An Advanced Pharmacy Practice Experience (APPE) in Spirituality and Ethics at a Secular School

by Gina Prescott, Jineane Venci, and Edward Bednarczyk

Gina M Prescott PharmD BCPS (Corresponding Author)

Clinical Assistant Professor Pharmacy Practice University at Buffalo School of Pharmacy and Pharmaceutical Sciences 317 Cooke Hall Buffalo, NY 14260 Phone: (716) 645-4784 Email: <u>gmzurick@buffalo.edu</u>

Gina Prescott received her Pharm.D. degree from the University of Pittsburgh School of Pharmacy in 2002 and completed a PGY1 Pharmacy Practice residency at Thomas Jefferson University Hospital. She worked as an internal medicine clinical specialist at Detroit Receiving Hospital prior to serving as a faculty member since 2004 at the University at Buffalo. Dr. Prescott is the director of the University at Buffalo's PGY1 Pharmacy Practice Residency at Erie County Medical Center where she cares for patients and precepts pharmacy students

and residents on an inpatient family medicine service. Additionally, she cares for patients and coordinates pharmacy involvement for faculty, residents and students at two local faith based free clinics in the city of Buffalo. Her main teaching focus at the university is with underserved patient populations. Dr. Prescott has been a member of CPFI since 2011 and is involved with the student chapter at the University of Buffalo. She and her family attend The Chapel at Crosspoint.





Jineane Venci PharmD

University at Buffalo School of Pharmacy and Pharmaceutical Sciences 313 Abbott Hall Buffalo, NY 14214 Phone: 716-829-5228 Email: <u>jvenci3@gmail.com</u>

Jineane Venci received her Pharm.D from the University of Buffalo State University of New York School of Pharmacy and Pharmaceutical Sciences in 2009. She is employed at the University of Buffalo School of Pharmacy where she conducts retrospective drug utilization reviews and precepts Pharm.D students in drug information, medication use review, and MTM services. Additionally, she volunteers at a faith-based free clinic in the city of Buffalo. Dr Venci became of member of CPFI in 2009 and is involved with the student chapter at the University of Buffalo. She attends Grace Road Church with her husband Nick.

Edward M Bednarczyk PharmD FCCP

Clinical Associate Professor Pharmacy Practice University at Buffalo School of Pharmacy and Pharmaceutical Sciences 317 Hochestetter Hall Buffalo, NY 14260 Phone: 716-645-4805 Email: eb@buffalo.edu

Edward M Bednarczyk, PharmD, FCCP is a Clinical Associate Professor and Chairman of Pharmacy Practice at the University at Buffalo, SUNY (UB). He received his BS in pharmacy from UB in 1984, and completed a pharmacy practice residency at the Buffalo General Hospital in 1985. He went on to receive his PharmD degree from the Medical University of South Carolina followed by a fellowship in Clinical Cardiovascular Pharmacology at Case Western Reserve University/University Hospitals of Cleveland. His research is largely focused on the

use of molecular imaging to explore drug effects, and his clinical responsibilities are divided between nuclear medicine and neurology. He has been a CPFI member since 1984 and currently serves as faculty advisor to the UB student chapter. He also serves on the Executive Board of the local chapter of the CMDA. He and his family attend Millgrove Bible church. **P**revious survey reports indicate collective support for integration of spirituality into professional school curriculums. Despite this expressed interest, published reports discussing the role of faith and spirituality in pharmacy curriculums are scarce. Recognizing the importance of spiritual awareness for the provision of whole-person care, the University of Buffalo, School of Pharmacy developed an advanced pharmacy practice experience to familiarize students with the role of spirituality in pharmacy practice.

Introduction

Over the last decade, the role of spirituality in healthcare has been increasingly integrated into pharmacy and medical school curriculums. A 2003 survey indicated that while only 21.4% of pharmacy schools in North American addressed spirituality in patient care, 62.9% of program chairs believed the topic should be included in the curriculum. ¹ By 2008, over 40% of medical schools in the United States offered a course dedicated to spirituality in healthcare, and approximately half of medical school deans believed an increased curricular focus on spirituality would be beneficial. ² Despite this expressed interest, there is a lack of published reports discussing the role of faith and spirituality in PharmD curriculums.

