

Preceptor Perceptions of Educational Exposure to the Social Determinants of Health – A Pilot Study

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Introduction

- There has been recent discussion about how pharmacy schools can incorporate the social determinants of health (SDOH) into curricula.
- However, the **exposure to SDOH among pharmacist preceptors who graduated *before* SDOH was added to accreditation standards in 2016, is unknown.**
- The purpose of this pilot study was to assess the exposure to the social determinants of health among pharmacist preceptors at the University of Tennessee Health Science Center (UTHSC).

Method

- An electronic survey was sent to active pharmacist preceptors across the state of TN in June 2022.
- Participants were asked to select the degree to which each SDOH domain was emphasized in their didactic, experiential, and post-graduate curricula, and select their degree of comfort with addressing social needs.

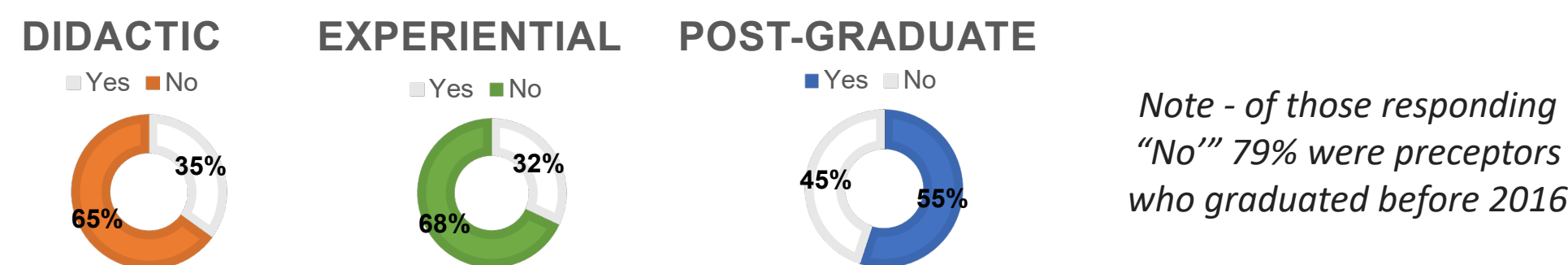
Table 1. Respondent Demographics (N=72)

Demographic	n(%)
Age	
25–39 years old	50 (69.4)
40–59 years old	21 (29.2)
>60 years old	1 (1.4)
Gender	
Female	52 (72.2)
Male	19 (26.4)
Prefer not to disclose	1 (1.4)
Race/Ethnicity	
White/Caucasian	62 (86.1)
Black/African American	4 (5.6)
Asian/Pacific Islander	2 (2.8)
Multiracial	2 (2.8)
Prefer not to disclose	2 (2.8)
Graduation Year	
Before 2016	51 (70.8)
After 2016	21 (29.2)
Level of Education/Training	
PharmD, RPh	72 (100.0)
PGY1 Residency *	39 (50.0)
PGY2 Residency *	14 (19.4)
Practice Area	
Community or Retail	30 (41.7)
Hospital	30 (41.7)
Clinic	12 (16.7)
Percent of Underserved Patients	
<25% Underserved	12 (16.7)
25–50% Underserved	27 (37.5)
50–75% Underserved	17 (23.6)
75–100% Underserved	9 (12.5)

Results

- Of 101 eligible participants, a total of 72 preceptors fully completed the survey (response rate = 71%).
- Overall, 66% of respondents responded ‘no’ when asked if the SDOH were taught at all in pharmacy school.

Figure 1. “to the best of your knowledge, was the impact of SDOH taught in...”



- Of those who did recall learning about the SDOH, each of the 5 domains was **emphasized more in experiential education**.
 - The emphasis **SDOH increased along the continuum** of learning (from didactic, to experiential and residency).
 - Out of the SDOH domains, Neighborhood and Built Environment was consistently the least emphasized

Figure 2. “select the degree to which each of the following was emphasized in ...”

