Global Health Education in US Pharmacy Schools and Colleges

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Background

• Global Health is experiencing growth at university campuses across the United States. A Doctor of Pharmacy Programs are engaging in global education activities through both experiential education and elective didactic coursework.
• Global Health is defined as “an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people involved. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and, is a synthesis of population-based prevention with individual-level clinical care.”
• To expand pharmacy involvement in global education, the American Association of Colleges of Pharmacy (AACP) in its strategic plan, called for an increase in professional student and faculty experiences on a local, national, and global scale.
• Global Health can also serve as means to assess cultural competency. The 2013 Center for the Advancement of Pharmacy Education (CAPE) Outcomes and the 2016 Accreditation Council for Pharmacy Education (ACPE) integrate cultural sensitivity through both experiential education and elective didactic coursework.

Results: Demographics

• Response rate = 55/127 eligible US PharmD programs = 43.3%
• Mean no. students per class enrolled per school = 120.2 ± 52.6
• Mean no. Global Health Faculty Full Time Equivalents (FTE) per school = 0.4 [Interquartile Range [IQR: 0-1]
• Global in School’s mission and/or vision statement: 27/55 (49.1%)
• Global Health Office: 51/55 (92.7%)
• Either 1 formal or informal global/international affiliations: 46/55 (83.6%)
• Both formal and informal global/international affiliations: 33/55 (90.9%)

Results: Required Coursework

Global Health Topics in the Required Curriculum, n=55

- Mean contact hours = 5.5 ± 3.7
- Median contact hours = 5 [IQR: 3-5.6]
- Initial introduction of topics:
  - First professional year: 68.2%
  - Second professional year: 27.3%
  - Third professional year: 4.5%
- Majority of topics covered:
  - First professional year: 26.1%
  - Second professional year: 23.8%
  - Third professional year: 28.1%
- Topics Covered:
  - Within a pre-existing course: 76.2%
  - Standalone: 23.8%

Results: Elective Coursework

- Mean contact hours = 3.1 ± 2
- Median contact hours = 2.5 [IQR: 2-2.9 hours]
- Coursework offered during:
  - First professional year: 43.5%
  - Second professional year: 36.7%
  - Third professional year: 16.2%
  - Fourth professional year: 3.7%
- Enrollment in global health electives: 86.7% of schools enrolled ≥ 20 students

Results: Experiential Education

Schools/Colleges with international/global health IPPEs/APPEs, n=52

- Mean no. students who participate in medical mission trips = 6.7 ± 4.2
- Mean no. students who participate in medical mission trips = 5 [IQR: 4-10]
- 95% confidence interval for percentage of students who participate in global health electives = 22% to 29%

Results: Medical Missions

Schools/Colleges offering medical mission trips, n=52

- Mean no. students who participate in medical mission trips = 6.7 ± 4.2
- Mean no. students who participate in medical mission trips = 5 [IQR: 4-10]
- 95% confidence interval for percentage of students who participate in global health electives = 22% to 29%

Discussion

• Compared to the previous global health surveys, this survey adds a more detailed description of the extent that global health is being taught in regards to the following areas:
  - Curricular content and contact hours
  - How, when, and where global health is integrated into the curriculum through didactic and elective curriculum along with experiential learning
  - Support in colleges and schools of pharmacy for global health education through FTE and/or global health offices
  - How medical mission trips are integrated into the curriculum when these are often described as “service learning” experiences
• The survey was pre-tested and redistributed to the lists chosen on three occasions in order to optimize response rates
• Definitions from previous surveys were used throughout the survey tool in order to maintain consistency
• Subgroups analyses were conducted to determine if there were differences in coursework or availability of experiences based on term: global in mission/vision statement, FTEs or publications. No significant differences were found.
• Since the curricular experiences and topics vary, consideration should be made to develop core competencies and outcomes which can be mapped to the CAPE outcomes. Additionally, identification of core topics within global health should be considered.
• Experiential learning practices also demonstrate variability in the curriculum; this may be improved by guidance provided by the white papers developed and recently submitted by the AAPC QPE-SIG.

Conclusion

• The breadth and depth of pharmacy global health education is variable; although standardization is needed and beginning, consideration should be made to identify core competencies for student achievement. Additionally, review of global health education in medicine, nursing, and public health should be conducted to assist in this process.

Acknowledgements

• We would like to thank, Thomas Buckley, RPh, MPH who pre-tested our survey and Nasser Alsharif, Pharm.D., Ph.D., for his contributions to the project.

References