Curricular Track 2—Innovative Strategies in Patient-Centered Pharmacy Practice
Partially supported by an educational grant from AstraZeneca

Incorporating Patient-Centered Care into the Pharm.D. Curriculum
Program No. 217-000-09-089-L01-P

Monday, October 19, 2009
9:15 a.m.–10:45 a.m.
Convention Center: Ballroom B

Moderator: Lisa M. Lundquist, Pharm.D., BCPS
Assistant Dean for Administration, Clinical Associate Professor, Mercer University, Atlanta, Georgia

Agenda

9:15 a.m. Using Standardized Patients to Develop Patient-Centered Skills
Karen S. Pater, Pharm.D., BCPS, CDE
Assistant Professor, University of Pittsburgh, Pittsburgh, Pennsylvania

10:00 a.m. Cultural Diversity Learning in the Classroom Setting
Brenda Bray, B.Pharm., M.P.H.
Clinical Assistant Professor, Department of Pharmacotherapy, Washington State University, Spokane, Washington

Faculty Conflict of Interest Disclosures

Karen S. Pater: no conflicts to disclose
Brenda Bray: no conflicts to disclose

Learning Objectives

1. Define the difference between Standardized Patients and Simulated Patients.
2. Describe an innovative teaching strategy using Standardized Patients to enhance students’ assessment and communication skills.
3. Understand the benefits of using Standardized Patients for teaching and assessment.
4. Develop a plan and assess practicability for implementation of Standardized Patients in the curriculum.
5. Describe methods to teach cultural diversity to pharmacy students.
6. Discuss opportunities within the curriculum which allow pharmacy students to develop tools for providing culturally diverse, patient-centered care.
7. Discuss methods of student self-evaluation for assessing how their beliefs might impact their ability to provide non-judgmental Patient-Centered care.
8. Provide specific examples of Cultural Diversity Learning.

Self-Assessment Questions

Self-assessment questions are available online at www.accp.com/am
Using Standardized Patients to Develop Patient-Centered Skills
Karen Steinmetz Pater, Pharm.D., BCPS, CDE
Oct 19, 2009

Objectives

- Define the difference between Standardized Patients (SPs) and Simulated Patients
- Describe an innovative teach strategy to enhance students’ assessment and communication skills
- Understand the benefits of using SPs for teaching and evaluation
- Develop a plan and assess practicability for implementation in the curriculum

Definitions

- What is a Standardized Patient (SP)?
  - a person specifically trained to present a clinical scenario in the same manner as a real patient for teaching, assessment, or both
  - SPs realistically convey illness to students in a consistent, measurable and reproducible manner

- What is a Simulated Patient?
  - a person who imitates or acts as substitute for a real patient for teaching or assessment purposes

The Standardized Patient Role in Pharmacy Education

- Demonstration and Instruction
- Practice and Experience
- Evaluation and Assessment

Benefits of using Standardized Patients

- Availability
  - Problems/Scenarios
- Standardization
  - Predictable and Reliable
- Practice
  - Learner-Centered approach
- Adaptability
  - Simple to Complex
- Flexibility
  - “Time-Out”
- Feedback
  - Patient’s Point of View

Incorporating SPs into the Curriculum

- Planning
  - Teaching
  - Demonstration
  - Testing

- Questions to think about
  - Where do you want the activity to take place?
  - When were you thinking of conducting the activity?
  - What is the purpose of the activity?
  - Who is the activity for?
  - Do you have cases already prepared?
  - Do you want the standardized patient to provide feedback?
  - Do you want the activity videotaped?
Skills where SPs are Beneficial

Communication
- History taking
  - Complete history
  - Focused history
  - Problem-based history
- Communication skills
  - Data gathering
  - Interpersonal skills
  - Communication challenges
  - Addressing sensitive issues with patients

Physical Examination
- Normal physical exam
- Complete physical exam
- Focused physical exam
- Problem-based physical exam
- Physical signs or findings
- Patient-perspective feedback and coaching