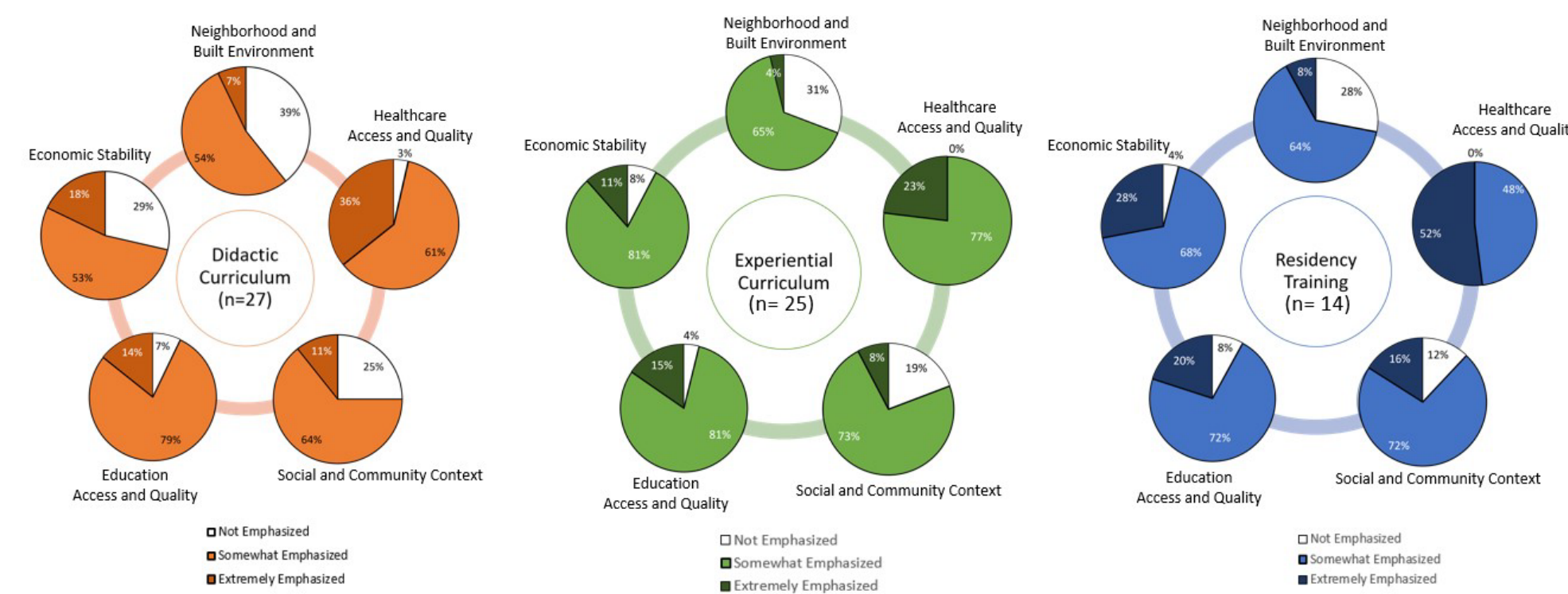
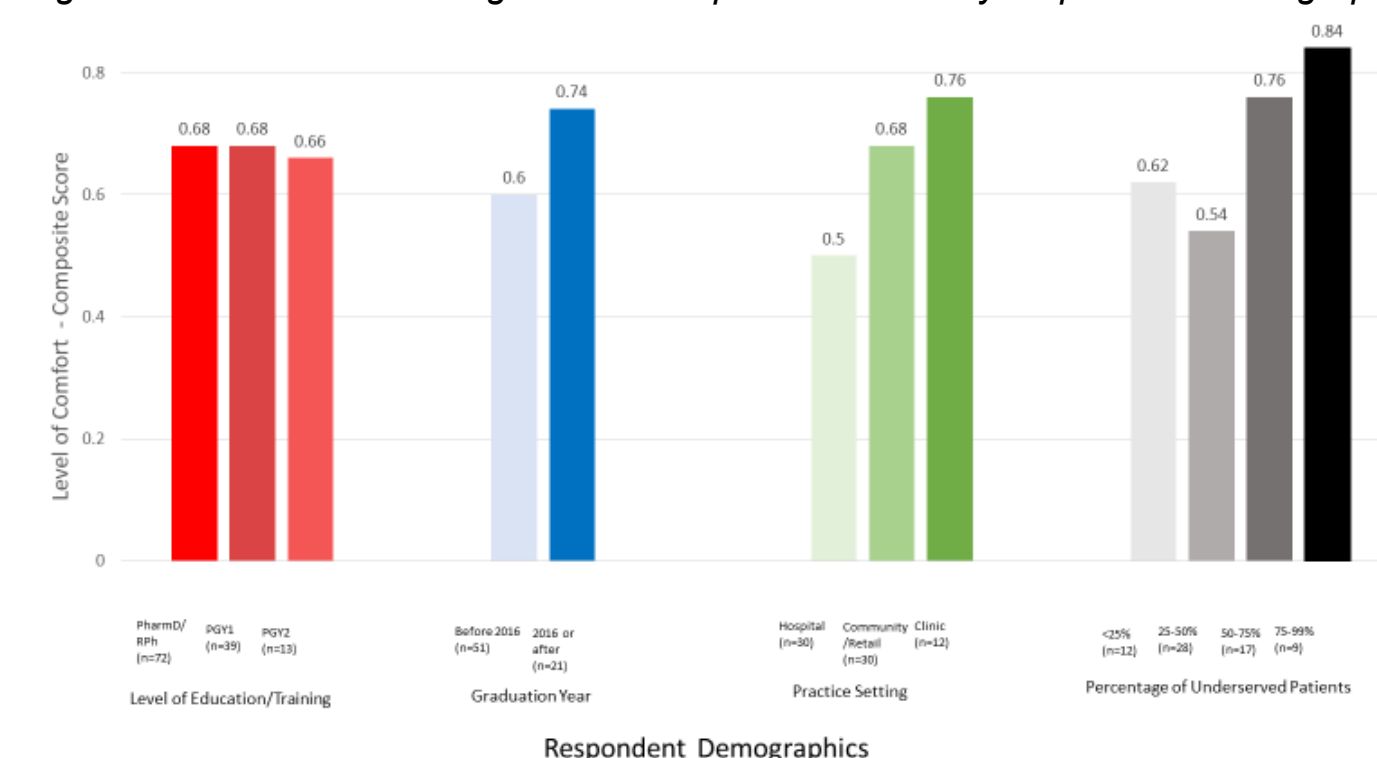


