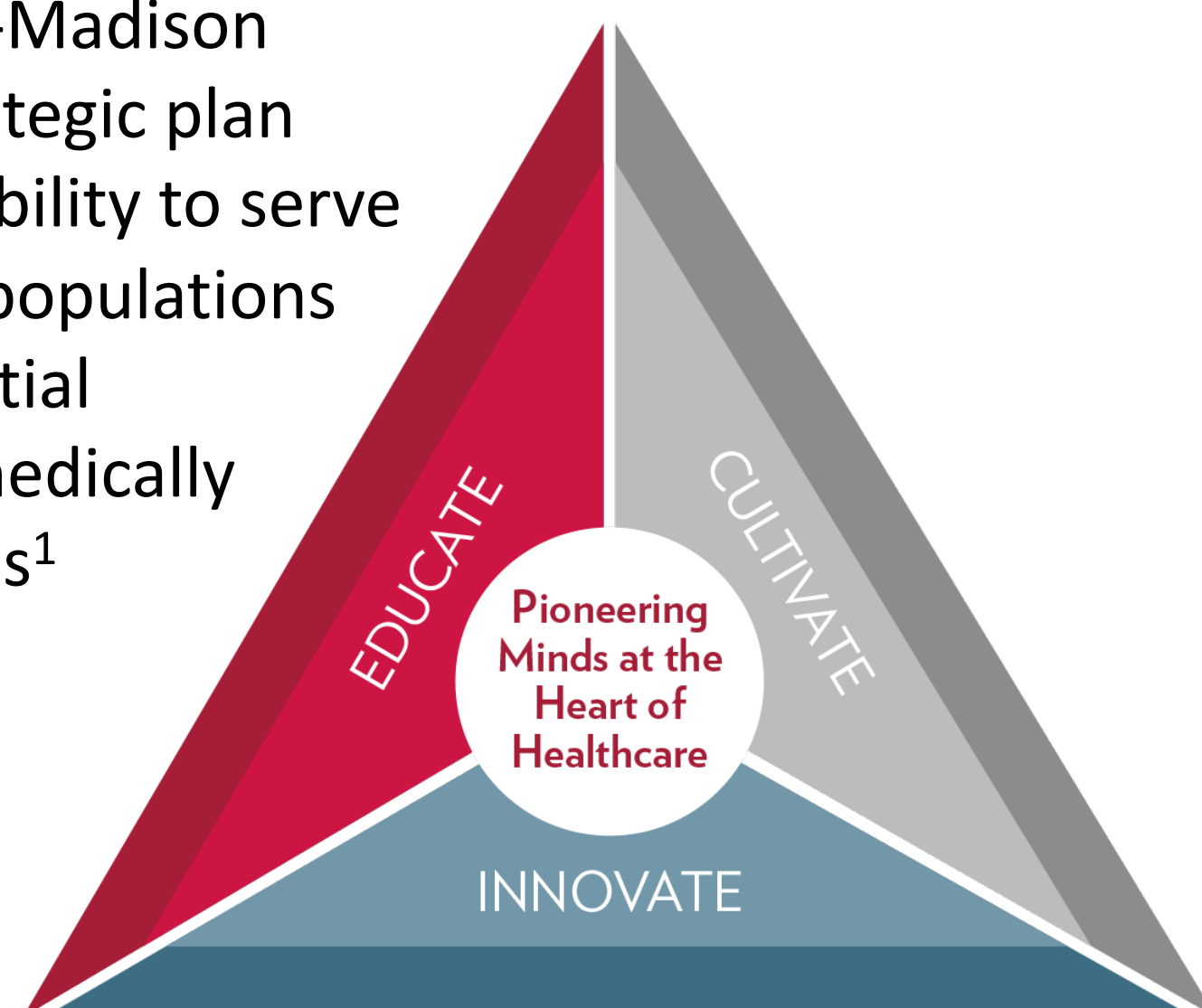


# Student Potential for Interacting With Medically Underserved Populations on Introductory Pharmacy Practice Experiences

Amanda Margolis, Andrea Porter, Michael Pitterle, Beth Janetski, Kathy Chylla, Lisa Imhoff, Tina Rundle, Mara Kieser

