

BACKGROUND

- The US Administration on Aging predicts that by 2040 the number of people over the age of 65 will likely exceed 80 million¹
- Pharmacists can impact palliative care through direct patient care, medication order review and reconciliation, and administrative roles
- Pharmacist involvement in palliative care has been shown to improve overall outcomes for patients and family members
- Community pharmacists are highly accessible to the majority of patients
 - Allows for improved provider/patient relationship and continuity of care
- Previous surveys of palliative care education within pharmacy curricula were conducted in 2003 and 2012^{2,3}

OBJECTIVE

- To determine which palliative care topics are currently covered in various pharmacy programs across the United States
- To determine if pharmacy programs intend to expand palliative care-based learning in the next five years

METHODS

Study Design

- Survey: web based, results remained anonymous
- 15 questions
- Multiple choice, select-all, open-ended

Inclusion Criteria

- 139 United States pharmacy programs listed on PharmCas website

Study Measures

- Methods of palliative care-related education delivery
- Palliative care topics covered
- Contact hours
- Experiential learning
- Curricular planning and support

Data Analysis

- Descriptive statistics utilized to describe survey responses
- All analyses were completed using Excel descriptive data analysis

RESULTS

- 38/139 (27.3%) institutions responded
- 32/38 (84.2%) respondents completed the survey
- 33 (86.8%) institutions offer didactic learning
 - 10 reported both required and elective
 - 16 required
 - 3 elective
- 10 (31.3%) programs offer an interprofessional experience
- All institutions offer an APPE, 5 offer IPPE
- 12 institutions employ a palliative care or hospice specialist (mean FTE 1)
- 6 institutions currently planning to increase palliative care education in the next 5 years