Skills where SPs are Beneficial

Physical Examination
- Normal physical exam
- Complete physical exam
- Focused physical exam
- Problem-based physical exam
- Physical signs or findings
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SPs at University of Pittsburgh School of Pharmacy

- Fall 2008
- PHARM 5210
  - Non-Prescription and Self-Care Course
- Planning and Implementation
  - SP coordination with Advanced Clinical Education Center
  - Extensive case development
  - Faculty training sessions

Fall 2008 Experience

Teaching Sessions
- 2 hour blocks of time
- Student Groups meet 2 patients with faculty facilitator
- Self-Care Issues
  - Cough/Cold
  - Smoking Cessation
  - Fever
  - Muscle Aches/Pains

Students responsible for assessing the problem, developing a recommendation, and counseling the patient on the recommendation

Fall 2008 Experience

Teaching Sessions
- Purpose
  - Practice and Improve Communication Skills
    - Data Gathering
    - Counseling
  - Problem Solving Skills
    - Assessing patient issues
- Benefits for Students
  - Practice in safe environment
  - Real time feedback provided

Fall 2008 Experience

Evaluation Session
- Standardized Patient Final
  - Accounts for 25% of the Course Grade
- Videotaped Self-Care Encounter
- Students arrive every 15 minutes
- All students complete the same day
Grade Breakdown
- Patient Interview Skills
- Knowledge Base During Interview
- Self-Care and OTC Recommendation
- Self Evaluation/Reflection

Minimum Competency
- Students must pass the Patient Interview Skills and Knowledge Base portions of final with ≥ 70%
- Remediation required

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<thead>
<tr>
<th></th>
<th>Students (n)</th>
<th>Faculty (n)</th>
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<tbody>
<tr>
<td>Teaching Session (x 2)</td>
<td>108</td>
<td>10</td>
</tr>
<tr>
<td>Evaluation Session (x 1)</td>
<td>108</td>
<td>7</td>
</tr>
<tr>
<td>Remediation</td>
<td>13</td>
<td>2</td>
</tr>
</tbody>
</table>

**Conclusions**

- Benefits for Students
  - Consistency
  - Objectivity
  - Flexibility
- Benefits for Faculty
  - Role as facilitator, not "teacher"
  - Little to no prep time
  - Limited time commitment

**Resources**

- Association of Standardized Patient Educators (ASPE)
  - [http://www.aspeducators.org](http://www.aspeducators.org)
- Advanced Clinical Education Center (ACEC)
  - [http://www.omed.pitt.edu/standardized/](http://www.omed.pitt.edu/standardized/)
Cultural Diversity Learning in the Classroom

Brenda S. Bray, BPharm, MPH
Clinical Assistant Professor
Washington State University College of Pharmacy

ACCP Annual Meeting
Anaheim, California
October 19, 2009

Learning Objectives

› Describe the need for cultural diversity education in health sciences curricula.

› Examine how your personal beliefs, value system and cultural background impact care of your patients.

› Participate in a cultural diversity exercise and describe the role of self-reflection in cultural competency curricula.

Session Overview

› Setting the Stage
  • Diversity in the United States
  • Examples of impact on patients
  • Legal and Accreditation Requirements

› WSU College of Pharmacy Curriculum

› Cultural Diversity lab activity
  • Audience participation!
  • Student pharmacist feedback

› Lessons learned

Diversity in the United States

“We have become not a melting pot but a beautiful mosaic. Different people, different beliefs, different yearnings, different hopes, different dreams.”

