Putting the Design to Practice

Building meaningful exposure to rural and underserved populations

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CPERC 2013

WATERLOO PHARMACY

Canadian Pharmacy Curriculum

University	Course
University of Toronto	- PHM 450H1: Aboriginal Issues in Health and Healing
University of British Columbia	- PHAR 450B-030: Aboriginal Health - PHAR 450B-031: Aboriginal Health - IHHS 404: First Nations Health- Historical and Contemporary Issues - IHHS 408 Aboriginal Health- Community based learning - IHHS 480A: Cultural Competency & Protocols in Approaching Traditional Healing Modalities in Aboriginal Health

Pharm373

Healthcare Delivery in Rural and Underserved Populations

- Elective course

  Currently open to 4th yr only

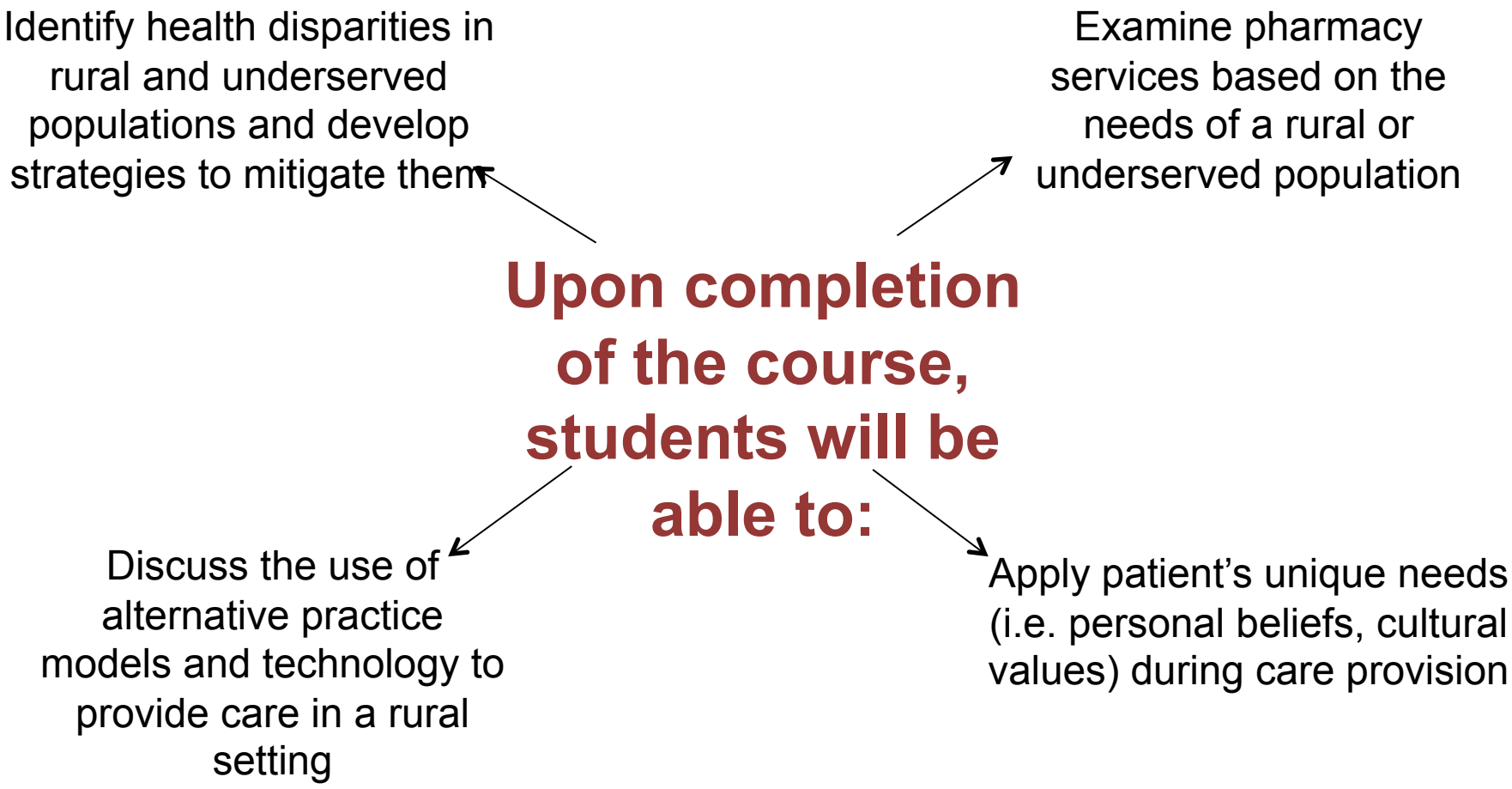
- Approved 2012

  First offer SP (May) 2013

Goals for Learning

- Improve understanding
- Provide meaningful exposure
- Practice proactively building change

