COMMENTARY

A Call to Action for a Programmatic Approach to Cultural Competency in Pharmacy Education

Anastasia L. Armbruster, Pharm.D.^a Brianna N. Henson, MPA,^b Naser Z. Alsharif, PharmD, PhD^c

^a St. Louis College of Pharmacy at University of Health Sciences and Pharmacy in St. Louis, St. Louis, Missouri

^b University of Kentucky, College of Pharmacy, Lexington, Kentucky

^c Creighton University, School of Pharmacy and Health Professions, Omaha, Nebraska

Corresponding Author: Anastasia L. Armbruster, St. Louis College of Pharmacy at University of Health Sciences and Pharmacy in St. Louis, Missouri, One Pharmacy Place St. Louis, MO 63110. Tel: 314-446-8522. Email: Anastasia.armbruster@uhsp.edu

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Pharmacy has recognized the importance of health disparities and cultural competency (HDCC) education for two decades. More recently, there has been emphasis on incorporating equity, diversity and inclusion (EDI) in pharmacy programs. While many institutions identify a need to incorporate a programmatic approach to HDCC education in order to meet the growing needs of a diverse population, pharmacy curricula continue to lack a holistic, programmatic approach to this vital piece of pharmacy education and the societal challenges our graduates will face throughout their careers. More than ever, pharmacists should graduate with the knowledge, values, and skills to provide culturally appropriate care for a diverse patient population. This commentary is advocating for a holistic, programmatic approach to integrating HDCC education and serves as a call to action for curricular development. It is hoped that this commentary will also set the foundation for additional scholarly work and recommendations regarding a programmatic approach.

Keywords: healthcare disparities, cultural competency, assessment, curriculum, programmatic

INTRODUCTION

Health disparities and cultural competency (HDCC) training and education play an essential role in the education and training of healthcare providers. The increasing diversity in the United States, and hence patient population, dictates that healthcare professionals develop the requisite knowledge, values, attitudes, and skills to provide culturally sensitive care. According to the United States Census Bureau, racial and ethnic minorities made up about 38% of the United States population in 2019 and is predicted to continue to increase in numbers.¹ Recent events have continued to underscore that racial and ethnic minorities experience exclusion, health inequity and health disparities, often due to systemic racism. Similar to other professions, HDCC education is addressed in curricular standards and has been deemed an essential skill for graduating pharmacists.^{2,3} Given their roles on healthcare teams and within the community, pharmacists are well-positioned to address healthcare disparities, improve quality of care and patient satisfaction, and impact medication adherence, making the learning of these skills crucial. Despite required curricular inclusion in standards, evidence is lacking regarding its inclusion in curricula. Authors conducted a literature review using Medline and International Pharmaceutical Abstracts from 2007-2021, utilizing the following keywords and combination of words: culture, cross-or intercultural and competence or sensitivity or aware; education, curriculum, pharmacy, pharmacy education and health care disparity. This search did not produce any articles with a thorough programmatic approach at an institutional level. Further, most pharmacists have received limited training on key connected concepts, such as health disparities, social determinants, provider bias of health, and systemic racism.⁴ It is essential to identify where we are can drive change in our own institutions and curricula so that pharmacy academia and the profession embrace Equity, Diversity, and Inclusion (EDI) and current and future academics and practitioners become conscientious stewards of our profession, their students and patients and society at large. In fact, American Association of Colleges of Pharmacy (AACP) held an EDI Institute in January 2021, with the goal to facilitate member institutions in developing a framework for a supportive and inclusive campus environment. Cultural competency (CC) training was identified as key to creating such an environment.⁵ Thus, this paper will discuss progress the pharmacy profession has made toward a holistic, integrated approach to HDCC education. The hope is that this commentary will set the foundation for additional scholarly work, recommendations regarding a programmatic approach, and framework for holistic implementation across curricula. Such an approach to the PharmD program ensures that students are challenged to apply CC knowledge, behaviors, and skills vertically and longitudinally across the entire curriculum and in their future practice settings.