Jimmy Carter

Diversity Trends

› Foreign-born individuals in the U.S. will double by the year 2050 (26 million to 53.8 million)

› Approximately 12% of the US population is foreign-born
  • 53% born in Latin America
  • 25% born in Asia
  • 13.7% born in Europe

› Immigrant settlement is shifting from central cities to suburbs

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<tr>
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<tbody>
<tr>
<td>White alone</td>
<td>75.1%</td>
<td>74.1%</td>
<td>80.7%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>12.2%</td>
<td>12.4%</td>
<td>3.4%</td>
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<tr>
<td>American Indian and Alaska Native alone</td>
<td>0.9%</td>
<td>0.8%</td>
<td>1.4%</td>
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<td>Asian alone</td>
<td>3.6%</td>
<td>4.3%</td>
<td>6.0%</td>
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<tr>
<td>Native Hawaiian and Pacific Islander alone</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.43%</td>
</tr>
<tr>
<td>Some other race alone</td>
<td>5.5%</td>
<td>6.2%</td>
<td>4%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.6%</td>
<td>2.1%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Hispanic or Latino (any race)</td>
<td>12.5%</td>
<td>14.7%</td>
<td>9.1%</td>
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</tbody>
</table>

Source: US Census Bureau, American Community Survey

United States Census Bureau: http://www.census.gov
Language and Health Literacy

• American Medical Association definition of Health Literacy: “The ability to read, understand and use health information to make appropriate health care decisions and following instructions for treatment.”

• Quick Facts*:  
  • Estimated that 50% of 3 billion prescriptions filled each year are not taken correctly  
  • 35 million adults in US are functionally illiterate  
  • Low literacy commonly affects elderly, low socioeconomic status or minorities  
  • Limited English Proficiency (LEP) contributes to low health literacy


Impact on Patients

“If we cannot end now our differences, at least we can help make the world safe for diversity.”

John F. Kennedy

Inadequate drug therapy

• Mexican born parents living in rural Washington have 2 year old daughter with diabetes removed from their home due to high blood-sugar levels citing “history of non-compliance with administering medication to their special needs child”.

• What role did the pharmacist play?

*Reported on February 28, 2007 by Kevin Graman  The Spokesman Review

Medication Error

Patient: 3 year old child
RX: Amoxicillin 200mg/5ml  Give 5ml po TID

Pharmacy dispensed:  
Amoxicillin 250mg/5ml  
Give 4 cc (4/5 teaspoonful) orally three times a day.

Dad gave 4-1/2 teaspoonsful per dose. After 5 doses, the patient developed severe diarrhea.


Compromised Care

• The story of Lia, which explores the “colliding worlds of Western Medicine and Hmong culture” according to The New Yorker.

• What role did the pharmacist play?
Legal and Accreditation Requirements

"We may have different religions, different languages, different colored skin, but we all belong to one human race."

Kofi Annan

Legal Requirements:

- Civil Rights Act Title VI, 1964: "No person in the US shall, on ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

- Minority Health and Health Disparities Research and Education Act of 2000: helped establish standards for culturally and linguistically appropriate services (CLAS)

Legal Requirements

- Omnibus Reconciliation Act of 1990 (OBRA ’90) mandate that pharmacists provide the option of counseling about prescription medications to all Medicaid patients.

- Improving Access to Services for Persons with LEP Executive Order 13166 (2000): Requires federal fund recipients to "provide meaningful access to LEP persons and thus comply with Title VI regulations".

Professional Practice Standards

- Joint Commission 2009 Requirements*
  - "Views effective communication, cultural competence and patient–centered care as important elements of safe, quality care.” Standards and elements of performance (EPs) directly or indirectly address these issues.
  - Human Resources Standard EP5: “The hospital orients staff on sensitivity to cultural diversity based on duties and responsibilities.”

Professional Practice Standards

- Accreditation Council for Pharmacy Education (ACPE)*
  - Guideline 12.1: “Provide patient–centered care, through the ability to design, implement, monitor, evaluate and adjust pharmacy care plans that are patient–specific; address health literacy, cultural diversity and behavioral psychosocial issues and are evidence–based.”
  - As faculty preceptors, how do we know this has occurred?