Learning Objectives



Learning Objectives

Explain the roles of rural health care professionals and identify opportunities for interprofessional collaboration

Upon completion of the course, students will be able to:

Analyze the demographics and availability of traditional and non-traditional health care resources in a rural or underserved community

Course Structure

- 12-week elective, 3 hrs per week
  - 8 weeks in class
  - 4 weeks field work
    - 2 field sites
    - 2 weeks at each field site

In-Class

- Lectures:
  - Introduction to potential vulnerable or marginalized populations
  - Northern and rural health (NOSM)
  - Pharmacist role in public health (U Arizona)
  - Gender issues in health care
  - Aboriginal health
  - Immigrants as rural health care practitioners
  - Rural pharmacist practice

- Panel: Rural hospital practice, technology and telemedicine

Field Work

- 18 sites in Southwestern Ontario
  - 3 hospitals
  - 13 pharmacies, mostly independents
  - 1 FHT
  - 1 Community health centre

- Within 1 hr driving distance from SoP
  - Furthest site 108 km

Sites and Population

Hospitals

- Brantford (90,000)
- Woodstock (37,000)
- Stratford (30,000)

FHT

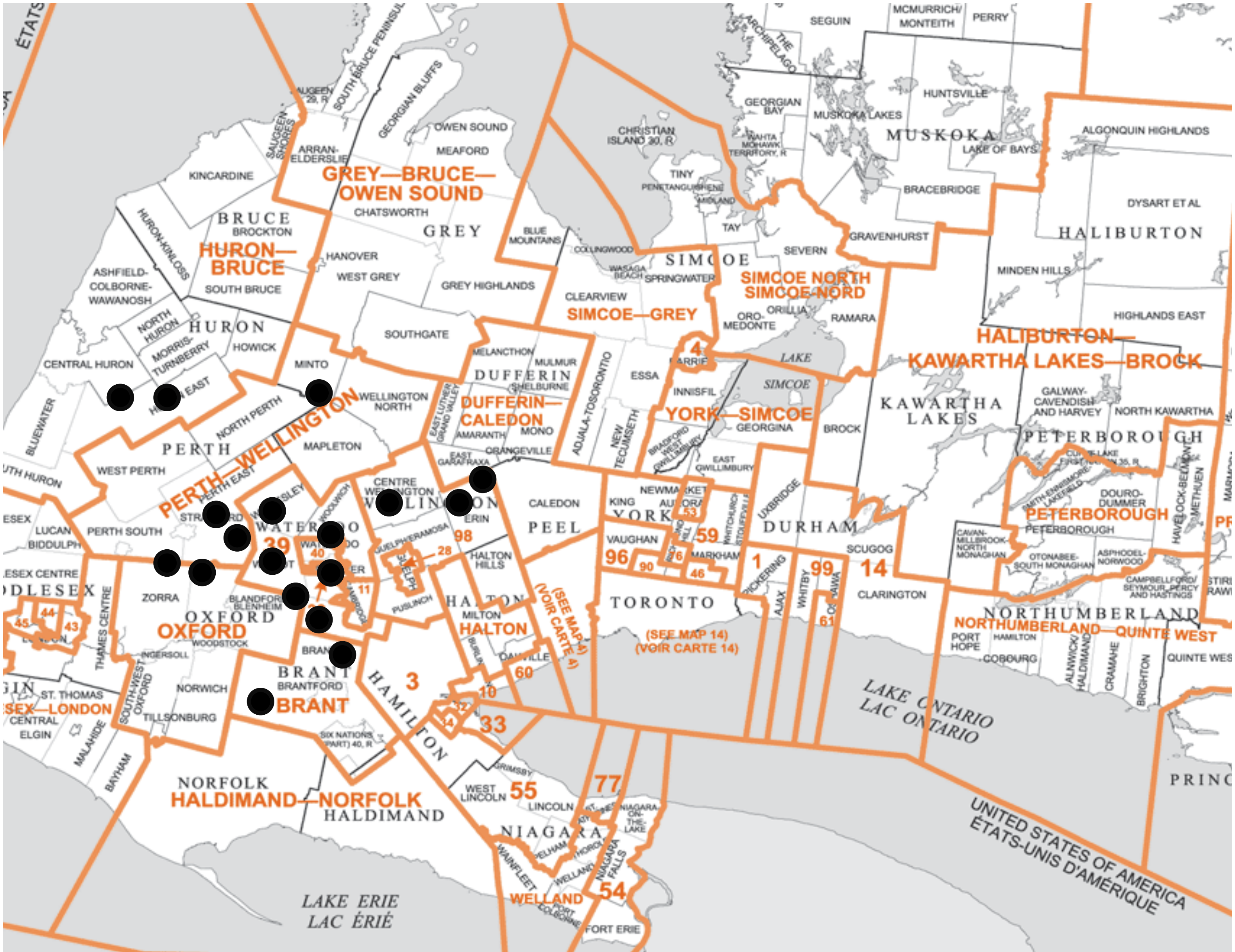
- Mount Forest (4,700)