RESULTS

Figure 1: Didactic Delivery Methods

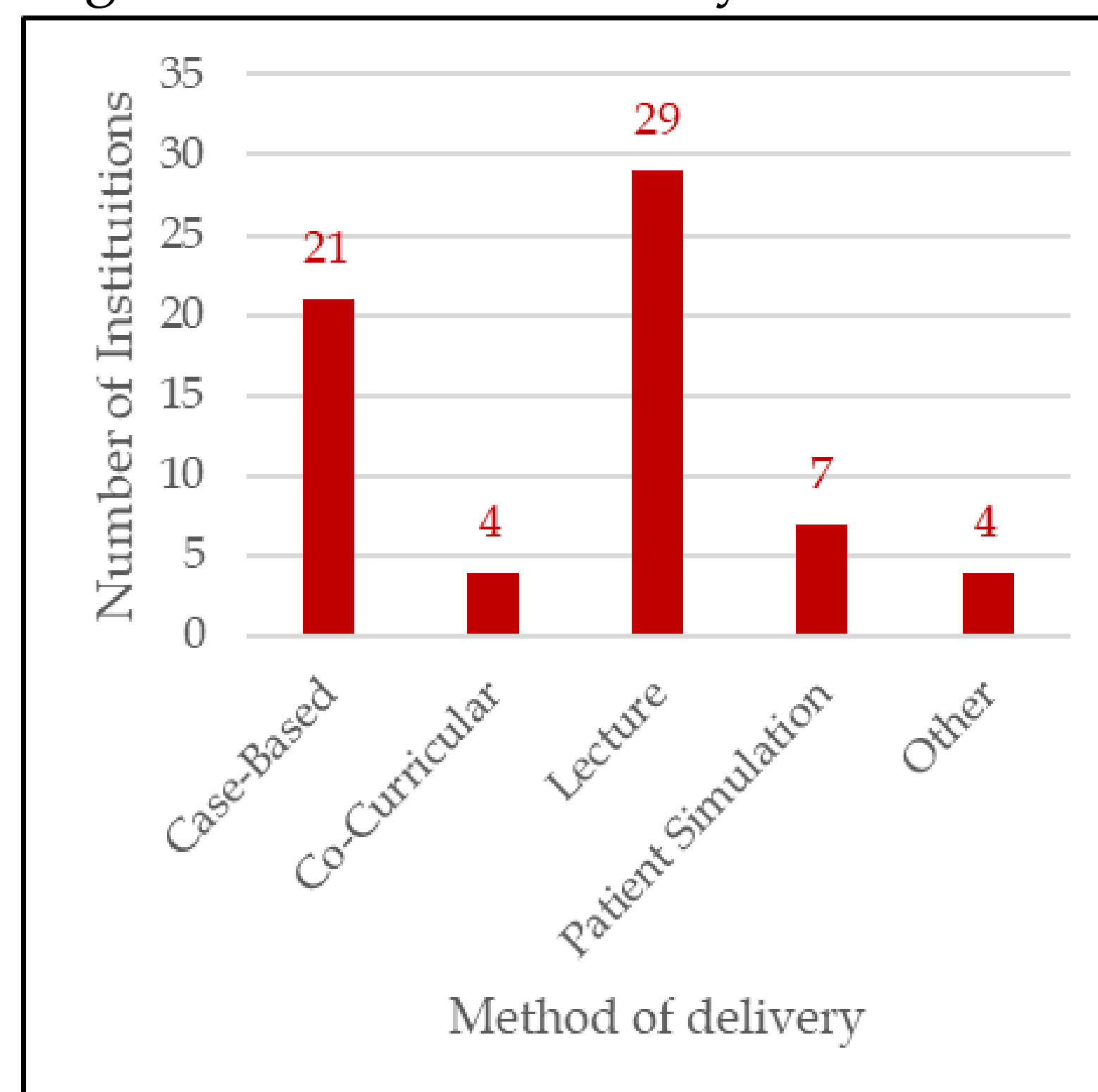


Table 1: Contact Hours in Specific Topics

Palliative Topic	Mean Number of Contact Hours
Pharmacotherapy	5.08 ± 6.90
Other	1.03 ± 3.41
Ethics	0.87 ± 0.99
Grieving / Death	0.75 ± 0.97
Physician-Assisted Suicide	0.46 ± 0.96
Forms (POA, POLST, DNR/DNI)	0.36 ± 0.83
Administrative (HCFA, DEA regulations, etc.)	0.36 ± 0.83
Dispensing	0.22 ± 0.46
Compounding	0.19 ± 0.44

Figure 2: Interprofessional Education Delivery reported by number of contact hours