*ACPE Standards and Guidelines adopted 2006.
### Cultural Development Model

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Stage 1: Cultural incompetence</td>
<td>Do nothing to increase knowledge of different cultures.</td>
</tr>
<tr>
<td>Stage 2: Cultural knowledge</td>
<td>Learn facts about cultures, especially related to health and health behaviors.</td>
</tr>
<tr>
<td>Stage 3: Cultural awareness</td>
<td>Understand implications of culture on health behaviors.</td>
</tr>
<tr>
<td>Stage 4: Cultural sensitivity</td>
<td>Combine knowledge and awareness into individual and institutional behaviors.</td>
</tr>
<tr>
<td>Stage 5: Cultural Competence</td>
<td>Routinely employ culturally appropriate health care interventions and practices.</td>
</tr>
<tr>
<td>Stage 6: Cultural Proficiency</td>
<td>Practice with cultural competence and integrate it into one’s research and scholarship</td>
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### Competency Based Outcomes

- Identify personal assumptions, biases, opinions and prejudices and be able to set them aside to broaden perspectives, be open to new ideas and avoid intolerance and ethnocentrism that may impede delivery of professional services. (3b-5)
- Respect the values of others, understand the different perspectives that shape them and modify, if necessary, self attitudes and behaviors to improve interaction with patients, prescribers and health care providers (3a-4)

### Professional Year (PY) Course (s) Examples of Activities

#### PY1 (Stages 2 & 3)
- Professional Communications Lab Course – 2 weeks
- Competency Assessment activity from APHA book & writing assignment
- Lab activities facilitated by WSU Office of Cultural Equity and Diversity

#### PY1, PY2, PY3 (Stages 2 & 3)
- Pharmacotherapy and Applied Patient Care Courses
- Culturally relevant issues incorporated into patient case discussions and panel discussions (HIV/AIDS, substance abuse, neuro disorders)

#### PY2, PY3 (Stage 4)
- Introductory Pharmacy Practice Experiences (IPPE)
- Health screening events with Native American tribes (school aged children and Casinos); Immunization clinics with various patient populations

#### PY3 (Stages 3 & 4)
- Applied Patient Care Course
- Therapeutics of Special Populations Course
- Spirit Catches You lab and self-reflection activity
- In-depth consideration of geriatrics, pediatrics, alternative lifestyles.

#### PY4 (Stages 4 & 5)
- Advanced Pharmacy Practice Experiences (APPE)
- Assigned geographic locations include a large Hispanic area and an urban inner-city area.
- APPE rotations include: People of Peru Medical trip, HIV/AIDS Clinic, Wellpoint Indian Reservation, WA State Correctional Facility, Eastern WA State Psychiatric Hospital

### Cultural Diversity Lab Activity

- A lab activity designed to enhance students' cultural competence through interactive and experiential learning.
- Emphasis on understanding diverse cultures and their impact on health and healthcare delivery.
Overview of Cultural Diversity Lab

Prior to Lab
- Read selected excerpts from *The Spirit Catches You and You Fall Down*.
- Complete questions related to the reading.

During Lab
- Complete Moral Theory Inventory/discuss
- Small group (5 students) discussion about assigned questions
- Large group discussion – each small group to present one question
- Complete self-reflection and turn in at the end of class

Where does your ethical perspective fit?

- Relativism – tends to be more nonjudgmental (agree with questions 1, 2 & 3)
- Absolutism – "ethical monoism" (agree with question 5)
- Pluralism – decisions change based on the situation (disagree with question 5)
- Moral skeptic (agree with question 4)

Lab Learning Objective/Activity

- Recognize how your attitudes, value system and cultural background affect your care of patients.
- Audience participation:
  - Complete the Moral Inventory* questions (handouts on your table/chair)

Lab Learning Objective/Activity

- Describe the impact of cultural diversity issues on patient care.
- Audience participation:
  - Read the excerpt from page 78–79 of *The Spirit Catches You and You Fall Down* (handouts on your table/chair)
  - Discuss the following question with colleagues:
    - There is discussion of standard of care and lack of compliance (pages 78–79) with Lia’s drug regimen. Describe situations when a pharmacist might provide or recommend a different standard of care based on a patient’s cultural or personal situation.

