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PHARMACY AND
PHARMACEUTICAL
SCIENCES

2024 Pharmacy Education Symposium

ORAL PAPER SESSION 2: Equity, diversity and
inclusion in pharmacy education and practice

Chair: Dr Nel Karunaratne



2024 Pharmacy Education Symposium

Preparing an Ethical, Equitable
Interprofessional Workforce Using an
Unfolding Case Study on Stigma with
Optional Naloxone Product and App
Training/Distribution

Prof Tina Brock

Preparing an Ethical, Equitable Interprofessional Workforce Using an Unfolding Case Study on Stigma with Optional Naloxone Product and App Training/Distribution



Amy Akerman (Phys Asst), Suzanne Brandenburg (Med), Tina Brock* (Pharm),
Cate Campisi (Bioethics), Michelle Colarelli (Ed Design), Krista Estes (Nurs),
Kimberly Indovina (Med), Amy Nordon-Craft (Phys Ther), and Lindsey Yates (Dent)

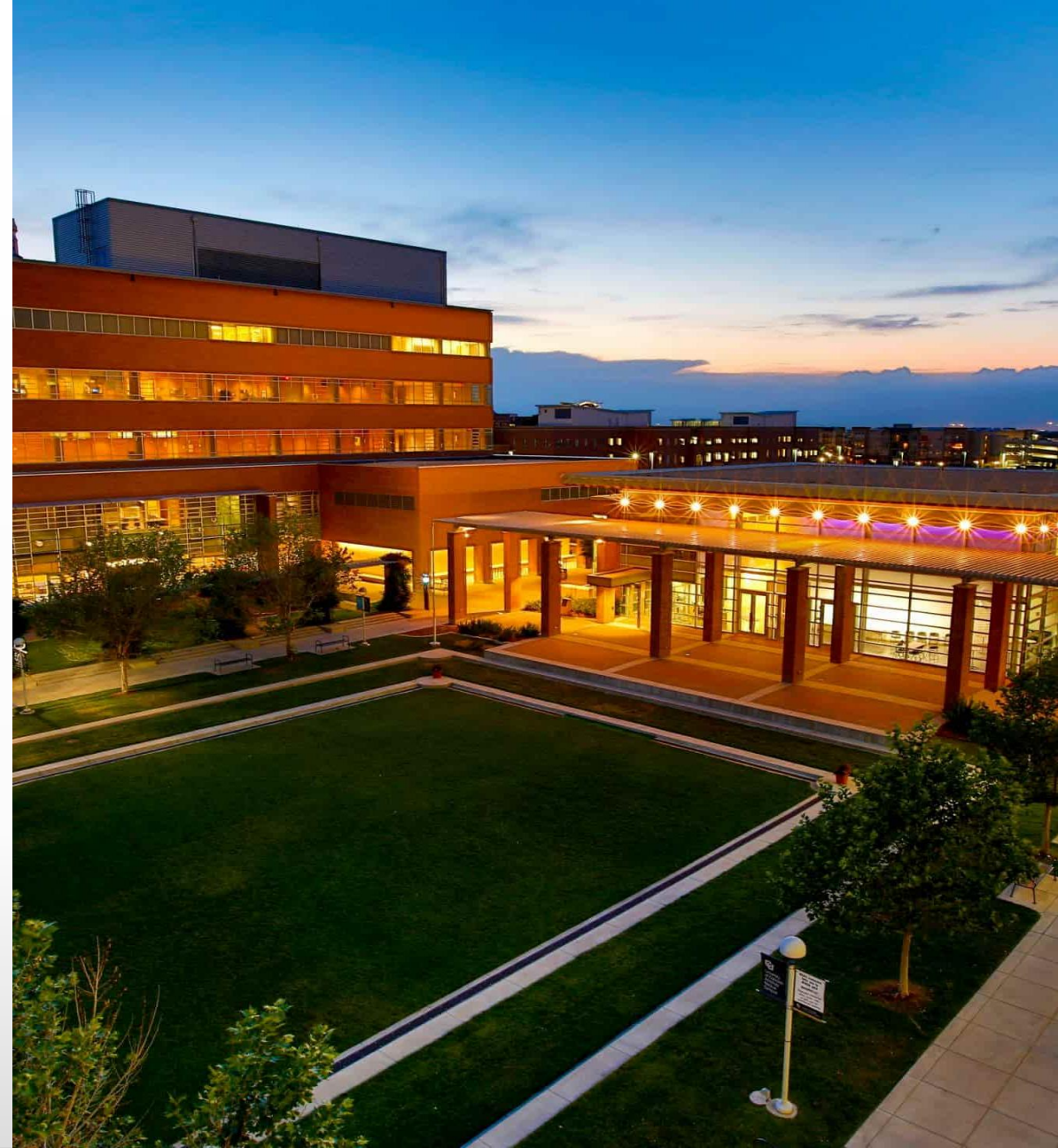


Center for Interprofessional Practice & Education

Leads a longitudinal curriculum (in person and virtual) that integrates teamwork principles and tools into the training of all dentistry, medical, nursing, pharmacy, physical therapy, and physician assistant students.

Curriculum Components

1. Interprofessional Orientation Day (Y1S1)
2. Foundational Courses/Subjects/Units
 - Interprofessional Collaborative Practice (Y1S2)
 - **Interprofessional Healthcare Ethics & Health Equity (Y2S1)**
3. Simulation
 - Clinical Transformations (Y2-3)
4. Experiential practicum
 - Clinical Integrations (Y2-4)



OVERVIEW

Develops foundational knowledge and basic practical skills to identify, analyze, and resolve ethical and health equity issues in interprofessional clinical practice.

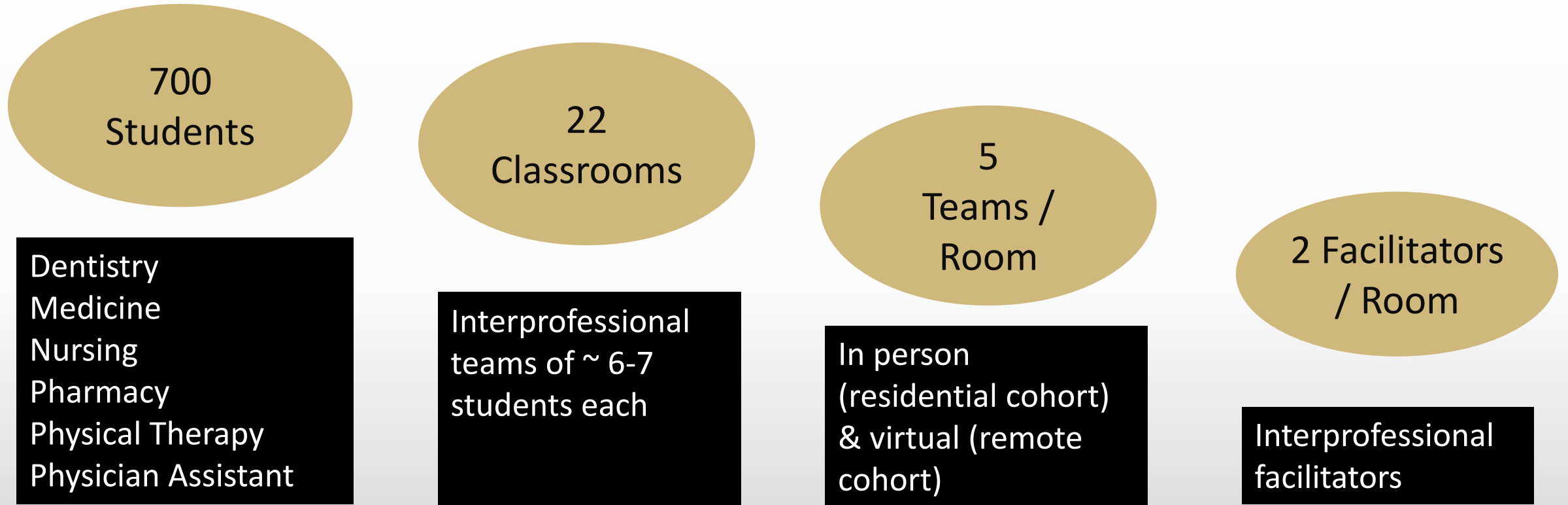
Goals:

- **Awareness:** Recognize ethical issues
- **Analysis:** Study the issue to apply ethical principles
- **Action:** Develop a plan for how to respond ethically
- **Appreciation:** Collaborate interprofessionally to maintain a climate of shared values and mutual respect



FORMAT

7 sessions, 3-5PM over 7 weeks (1 credit point)



STAFFING



*Interested in ethics, health equity or
interprofessional education?*

Recruiting Facilitators!

Facilitator Role

- Engage interprofessional student teams in case-based discussions on ethics & health equity dilemmas
- Co-facilitate in-person sessions and online discussions
- Coach students and provide feedback on working collaboratively to address challenges in healthcare

Training and administrative support provided.

Interprofessional Healthcare Ethics & Health Equity Course 9/13/23-11/8/23

- 7-week, 1 credit course
- 650+ students across 6 health professions
- Combination of in-person, facilitated sessions & online modules
- In-person session dates (2-5:30pm):
10/4, 10/18, 11/1, 11/8

[Informational Video](#)

You do not need to be an expert in ethics & health equity to volunteer!

[Volunteer Here:](#) Once your application is reviewed, you will receive additional information regarding the program and required trainings. Contact Reesie.Roland@cuanschutz.edu with any questions.



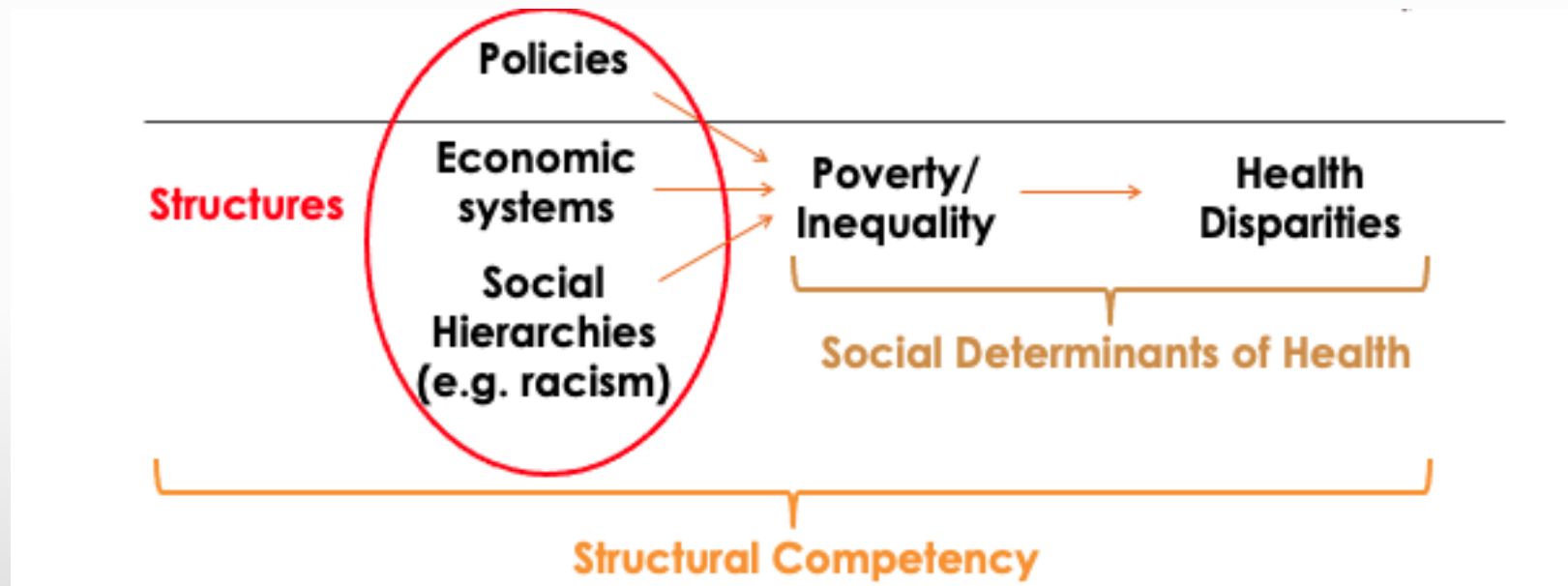
Center for Interprofessional Practice & Education
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