Programs may be cautious to incorporate faith and spirituality into professional school curriculums, particularly at colleges or universities that are secular in nature. Developing a clear set of goals and objectives centered on providing unbiased, whole-patient care may alleviate potential roadblocks. Such a curriculum was eloquently described by Barnard and colleagues.³ The authors suggest developing a foundational knowledge of various religious beliefs and awareness for the impact they may have on the acceptance or refusal of healthcare services. Students should be exposed to the role of healthcare clergy, and when a patient may benefit from the services they provide. Additionally, students should gain experience conducting spiritual histories and learn to utilize such information to recommend appropriate treatment measures which align with the patient's values and beliefs. Ultimately, the goal of the experience is to enhance student ability to provide compassionate patient care.

Recognizing the need for an increased awareness of spirituality, the University at Buffalo School of Medicine and Biomedical Sciences developed a clinical rotation focusing on the role of faith in medicine. Similar to programs developed at other secular institutes, this elective allows third and fourth year medical students to gain exposure to a variety of faiths while rotating through several interdisciplinary practice sites. Many of the rotation sites have Christian affiliations and, therefore, students are largely exposed to the role of Christianity in medicine. In 2011, The University of Buffalo School of Pharmacy and Pharmaceutical Sciences created an advanced pharmacy practice experience (APPE) modeled after this curriculum.

Design

This rotation was designed to expose students to various ethical situations as they pertain to pharmacy practice and patient care, provide students with tools to navigate those situations, and explore alternate faiths held by many patients they encounter. The learning objectives for the rotation are listed in Table 1.

The elective rotation is team-taught with 6 major preceptors and various other pharmacists who have an interest in ethics or spirituality or where ethical considerations and faith based principles are commonly encountered in daily practice. It is important to note that most, but not all, pharmacists providing care at these sites have a foundation in Christianity. Each week of the 6 week rotation the students attends a different clinical practice site. The student is provided a manual with goals and objectives, preceptors involved, a schedule, brief overview of the sites, types of patients' cared for, and topics likely to be covered at each site. A few journal articles are provided to the student in advance, including the HOPE spiritual assessment tool. ^{4,5}

Most, but not all clinical sites are interdisciplinary in nature, with other represented disciplines including medicine, nursing, chaplaincy, and social work. Week 1 is a foundational week in drug information and public health/outcomes at our drug information response center. During this time, students are assisted in locating and evaluating published reports pertaining to spirituality and ethics in health care. Week 2 is an interdisciplinary, inpatient, general medicine, teaching service where most of the patients are uninsured or insured through federally funded programs. Students may discuss topics on euthanasia, refusal for treatments, withholding care, health care proxy, and be exposed to hospital chaplains. Week 3 is at an area hospice facility with regular interdisciplinary meetings, which include pharmacists and chaplains. Topics included during this week may relate to various end-of-life experiences. Week 4 takes place at

an interdisciplinary, faith-based, primary care free clinic for uninsured patients where spiritual counseling is routinely conducted. Students here are exposed to ethical dilemmas relating to a lack of resources, spiritual history taking, and whole-person health care. During week 5, the student will rotate through an independent community pharmacy to gain exposure to the role faith may play in dispensing medications and providing patient counseling. Topics during this week include use of contraceptive items, counseling techniques, and general working in a secular world. The final clinical site consists of an interdisciplinary, immunodeficiency clinic where chaplains and pharmacists routinely care for patients with HIV/ AIDS and conduct spiritual histories.

Assessment / Evaluation of the Student

Throughout the rotation the student is expected to make recommendations on patient care to either their medical team or pharmacist preceptor. This could be adjustment to a medication (or lack thereof) or knowing when or how to appropriately refer a patient. Additionally, this rotation is also designed to utilize evidence based medicine, or the lack of, to care for patients and expose the student to applying ethics and/or spirituality concerns. In addition to our standard professionalism evaluation and patient care log required for all elective rotations, there are multiple assignments required during this experience. All assignments are graded either by the preceptor on site or the rotation coordinator.