Pharmacy and Cultural Competency Education

Over the last decade, the profession of pharmacy has increasingly called for enhanced training of graduates in HDCC concepts. Most professional organizations have developed white papers, published commentaries and viewpoints, and issued statements on the importance of these topics.^{2,3} For example, the Accreditation Council for Pharmacy Education (ACPE) Standards 2016 and AACP Center for the Advancement of Pharmacy Education (CAPE) 2013 Educational Outcomes included cultural sensitivity as a component of a team-ready, practice-ready pharmacist.^{3,2} Cultural competency is defined as the attitudes, knowledge, skills, behaviors, and values that an individual can develop over time and uses to work in a cross-cultural environment.⁶ The ACPE Standards also require education regarding the social determinants of health and include many elements of HDCC concepts as part of the Pharmacists' Patient Care Process.^{4,7} While these concepts can be delivered in the curriculum, co-curriculum, and experiential learning, lack of detailed guidance may not adequately prepare students for required exposure to diverse patient populations as part of Advanced Pharmacy Practice Experiences (APPEs).

What exactly should be included in curricula related to HDCC and how can it be integrated? Institutions face challenges in finding room in the curriculum to embed more thoughtful CC topics, immersion experiences, guided discussions, reflections, and encounters that could develop affective domain behavioral characteristics and move the students up the hierarchy of Krathwohl's Taxonomy of learning.⁹ Characteristics such as self-awareness, accountability, acting based on moral and ethical principles and respect for diversity are essential for becoming a conscientious steward of the profession, for valuing the inalienable worth of, for respecting each individual, and for exhibiting a commitment to work for social justice. Previous publications have highlighted concern about the depth and breadth of what is being taught in the PharmD curriculum regarding HDCC concepts.⁹ As of 2007, 51% of responding pharmacy institutions had made curricular changes to introduce CC, and 49% planned to implement new topics or courses on the topic.⁹ Two American College of Clinical Pharmacy (ACCP) white papers which assessed the integration of instructional strategies and resources, were published in 2013 and included a preliminary list of learning objectives, and methods for assessing cultural competency/sensitivity curricula.^{10,11} Additionally, these white papers advocated for curricula to include culture concepts, patient, practitioner, and health system perspectives on health disparities, and patient-centered culturally sensitive healthcare which could have aided in integration efforts.

A recent study to determine how US and Canadian pharmacy schools integrated HDCC content in their curriculum revealed that it was primarily taught in siloes and not thoughtfully implemented across the entire program.¹² Additionally, the study found that HDCC was commonly taught at the introductory or reinforcement level by a small group of core faculty in varying courses across years in the PharmD didactic curriculum. Data was collected regarding which patient populations are covered in the curriculum. Interestingly, less than 80% of institutions reported covering racial/ethnic groups, poverty/low-income groups and issues of sexuality, gender identity, gender expression in their current curriculum.¹² The investigators concluded that opportunities remain for improving the extent HDCC is covered and integrated in the co-curriculum and experiential training. Thus, despite a myriad of publications and inclusion in key accreditation standards, gaps remain in pharmacy institutions ability to integrate these essential concepts throughout curricula. Prior pharmacy literature has certainly underscored the importance of integrating HDCC content within curricula and providing frameworks for integration, assessment tools, experiential experience training, addressing the needs of certain diverse populations, and recommendations for increasing diversity within the profession.¹³⁻¹⁷ However, there remains limited research in implementing a holistic, programmatic approach to HDCC education. A literature search was conducted previously to explore other disciplines and there were few successes described in the literature. Thus, it is essential that HDCC be embedded throughout the curriculum in order to provide a comprehensive set of concepts and skills and to challenge students to exhibit the specific attitudes and characteristics needed to deliver culturally sensitive patient care. Also, it is clear that the Academy needs to expand their efforts to make current HDCC integrations comprehensive, particularly since components such as the co-curriculum and experiential education have enhanced focus in Standards 2016.^{3,12}