www.cuanschutz.edu/centers/ipe



APPROACH

Structural Competency: the capacity for health professionals to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures



STRUCTURE

1

Introduction to Ethics & Historical Context
Asynchronous

Knowledge Exercise:
Multiple choice quiz
Discussion board

2

Common Dilemmas & Methods of Analysis
Asynchronous

Knowledge Exercise:
Multiple choice quiz
Discussion board

3

Everyday Ethical Dilemmas
Synchronous

Application Exercise:
Ethical Analysis Practice

4

Ethical Dilemmas & 8-Step Analysis
Synchronous

Application Exercise:
Ethical Analysis Practice

5

Structural Competency & Justice
Asynchronous

Knowledge Exercise:
Multiple choice quiz
Discussion board

6

Justice, Access to Care, & Allocation of Scarce Resources
Synchronous

Application Exercise:
Debate

7

Ethical Tensions with Patient Autonomy
Synchronous

Application Exercise:
Mock Ethics Consultation



Unfolding Case Study



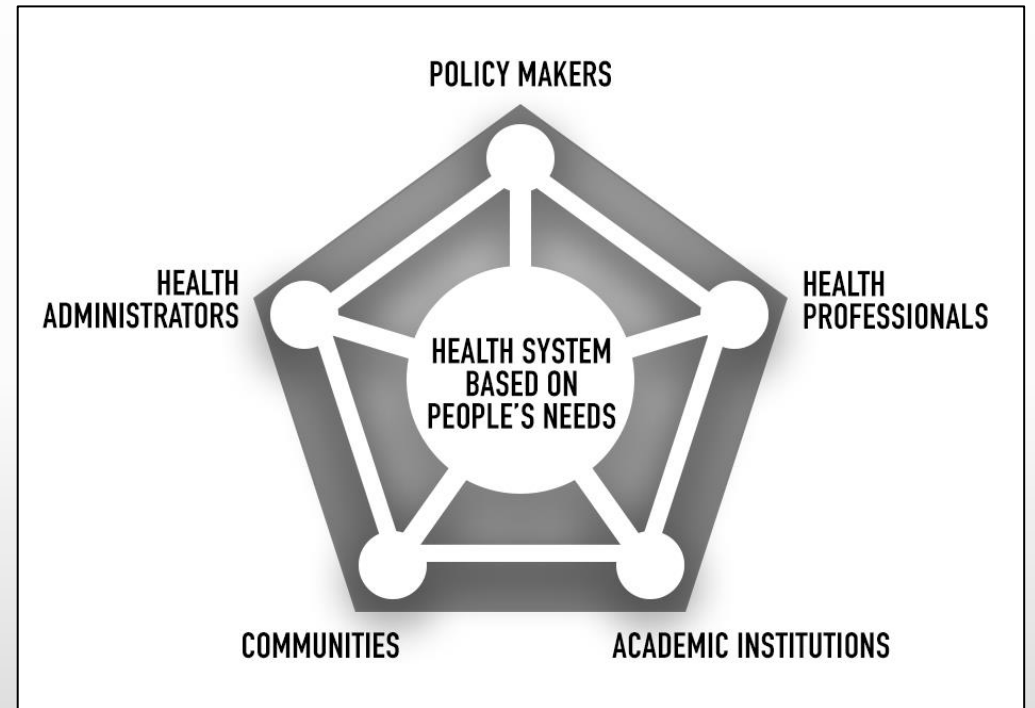
- Co-designed with academics, practitioners, students, & patients
 - Emerging opioid dependency
 - Mental health struggles
 - Series of increasingly challenging healthcare encounters
- Brings to life ethics and health equity by focusing on everyday issues that ALL professions face
 - Can't get a timely follow-up appointment; requests meds from ED
 - Presents back-to-back Rx from different providers
 - Misses a MOUD appointment because of a job interview
 - Lack of insurance to access mental health therapies
 - Needs a PICC line for endocarditis treatment
- Demonstrates critical aspects of interprofessional collaboration on influencing patient outcomes
- Builds context, understanding and empathy and provide education about substance use and mental health



