

Humanizing Healthcare: Student Reflections on Person-Centered Naloxone Education with Social Determinants of Health Integration

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BACKGROUND

- All PY3 PharmD students complete an APPE Readiness course aimed to prepare them for transition to APPEs through applying and integrating skills acquired from both the didactic courses and experiential training.
- Students must demonstrate competence in several practice-relevant areas, such as communication.
- Students provided naloxone education to a standardized patient experiencing housing insecurity in a 20-minute communication simulation.
- There is a paucity of research on students' perspectives of how to integrate social determinants of health in patient-centered interaction.¹⁻³

OBJECTIVE

To analyze students' perceptions of applying person-centered communication skills and integrating social determinants of health (SDOH) when providing naloxone education to standardized patients.

METHODS

Students completed a reflection assignment and responded to the following questions:

“What challenges or surprises did you experience in educating someone experiencing housing insecurity?”

“What were your takeaways in keeping language around substance misuse and naloxone non-judgmental?”

Using inductive thematic analysis, de-identified student reflections were qualitatively analyzed and used an iterative approach to open and axial coding to identify themes.

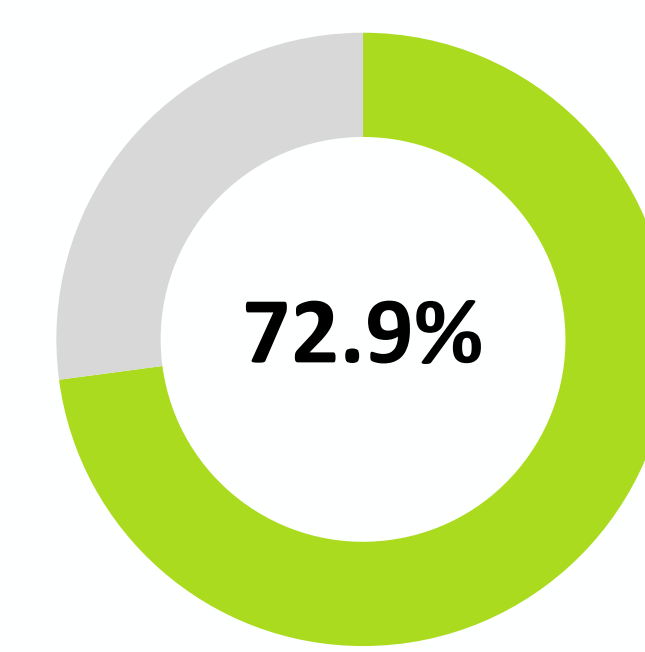
RESULTS

CHALLENGES/SURPRISES

Ninety-six students completed the reflection*.

*Student may have identified more than one challenge or surprise in their reflection.

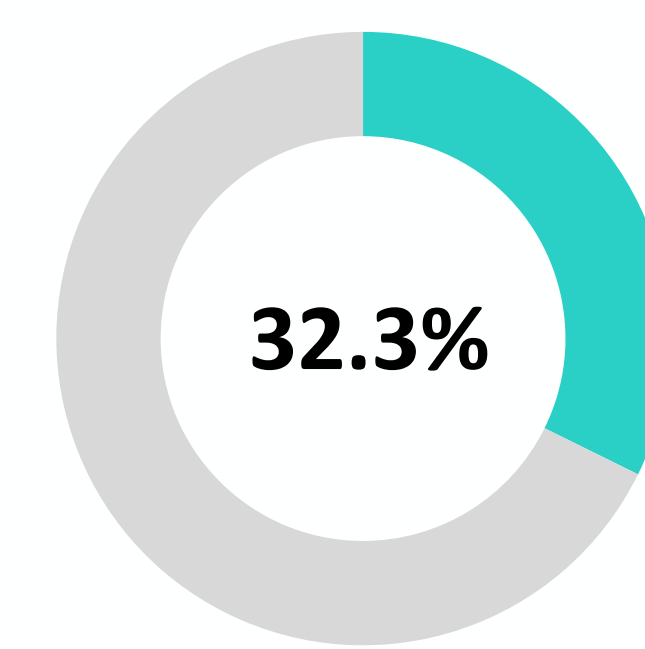
Collaboratively Developing Solutions for Patient's Social Situation or Problem Solving



“One challenge I had with this situation was putting the **patient's priorities into perspective** and providing the necessary **education** that would be **relevant to their situation**. It could have been easy to presume the education I might teach to someone with a stable living situation might be the same for everyone, but I **needed to change my approach...**”