## Background

- University of Wisconsin-Madison School of Pharmacy strategic plan includes the students' ability to serve medically underserved populations and a required experiential rotation working with medically underserved populations<sup>1</sup>



- 2022 COEPA includes "Mitigate health disparities by considering, recognizing, and navigating cultural and structural factors"<sup>2</sup>
- Early experiences with reflection can set the foundation for future learning regarding culturally sensitive care<sup>3</sup>
- Therefore, a required medically underserved introductory pharmacy practice experience (IPPE) was implemented

## Objective

To determine the potential for students to interact with and learn about medically underserved populations during IPPEs

## Methods

Preceptors surveyed regarding HHS medically underserved populations<sup>4</sup> at site  
- Categories collected in Figure 3

### Medically Underserved Rotation Criteria

- Direct patient care
- 40-hours or more
- At least 20% of total patients from a medically underserved population<sup>4</sup>

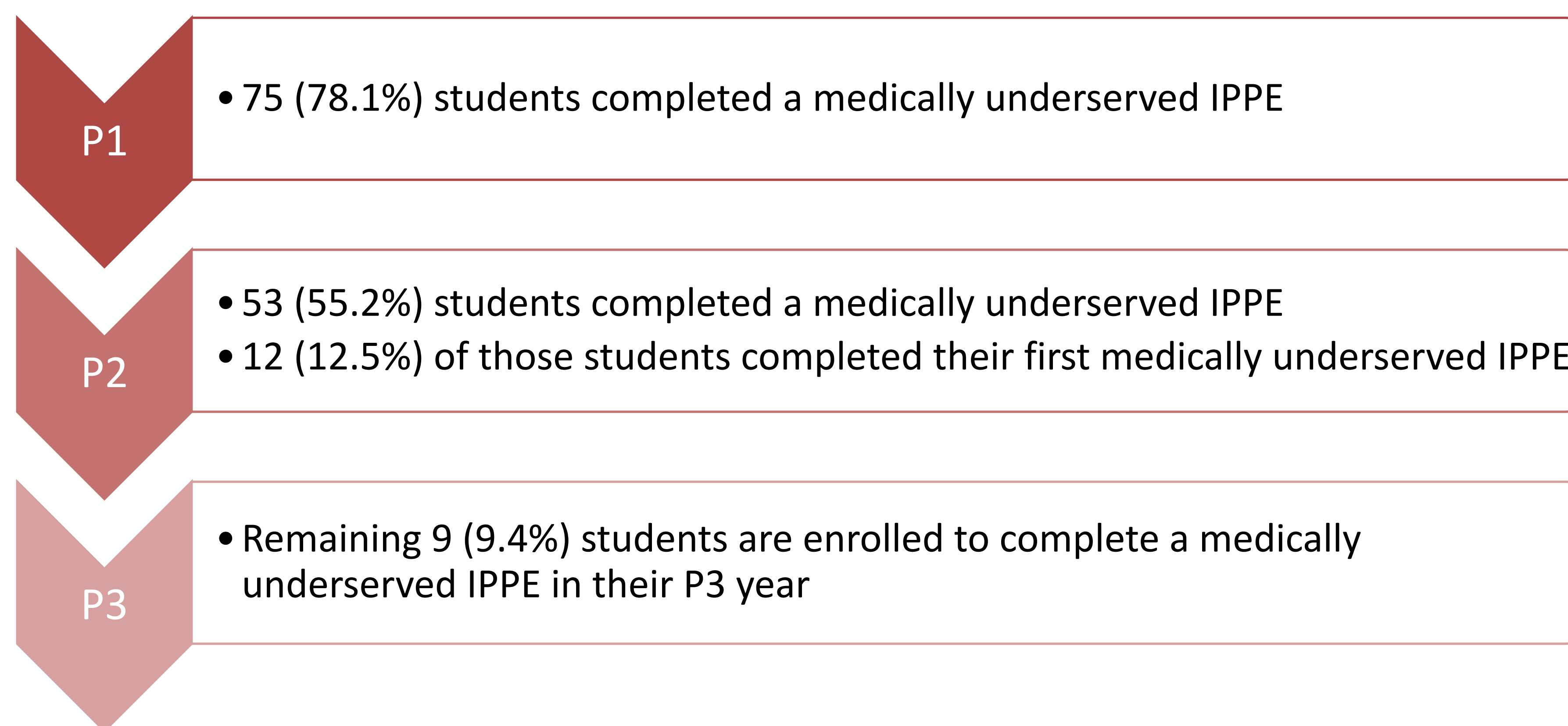
Policy created and students educated regarding **required medically underserved IPPE** Implemented with class of 2026  
- All IPPEs with reflections on populations encountered