Assignments Required at Each Clinical Site

Students are required to keep a journal and write weekly reflective papers on how each rotation site has impacted them personally. They need to document an experience with a patient, a general overview or new insights into different faiths, or end of life experiences.

One patient dilemma, either ethical or spiritual, is written up weekly in the Situation-Background-Assessment- Recommendation (SBAR) format. All SBAR cases must be turned in with primary literature to support the patient case. All clinical site specific activities are graded by the preceptor on site. A minimum of 2spiritual histories per site, conducted at the free clinics and the immunodeficiency clinics, utilizing the HOPE spiritual assessment tool are evaluated. The student is responsible for presenting 1 of the 6 patient cases written in the SBAR format to the preceptor group as a formalized, grand rounds presentation.

In addition, the student is also required to review 1 review article and 1 original research article on ethics or spirituality. The articles are formally written up as a drug information papers and presented to the team of preceptors as a journal club presentation.

A comparison chart displaying the most common faiths in the United States is completed upon finalization of the rotation. This chart focuses on how faith affects treatment options and other issues related to the receipt of health care.

Conclusion

This rotation allows students to grow both personally and professionally, as they become exposed a multitude of ethical dilemmas through patient encounters and evidence based medicine. Students are provided with the opportunity to conduct a spiritual history; a skill which will prove useful throughout other rotations as well as in their future practice. Students also gain insight to the role of chaplains, increasing their awareness of their chaplaincy involvement in patient care. Additionally, students are provided with the opportunity participate in a variety of pharmacotherapeutic decisions, as well as enhance drug information, literature evaluation, and presentation skills.

We believe this unique rotation benefits students of all faiths as they prepare to enter the professional world. Christian students are introduced to a variety of means by which faith may be integrated into daily practice. Exposing non-Christian students to the role of faith in various situations may prompt them to reflect upon the importance faith has for patients, and possibly their own values and beliefs. Providing students with a deeper understanding of the role of faith in medicine not only improves the quality of patient care they provide, but also prepares them for difficult situations they may encounter as practicing pharmacists. We challenge fellow CPFI faculty to consider proposing a similar advanced pharmacy practice experience at their school of pharmacy.

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Table 1. Goals and Objectives for APPE in Ethics and Spirituality

- Expose students to ethical thought
- Build a model for professional decision making
- Expose students to real life ethical dilemmas in patient care situations, including therapeutic controversies, legal ethics, counseling, death and dying, faith-based medicine and end-of life care
- Analyze and develop a plan for dealing with ethical dilemmas
- Provide opinions on a patient situation grounded in ethical reasoning
- Expose and promote the understanding of the role of faith in one's health and well-being, including the understanding and role of different faiths
- Develop interpersonal communication skills, a sense of compassion and foster personal connections with patients and family members
- Engage students in discussions with professional peers regarding ethical dilemmas
- Identify barriers in communication and potential road blocks in interactions with patients, colleagues and other health care professionals
- Discuss the evidence and ongoing research that a patient's value, beliefs, and spiritual observances affects their health (essentially how spirituality positively impacts healing)
- On clinical sites: Develop a plan to conduct a spiritual assessment (need to know when it's necessary discuss faith and refer resources for these patients and families "HOPE" Sources of hope, organize religion, personal spirituality and practices, effects on medical care and end of life issues, "FICA" Faith and Belief, Importance, Community, Address in Care)
- Develop skills in integrating spiritual assessment into patient discharge counseling

References

- 1. Cooper JB BT, Ives TJ. The spiritual aspect of patient care in the curricula of colleges of pharmacy. Am J Pharm Educ. 2003;67(2).
- 2. Koenig HG, Hooten EG, Lindsay-Calkins E, Meador KG. Spirituality in medical school curricula: findings from a national survey. Int J Psychiatry Med. 2010;40(4):391-398.
- **3.** Barnard D, Dayringer R, Cassel CK. Toward a person-centered medicine: religious studies in the medical curriculum. Acad Med. 1995;70(9):806-813.
- **4.** Anandarajah G, Hight E. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. Am Fam Physician. 2001;63(1):81-89.
- 5. Koenig HG. Religion, spirituality, and medicine: research findings and implications for clinical practice. South Med J. 2004;97(12):1194-1200.