End-of-life and Palliative Care Education in US Pharmacy Schools

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Reference: Dickinson GE. AM H Hosp Palliat Care (online Aug 9, 2012)

Abstract: The objective of this endeavor was to ascertain the current status of end-of-life (EOL) and palliative care within the curriculum of US pharmacy schools and compare to a similar 1986 study. Additionally, responded to recent professional guidelines for pharmacy schools regarding end-of-life issues can be addressed. A fixed-choice survey was mailed to the 125 US pharmacy schools with a 49% response rate. Results revealed that the lecture format of teaching on end-of-life issues continues to be used today with an increase in offerings and greater participation by the students than in 1986. Recently established guidelines and standards regarding EOL issues for pharmacy schools are being addressed, thus today’s pharmacists should be better prepared to relate to patients with terminal illness and their families than in 1986.

Introduction: Whether in community or the hospital setting, pharmacists are going to care for the dying and their families. Accreditation Council for Pharmacy Education (ACPE) have suggested “principles of end-of-life care should be integrated into the Pharm D curriculum and the American Society of Health-System Pharmacists (AHSP) has formulated guidelines for the pharmacist’s role in hospice and palliative care. This study was designed to determine the current status of EOL and palliative care, currently taught in the pharmacy schools in the United States, and compare the result with those obtained from a similar investigation in 1986.

Method: A 2-page fixed-choice questionnaire was developed and tested. Questions included the extent of palliative care offered by the school as well as student participation, teaching methods used, professional background of the instructors and the topics covered. The survey along with a cover letter explain the project was sent to the 125 schools with a pre-paid return envelope on March 7, 2012. A follow-up letter was sent, 5 weeks later, to the schools who did not reply.

Results: 61 schools returned the survey (49%). More schools offer palliative care as an integral part of another course, but fewer provide a separate course. The number of students exposed to some EOL care is 88% today, compared with 26% in 1986. The teaching hours in 2012, was 6.24 hrs. There is no data for 1986, but a 2001 survey determined an average of 3.89 hours.

The lecture remains the teaching format of choice (80% in both studies), however other formats included clinical case discussion (51%), seminar (34%), video/DVD (33%), hospice (25%) or simulated patients (13%) were included in the 2012 data.

Instructors were primarily pharmacists (see table 2)

Topics covered are seen in table 3.
Conclusions: Comparing the data from 1986 it seems US pharmacy schools have improved exposure to EOL care into their curricula, increasing the number of students graduating with some knowledge in the field.

Strengths of the study: Author is from the Department of Sociology and Anthropology (Charleston SC), which may decrease bias, and there was no industry funding.

Weaknesses: Only 49% of schools responded, so the data obtained may not be representative of all schools. All data was self-reported and not verified.

Relevance to palliative care: Palliative care uses a multi-disciplinary approach including pharmacy services. It is important, therefore, that curricula should include sufficient instruction on the subject. Most pharmacists, whether hospital or community based, will have exposure to palliative patients and or their families and essential that pharmacists are adequately prepared to deal with these situations. This includes a good understanding of the key concepts as well as an adequate therapeutic knowledge base.

Frequently EOL care is incorporated into the oncology program, but this is not a mandatory course in all Universities, despite the growing number of oncology patients. It is hoped that increasing awareness regarding the importance of these issues to the faculties of pharmacy will encourage more exposure to oncology and palliative care to the pharmacy students of the future.