

PALLIATIVE CARE CURRICULUM OF US PHARMACY PROGRAMS

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Abstract

Introduction

Improvement in healthcare and lifestyles in the United States (US) have led to a growing population that will, at some point in their lives, likely benefit from palliative care services. Pharmacists are easily accessible to patients, affording them the ability to contribute to this type of care, so they must be prepared for such a duty. Pharmacy students can prepare themselves for such responsibilities through palliative care-based learning within pharmacy programs. The purpose of this study was to determine which palliative care topics are currently covered in various pharmacy programs across the United States.

Methods

This study evaluated palliative care-centered learning opportunities within pharmacy program curricula at 139 pharmacy programs across the US through a web-based survey. The survey consisted of 15 questions focusing on didactic delivery (4 questions), experiential education (7 questions), and curricular support and direction (4 questions).

Results

The survey received 38 responses (27.3% response rate), of which 32 completed all sections (84.2% completion rate). Palliative care-centered didactic learning was reportedly offered by 86.84% of institutions and 31% offered learning opportunities in an interprofessional experience setting. Introductory and advanced pharmacy practice experiences were reportedly offered by 27 institutions. However, only 6 programs currently plan to add more palliative care-centered learning opportunities within their respective curricula in the next 5 years.

Conclusion

Currently, palliative care education is minimally provided within pharmacy programs, and mostly covers topics limited to pharmacology and ethics. All pharmacists need a foundational knowledge in palliative care and to achieve this, learning opportunities should be added to programs that currently lack coverage of palliative care. Due to the intense nature of the didactic material required for accreditation, experiential rotations and interprofessional experiences may be useful settings in which to make such improvements to curricula.