Descriptive statistics used to determine counts of medically underserved IPPEs completed

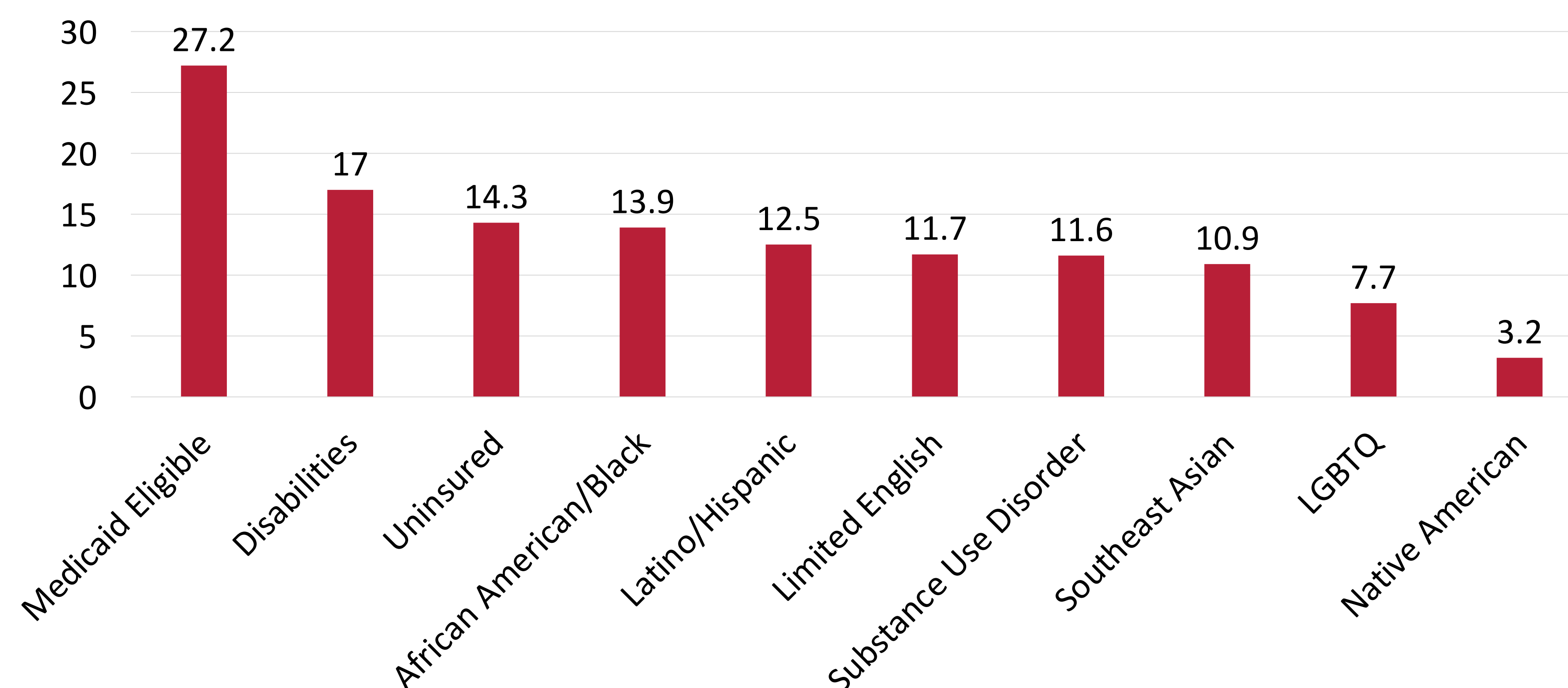
## Results

All students in graduating class of 2026 (n=96) have either completed or are enrolled in a medically underserved IPPE

**Figure 1: Student completion of medically underserved IPPE by year**



**Figure 2: Mean percentage of populations on completed medically underserved IPPEs**



**Figure 3: Example of site medically underserved populations data**

Underserved Patient Populations at Site: (Reported as percentage of total population served.)			
55%	<b>Total/Overall</b>	0%	Individuals with Limited English
		50%	Individuals with Disabilities
2%	Latino/Hispanic	20%	Medicaid Eligible
4%	African American/Black	10%	Uninsured or Under Insured
1%	American Indian/Alaskan Native	5%	Substance Use Disorder
1%	Southeast Asian (ie. Hmong, Cambodian, ...)	1%	LGBTQ+

## Discussion

- Established that an adequate number of IPPE rotations met the criteria for a medically underserved IPPE, ensuring all students in the class of 2026 could complete
- Most students were able to complete their medically underserved IPPE in their P1 year
  - Many students continued to select IPPEs with medically underserved patients even when not required
- The most frequent HHS medically underserved populations at medically underserved IPPEs were Medicaid eligible, disabilities, and uninsured
- Tracking completion of a required medically underserved IPPE needed the following resources:
  - Task force to determine requirements, policy, and process
  - Survey software and administrative support to collect information about populations for all sites
  - IIT support/infrastructure to track medically underserved populations and student completion of designated IPPEs