Self-Reflective Practice In a Service Learning Course*

- Student pharmacists report the following:
  - Value multiple approaches to reflection (personal & private)
  - Group sessions allowed supportive and non-judgmental exploration of stereotypes
  - Interacting with people who are different from one’s self is viewed as important
  - Learning was linked to the reflective context rather than to any other component of the course

Student Pharmacist Feedback Effectiveness of *Spirit Catches* You Lab

<table>
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<tr>
<th>Course Evaluation</th>
<th>2005 (n=24/78)</th>
<th>2006 (n=46/94)</th>
<th>2007 (n=70/89)</th>
<th>2008 (n=57/96)</th>
<th>2009*</th>
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</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>29.2%</td>
<td>17.4%</td>
<td>20%</td>
<td>25%</td>
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<tr>
<td>Effective</td>
<td>58.3%</td>
<td>43.5%</td>
<td>37.1%</td>
<td>50%</td>
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<tr>
<td>Somewhat Effective</td>
<td>12.5%</td>
<td>34.8%</td>
<td>35.7%</td>
<td>18.8%</td>
<td></td>
</tr>
<tr>
<td>Not Effective</td>
<td>0%</td>
<td>4.4%</td>
<td>7.1%</td>
<td>6.2%</td>
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</tbody>
</table>


"I have learned many different techniques which I can apply when faced with a language or cultural barrier. I expect that in the near future, while in Yakima, I will be faced with these barriers. I intend on using the skills I have learned today ex:

- Talking to the patient and not the translator
- Finding an adult to translate (instead of a child)
- Learning about other cultures before judging them."

"This exercise helped with opening my mind and to consider cultural issues more than before. This extends not simply to extreme differences, but also subtle differences, that are not always easily identified. I can see this happening dealing with DSHP patients to whom I have caught myself sometimes exhibiting a bias and to "yuppies" (I often work in a wealthy area) to whom I often stereotype from previous struggles."

"My value system includes a belief that medications should only be taken if REALLY necessary and that they should not be first line therapy. I also believe in holistic and faith-based healing. This belief is not shared by everyone. It could lead me to discouraging patients from taking medications. I need to make sure I am aware of, and respect, others attitudes toward medication."

Think for a few moments about your service learning experiences this year in which you encountered a patient or other healthcare professional representing a different culture, language, lifestyle or ideology. Choose one of these experiences that you believe had a significant impact on the development of your personal perceptions and actions towards those who differ from yourself.

"I have not had very many opportunities to work with the elderly as a pharmacy student, and working with that population of patients reminded me that I have to adapt my way of dealing with situations for every population and individual."
Selected IPPE reflection statements

"Because I intern in a hospital I get very limited hands on patient interaction, so when I get to work with patients like this it is always a learning experience. This interaction changed my perception of people who may be homeless and without any healthcare coverage. I learned that this demographic can be very interested in their own healthcare and can be very receptive to whatever services and information you can provide."

Lessons Learned

"No culture can live if it attempts to be exclusive."

Mahatma Gandhi

Lessons Learned

› Fabulous opportunity to invite student pharmacists to share their cultural backgrounds during activities and discussions.

› Relevance and context is very important for developing professionals. Some people have difficulty transitioning concepts between the Hmong culture and other cultures.

Resources


› National Center for Cultural Competence at Georgetown University
http://www11.georgetown.edu/research/gucchd/nccc/about.html

› Self-Assessment of Cultural Competence
https://www4.georgetown.edu/uis/keybridge/keyform/form.cfm?formID=277


Resources


› Demonstrating Cultural Competence CE Program available from Collaborative Education Institute at http://www.theceinstitute.org/
References