By incorporating a holistic, programmatic approach, HDCC content is not placed within single activities or courses; instead, it is introduced, reinforced, and integrated throughout the curriculum in the didactic, co-curricular, interprofessional, and experiential areas by faculty, staff, and preceptors who have embraced the importance of integrating HDCC content and undergone training to improve their own competency. Further, all disciplines of pharmacy (pharmacy practice, social and administrative sciences, and pharmaceutical and biological sciences) should contribute to the integration of content in the curriculum. This method will require additional resources and extensive training of faculty, which is often a barrier to such initiatives. However, if integration is expected of students, each faculty member should also take accountability for his/her own development in this area and to find ways to integrate such knowledge into their courses.¹⁸ This will honor guideline 10.2 of the standards which asks for faculty members to be aware of each other's courses including content, depth, methodologies used, and relationship to adopted curricular competencies and outcomes.³

Given the focus on the didactic, experiential, and co-curriculum to reinforce one another to build practice-ready, team-ready pharmacists, and the inclusion of HDCC-related standards, a programmatic approach appears to be the ideal approach to meet the standards and begin to train healthcare professionals that can promote health equity.

There is currently no consensus on how HDCC education should be integrated in health professions curricula, and, therefore, there is significant inconsistency in implementation. As such, this paper serves as a call to action for health professions to integrate HDCC education holistically in their curricula. Although this approach may be more challenging to implement, it is more likely to result in impactful results than traditional siloed approaches. This requires a collegial and collaborative efforts among the faculty and a culture of EDI at the institution level. As the pharmacy profession continues to advance in HDCC education, further data will be needed in order to validate the success of this approach as we seek to improve patient health outcomes and reduce inequities. In order to meet this challenge, the AACP HDCC-Special Interest Group determined, as part of their strategic plan, that it must address this gap by calling our Academy to action. The Academy is encourage to move past siloed HDCC curricula towards a programmatic approach and to create guiding principles and examples for a holistic, programmatic approach to HDCC education in which concepts and skills are introduced and reinforced and students are constantly challenged to demonstrate their knowledge, skills and behavioral characteristics of a pharmacy professional.⁸ This would require faculty to be sensitized to and aware of the role their colleagues are playing in meeting educational outcomes for the program and to communicate and collaborate with them with collegiality and humility to meet the educational outcomes for the students related to HDCC and other key aspects of the curriculum.¹⁸ Past efforts should be updated and moved to a programmatic level. Institutions that have a holistic, programmatic approach to integration, particularly those that have mastery-level integration and inclusion in co-curricular, interprofessional, and experiential components should engage in scholarship to provide the academy with examples of approaches, especially those that include assessment of students' skills, knowledge and attitudes.

CONCLUSION

Implementing a holistic, programmatic approach to HDCC education throughout the curriculum, co-curriculum, experiential and professional development programs to engage students, faculty, staff, administrators, and practitioners is a major step towards demonstrating that our profession values EDI and ensuring our graduates are qualified to address the health needs and health disparities of a diverse population.¹⁹ While barriers to implementation exist for such a holistic approach, it is the responsibility of each faculty member to make an effort. Ultimately, each individual stakeholder should recognize that they are seen, heard, and respected.²⁰

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REFERENCES

1. US Census Bureau. National Population by Characteristics: 2010-2019. The United States Census Bureau. <https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-detail.html>. Published June 17, 2020. Accessed March 30 2021.
2. Medina MS, Plaza CM, Stowe CD, et al. Center for the Advancement of Pharmacy Education 2013 educational outcomes. *Am J Pharm Educ*. 2013;77(8):Article 162.
3. Accreditation Council for Pharmacy Education. Guidance for the Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree ("Guidance for Standards 2016"). Published February 2015. <https://www.acpe-accredit.org/pdf/GuidanceforStandards2016FINAL.pdf>. Accessed March 30, 2021.
4. Arya V, Butler L, Leal S, et al. Systemic racism: Pharmacists' role and responsibility. *J Am Pharm Assoc* (2003). 2020;60(6):e43-e46. doi:10.1016/j.japh.2020.09.003.
5. AACP's Actions to move the Academy forward. Available from <https://www.aacp.org/article/aacps-actions-move-academy-forward>. Accessed March 30, 2021.
6. Sias JJ, Loya AM, Rivera J, Eacute O, Islas AA. eChapter 2. Cultural Competency. In: DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey LM, eds. *Pharmacotherapy: A Pathophysiologic Approach*, 9e. New York, NY: The McGraw-Hill Companies; 2014.
7. Pharmacist Patient Care Process. Available at <https://jcpe.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf> Accessed March 30, 2021.