“These challenges require a lot of **compassion, problem-solving, referrals** to appropriate resources, and **creative workarounds.**”

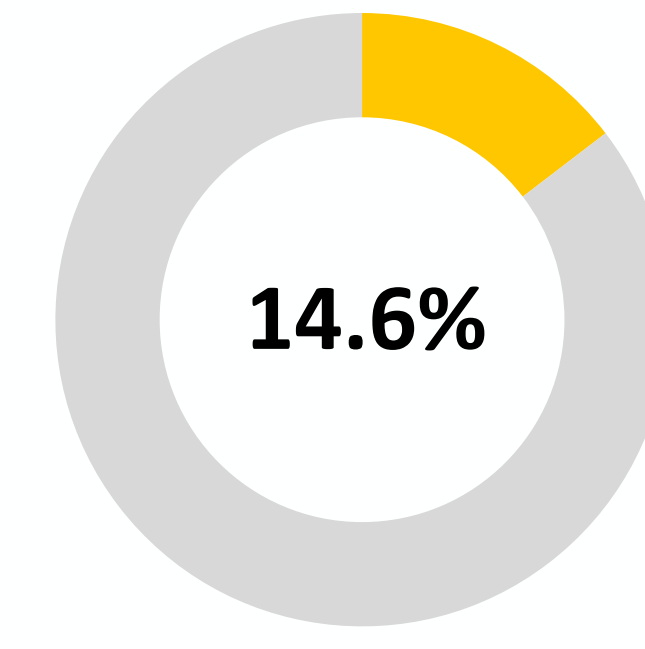
Challenged Perspective of Naloxone Use or Housing Insecurity



“Most of the challenges I had stemmed from **lack of exposure or education about possible solutions** that could be offered to patients experiencing housing insecurity, and also **lack of personal experience with that community.**”

“I learned that talking about substance misuse and homelessness is very challenging especially if you have no way to relate to it (**I come from a place of privilege** and I try my best to empathize with those whose struggles are different than mine but there are times when I have a **difficult time relating**). There was a moment where I **found myself stuck on how to respond** to the patient saying they didn't have family that could help them if they needed naloxone.”

Feeling Limited in Their Ability to Support Patients with Social Challenges

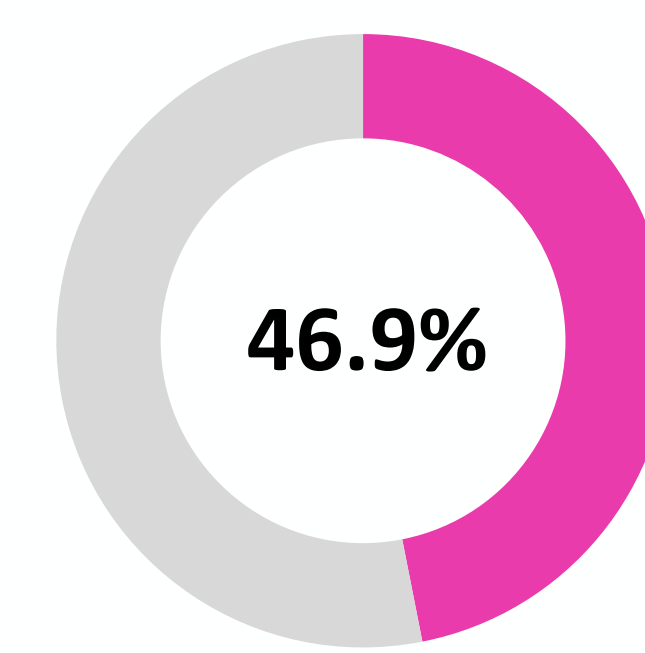


“Although I tried to be empathetic, **there wasn't really a good solution to offer and that was difficult.**”

“The challenge is knowing the **bigger issue for the patient is housing insecurity**...it was challenging for me to think around a solution that could possibly solve the deeper problem.”

“...the issue of not having a mobile device or home phone. This made it difficult to ask or tell the patient to call the pharmacy if they had any questions, concerns, or needed refills, or call emergency services if needed.”