Community centre (urban)

Community Pharmacies

- St. Mary's (6,700)
- Wellesley (3,000)
- Burford (1,900)
- Erin (2,600)
- Fergus (19,000)
- Walkerton (4,900)
- Lucknow (1,100)
- Grand Valley (1,400)
- Seaforth (2,600)
- Saint George (3,100)
- Ayr (4,300)
- St. Jacobs (1,800)

Based on Census 2011 data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HURON—BRUCE
PERTH—WELLINGTON
DUFFERIN—CALEDON
SIMCOE—GREY
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YORK—SIMCOE
HALIBURTON—KAWARTHA LAKES—BROCK
PETERBOROUGH
NORTHUMBERLAND—QUINTE WEST
OXFORD
BRANT
HALTON
HALDIMAND—NORFOLK
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Student Activities

- Online discussion forum
- Field site reflections
- Case study
- Presentation
- Quizzes
- Final written project

Pharmacy as a Business

- “Because there is are very few physicians practicing in this region,… for every prescription that they refill… there will be a charge of $5.”

- “Even though this pharmacy is in a rural setting, they are still facing the same types of competition… the price of the services are products are relatively the same throughout the pharmacies in town.”

- “I think that a common theme with many of the smaller rural pharmacies is that despite a great relationship with patients and physicians, having only one pharmacist limits the amounts of formal MedsChecks that they can perform. What are some solutions to this problem?”

Pharmacy as a Business

- “The owner and sole pharmacist typically works 12 hours a day, Monday to Friday”
  - “I can't imagine working 12 hours a day x 5 days a week and only dispensing 38 prescriptions per day.”

- “I was initially slightly put off by some of the front-shop items being sold (like purses and clocks) - definitely not your typical front-shop fare.”

- “For the most part, the pharmacist was against these new services. His reasons mainly being attributed to friction with the local doctors, as well as the fear of being seen as a "greedy" pharmacist by his patients. I found this quite discouraging as I had big plans to utilize our expanded scope upon graduation”

Patient Care

- “xxx is a 90 year old patient … she had been a patient of 3 generations of pharmacist-owners. She could recall (with some clarity) patient care interactions with each”
- “In terms of the relationship with her patients she knows them very well and in most cases by first name. She has a very open forum with her patients and they trust her enough to phone her and ask questions when need be.”
- “The great benefit I saw about rural practice was that the patient and the pharmacist had a closer relationship. A patient came in with concerns about his nails and the pharmacist was able to spend 10 minutes on a consultation with the patient. Whereas, when I practice in the city I find it hard to devote 10 minutes to a patient when there are 5 other things that need your attention.”
- “in a larger city if you wanted to get angry at someone you can do it more anonymously but in a smaller town most of the residents are interconnected and makes it more difficult for you to do that”

Patient Care

- “In the city, everyone expects to have their prescription 5 minutes ago and there is a sense of urgency and impatience among “transient” patients… you do not feel as physically and mentally exhausted after a shift in (rural setting) as you do in the city”

- “The store reminded me just why I want to be a pharmacist – for the purpose of health care and helping others. The large retail stores are not where I imagine myself. Completing high script volumes with a large pharmacy team makes it challenging to connect with patients. I have seen first hand, rural pharmacists hand out their personal phone number if the patient has any questions on the weekend.”

- “I had seen similar situations at the larger hospital where I did my co-op, but the rush of the situation seemed more real with the very few staff and resources available and the realization that I was the only pharmacy employee present.”

Challenged Assumptions

- “What was really interesting was the use of technology... They utilized OTN to consult with dermatologists, geriatricians, and knee specialists on a periodic basis, where they would schedule all of the patients one after the other in the morning and shuffle them through the OTN consult room.”

- “Everything they did was with a click of a button, wireless, or simply using your fingerprint to access meds.”

- “I was surprised at how similar everything was to an urban setting”

- “All of this quickly dissipated once we saw the phenomenal level of service this pharmacy was able to provide, All of this completely changed my idea of what can be accomplished by an independent in a small town. I now really understand that "underserviced" and "rural" are not synonymous at all.”

- “It destroyed some pre-conceived notions I had about hospital pharmacy in a rural community… the experience opened my eyes to rural hospital practice, how rewarding it seems to be and that it offers so much more to a pharmacist than I imagined.”

- “When we first saw the tiny hospital I didn't think about how important this tiny hospital (which has about 15 beds) could really be. Your story definitely made me think a little more about the importance of small rural hospitals.”

Challenges

- Scheduling in busy curriculum
- Time intensive in setting up
- Getting sites
  - Course offered in the summer
  - Many rural sites are small and unable to accommodate more than one person
- Communication
  - Many site owners were informal, and needed several follow-ups to confirm

Questions?

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