8. Anderson, L. W., & Krathwohl, D. R. (Eds.). (2001). A taxonomy for learning, teaching and assessing: A revision of Bloom's Taxonomy of educational objectives: Complete edition, New York : Longman.
9. Onyoni EM, Ives TJ. Assessing implementation of cultural competency content in the curricula of colleges of pharmacy in the United States and Canada. *Am J Pharm Educ.* 2007;71(2):24. doi:10.5688/aj710224
10. American College of Clinical Pharmacy, O'Connell MB, Rodriguez de Bittner M, et al. Cultural competency in health care and its implications for pharmacy part 3A: emphasis on pharmacy education, curriculums, and future directions. *Pharmacotherapy.* 2013;33(12):e347-e367. doi:10.1002/phar.1353
11. American College of Clinical Pharmacy, O'Connell MB, Jackson AN, Karaoui LR, et al. Cultural competency in health care and its implications for pharmacy Part 3B: emphasis on pharmacy education policy, procedures, and climate. *Pharmacotherapy.* 2013 Dec;33(12):e368-81. doi: 10.1002/phar.1352. Epub 2013 Oct 9. PMID: 24123272.
11. Chen AMH, Armbruster AL, Buckley B, et al. Inclusion of Health Disparities, Cultural Competence, and Health Literacy Content in US and Canadian Pharmacy Curricula. *Am J Pharm Educ.* 2021, 85 (1) 8200; DOI: <https://doi.org/10.5688/ajpe8200>
12. Echeverri M, Brookover C, Kennedy K. Nine constructs of cultural competence for curriculum development. *Am J Pharm Educ.* 2010 Dec 15;74(10):181. doi: 10.5688/aj7410181. PMID: 21436922; PMCID: PMC3058454.
13. Cooper LA, Vellurattil RP, Quiñones-Boex A. Pharmacy students' perceptions of cultural competence encounters during practice experiences. *Am J Pharm Educ.* 2014 Mar 12;78(2):31. doi: 10.5688/ajpe78231. PMID: 24672064; PMCID: PMC3965139.
14. Echeverri M, Unni E, Harpe SE, Kavookjian J, Alkhateeb F, Ekong G, Law A. A Multi-School Validation of a Revised Scale for Assessing Cultural Competence in Pharmacy Students. *Am J Pharm Educ.* 2019 Apr;83(3):6602. doi: 10.5688/ajpe6602. PMID: 31065164; PMCID: PMC6498198.
15. Crawford SY, Awé C, Tawk RH, Simon Pickard A. A Cross sectional and longitudinal study of pharmacy student perceptions of readiness to serve diverse populations. *Am J Pharm Educ.* 2016 May 25;80(4):62. doi: 10.5688/ajpe80462. PMID: 27293229; PMCID: PMC4891860.
16. Alsharif NZ. Curriculum Integration: A Self-Driven Continuum. *Am J Pharm Educ.* 2014, 78 (1) 2; doi: 10.5688/ajpe7812.
17. Alsharif NZ. Intraprofessional Sensitivity: A Must for the Academy and the Profession. *Am J Pharm Educ.* 2013, 77 (3) 42; doi: 10.5688/ajpe77342
18. Avant ND, Gillespie GL. Pushing for health equity through structural competency and implicit bias education: A qualitative evaluation of a racial/ethnic health disparities elective course for pharmacy learners. *Curr Pharm Teach Learn.* 2019;11(4):382-393. doi:10.1016/j.cptl.2019.01.013
19. Yanchick, V, Baldwin, JN; J. Lyle Bootman, JL; Carter, RA; Crabtree, BL; Maine, LL. Report of the 2013-2014 Argus Commission: Diversity and Inclusion in Pharmacy Education. *Am J Pharm Educ.* 2014 December, 78(10, S21; DOI: <https://doi.org/10.5688/ajpe7810S21>