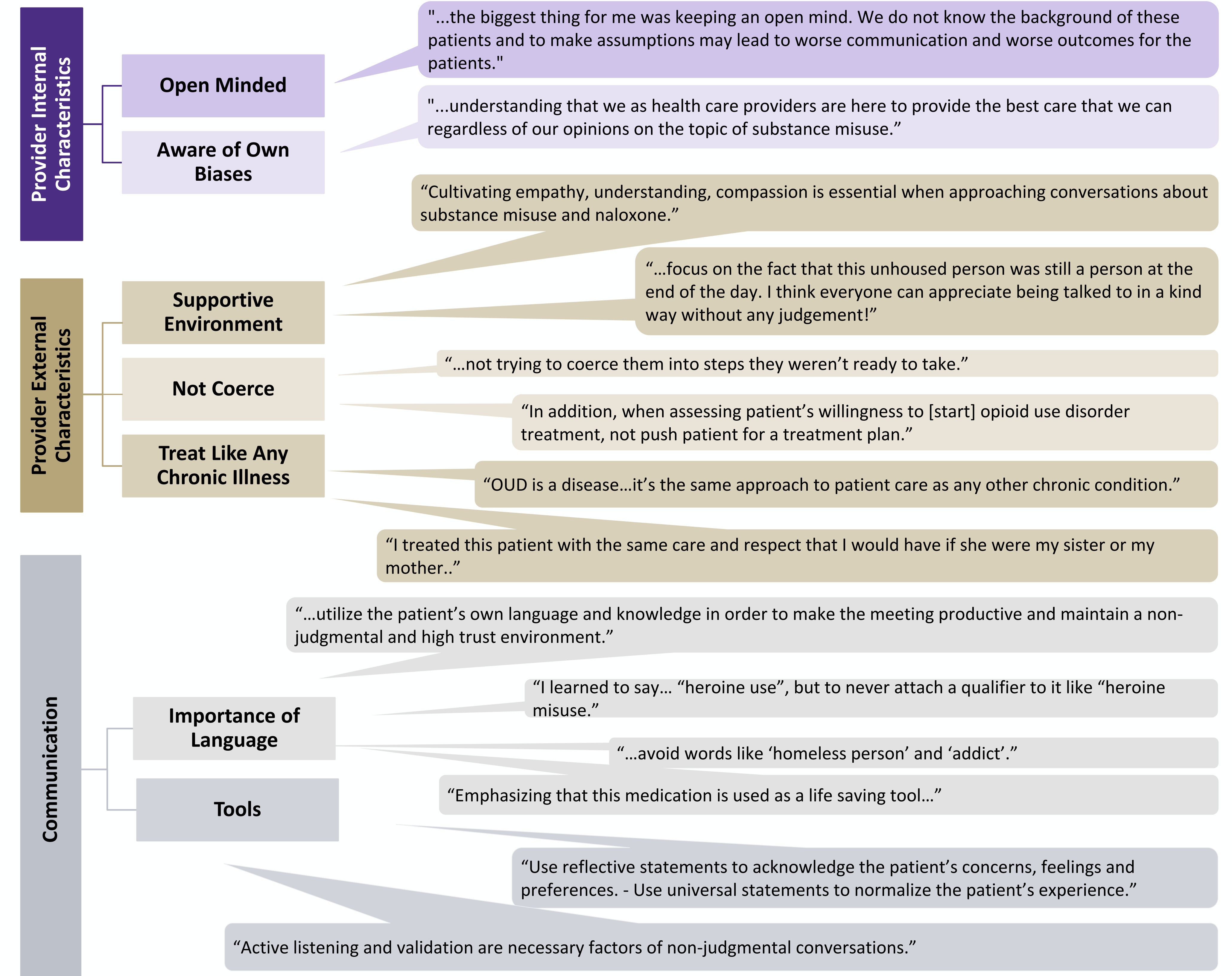
Lack of Experience Communicating with Someone Experiencing Housing Insecurity



“A challenge that came up was in **how to best address the house insecurity** in a way that would be friendly and non-judgmental given it is a sensitive topic. I **did not want to come off as rude or insensitive by accident.**”

“Personally, one of the most significant challenges I faced was truly empathizing with the patient. I am empathetic to patients with housing instability, but I **was nervous to use empathetic language and affirming statements about it because I knew so little about what their life would be like**, and I was worried I wouldn't be able to respond to their concern in a truthful and helpful way”

TAKEAWAYS



DISCUSSION

- Students valued educating a patient with housing insecurity on naloxone.
- Responses indicate that students felt limited in educating patients with social challenges and unsure if considering or addressing these challenges were within the pharmacists' scope of practice.
- These findings reinforce the need for schools to incorporate additional opportunities within the curriculum for students to integrate social determinants of health into patient interactions.

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