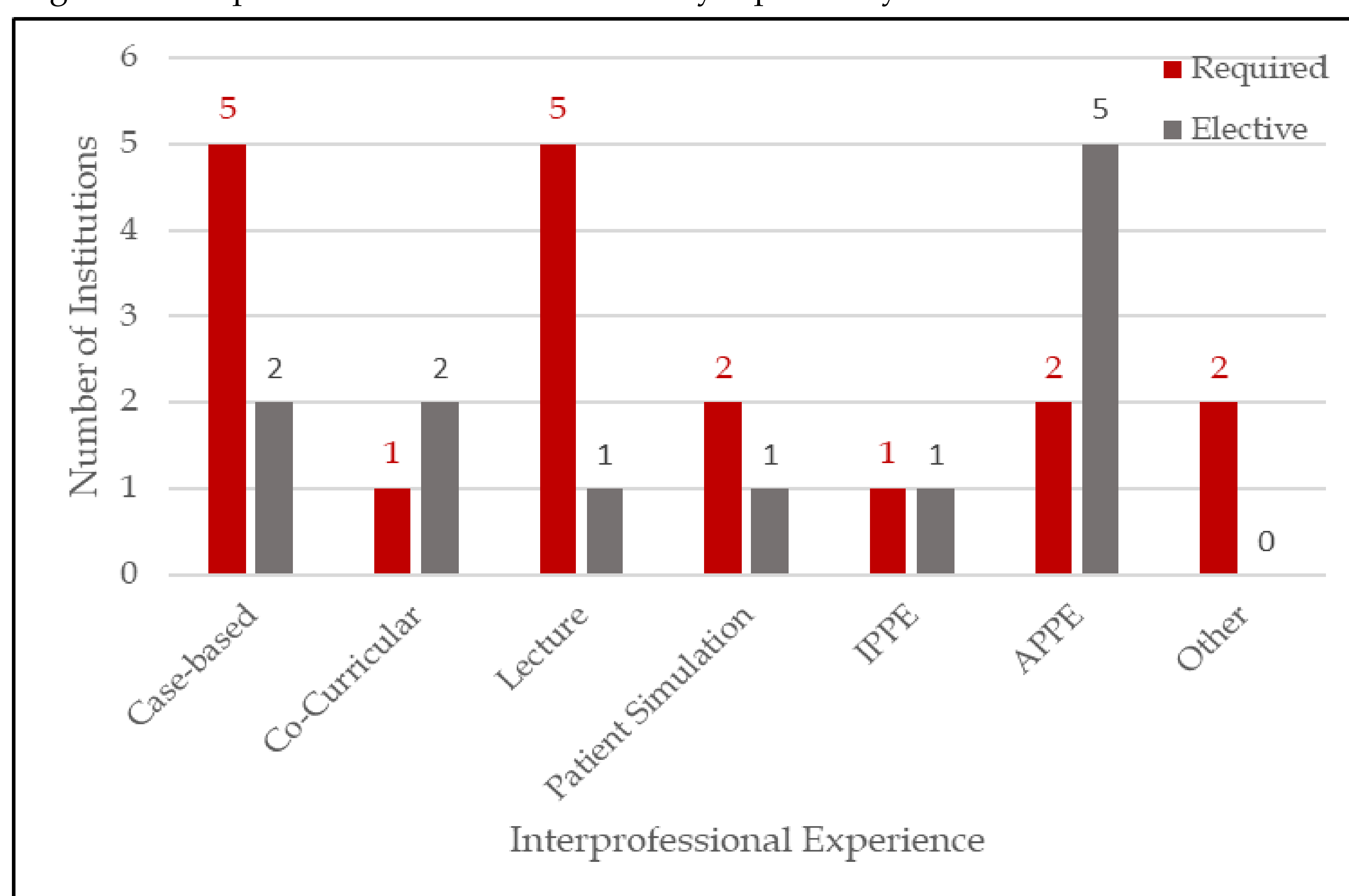
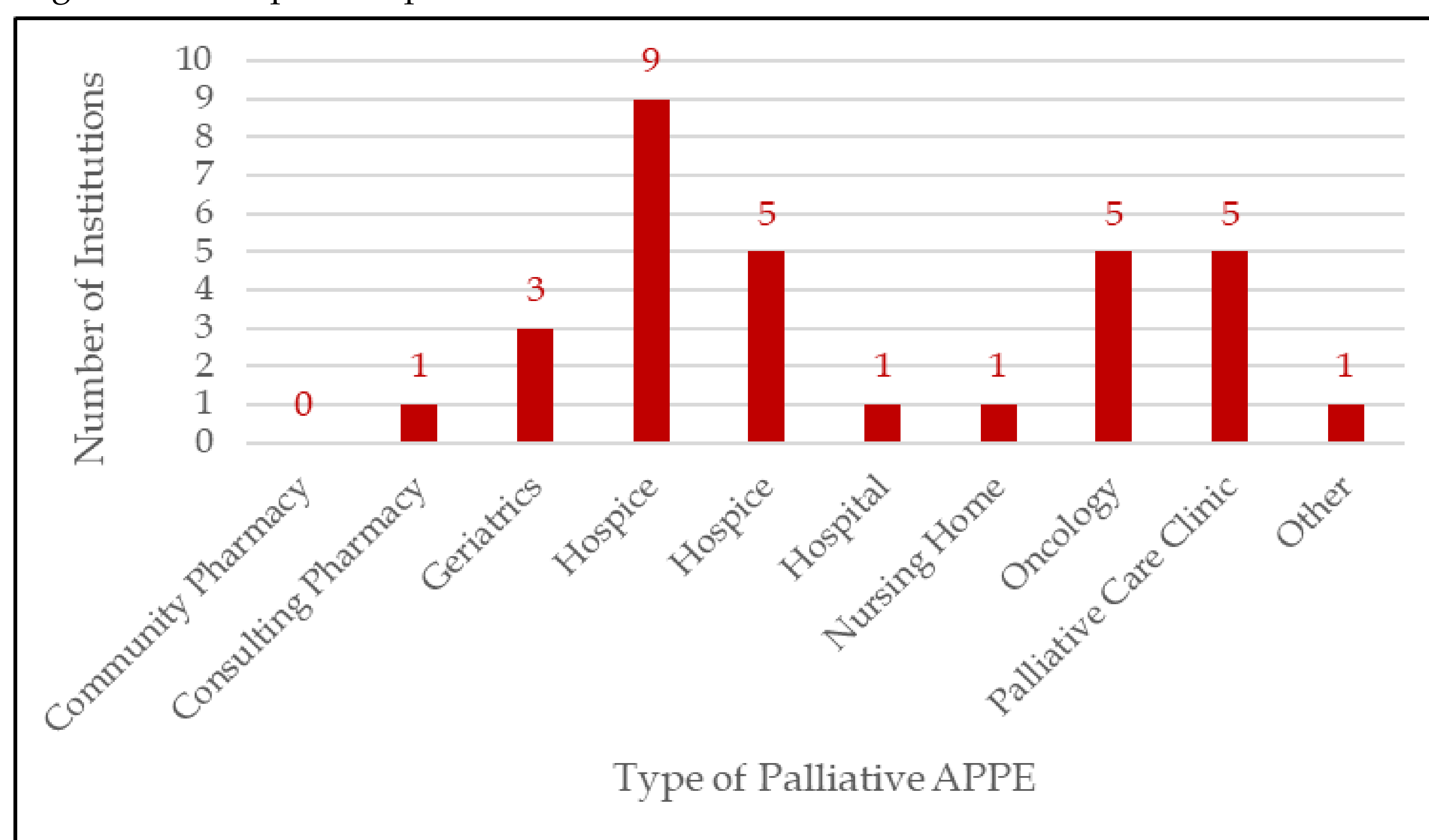


Figure 3: Description of palliative care based APPEs



RESULTS

Figure 4: Expected Additions to Curricula



DISCUSSION

Limitations

- Response rate lower than previous studies
- Incompleteness of survey responses
- Timing of survey availability

Strengths

- Methods of education delivery
- Specific palliative care topic of focus, including contact hours for each topic

Further Study

- Repeat survey in the next 5 to 10 years
- Survey recent pharmacy graduates

CONCLUSION

- Palliative care education within pharmacy programs has significant room for improvement.
- Learning opportunities should be added to programs that currently lack such coverage.
- Potential areas in which to increase palliative care-centered opportunities would be within IPE and APPEs

REFERENCES

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