Figure 3. Comfort addressing SDOH Composite* scores by respondent demographics



Comfort Composite: = median comfort level on the 5-point Likert scale (for five social risk factors, one from each SDOH domain) summed and averaged (out of 25 possible total)

Conclusions

- As preceptors are responsible for the experiential education of future pharmacists, it is important to:
 - assess understanding and identify knowledge gaps for potential preceptor development.
 - ensure students have adequate experiential exposure to SDOH through strategic placement.
- Demographic differences in preceptor knowledge and comfort deserve further exploration.

The full results of this study were recently published in *Pharmacy MDPI*

Kiles, TM, Kodweis, K, George, G, Watts, C, Lock, A, Crill, C. Pharmacist Preceptor Exposure, Comfort, and Awareness of Resources to Address the Social Determinants of Health – A Pilot Study. *Pharmacy* 2023, 11(3), 83; <https://doi.org/10.3390/pharmacy11030083>



Notes and Limitations

- In this pilot study, preceptors who did not:
 - have one-on-one interactions (outside of team)
 - see on average > 10 patients per day
 - have the ability to spend >5mins with a patientwere screened out of participation through survey logic.
- Responses may be subject to recall bias.
- Participants were provided with standardized definition and examples within the social determinants of health domains to ensure a shared understanding of terminology.



- Preceptors who graduated after 2016 (when ACPE Standards were updated) were more comfortable addressing social needs than pharmacists who graduated before 2016 .
- Preceptors who practiced in the community and clinic settings were more comfortable addressing social needs than respondents precepting in hospital settings.
- Pharmacists who served a larger proportion of underserved patients (>75%) had the highest comfort with addressing social needs.