### Limitations

- Populations at sites were preceptor reported
- While students had exposure to medically underserved populations, it is unknown if the desired learning occurred
- Evaluation limited to a class at a single institution

### Future Directions

- Evaluate learning through student reflections regarding medically underserved populations while on IPPEs
  - Compare learning between students at medically underserved and non-medically underserved IPPEs
  - Consider adjustments to program based on those findings
- Determine total number of medically underserved experiences completed

## References

- Strategic Planning. UW-Madison School of Pharmacy. Accessed June 17, 2024. <https://pharmacy.wisc.edu/about-us/strategic-planning/>
- Medina, et al. Revising the Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes and Entrustable Professional Activities (EPAs): The Report of the 2021-2022 Academic Affairs Standing Committee. *Am J Pharm Educ.* 2023;87(1):ajpe9453. doi: 10.5688/ajpe9453.
- Drame, et al. Strategies for Incorporating Health Disparities and Cultural Competency Training into the Pharmacy Curriculum and Co-curriculum. *Am J Pharm Educ.* 2022. doi: 10.5688/ajpe8631
- US Department of Health and Human Services. Serving vulnerable and underserved populations. [https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/006\\_Serving\\_Vulnerable\\_and\\_Underserved\\_Populations.pdf](https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/006_Serving_Vulnerable_and_Underserved_Populations.pdf)

*This project was supported by the UW-Madison Division of Information Technology/Learning Analytics Center of Excellence; Division for Teaching and Learning; and Data, Academic Planning & Institutional Research as part of the DEEP Microgrant Program for DEIB*