APPROACH – 2 (NEW)

Social accountability: the obligation [of health professions schools] to direct their education, research and service activities towards addressing the priority health concerns of the communities they have a mandate to serve.

In 2023, more than 1,800 Coloradans died of a drug overdose.





Participants were trained to:

- *identify* signs and symptoms of opioid overdose
- *explain* the mechanisms of how nasal naloxone reverses an opioid overdose
- *administer* nasal naloxone
- *record* naloxone administrations via an app

At the completion of the training, participants received naloxone kits to use in their own communities.

Course Results

Quantitative Data (n= 585)

- 97% Recognize ethical issues
- 95% Identify implicit biases in their gut responses to ethical dilemmas
- 96% Analyze ethical issues to arrive at a decision about the right thing to do
- 95% Develop a plan for how to do what's right
- 98% Collaborate interprofessionally to maintain a climate of mutual respect and shared values
- 96% Analyze the role of social, political, and economic structures on patient outcomes
- 96% Identify the connection between social structures, justice, and health equity



Course Results

Qualitative Data (n= 585)

- Increased knowledge and understanding of mental health and substance use
- Recognition and self-awareness of stigma and bias
- Increased empathy and connection to the patient experience and struggles
- Changing gut reactions through ethical analysis
- Advocacy in patient care and in the healthcare system
- Greater understanding of patient and others' points of view
- Appreciation of interprofessional collaboration



Naloxone Training Results

Pre-/Post-Test Data (n=172)

- 73% of participants were students;
65% of participants were currently enrolled in IPHE
- Motivations for participating
 - 76% personal interest in opioid overdose prevention
 - 49% desire to enhance patient care skills
 - 14% interest increased with course content
 - 5% program or workplace
- Knowledge based questions - preliminary results show significant improvement across pre- and post-testing.

Health & Science

Colorado law empowers students in public and charter schools to be Naloxone first responders

Four Corners Public Radio | By Adam Burke, Clark Adomaitis
Published April 23, 2024 at 1:15 PM MDT

▶ LISTEN • 5:53



Clark Adomaitis / KSU/KSJO

Durango High School and Animas High School Students rally before the 9-R School Board meeting on February 28, 2023.



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- Structural Competency Working Group: <https://structuralcompetency.org> & <https://www.structcomp.org>
- Tyndall, M., & Dodd, Z. (2020). How structural violence, prohibition, and stigma have paralyzed North American responses to opioid overdose. *AMA journal of ethics*, 22(8), 723-728.
- William Stoehr Art Exhibition, University of Colorado Anschutz Medical Campus Center for Bioethics & Humanities: <https://www.cuanschutz.edu/centers/bioethicshumanities/arts-and-humanities/william-stoehr>





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2024 Pharmacy Education Symposium

Next-Gen Healthcare Education: Integrating
Technology, Inclusivity and
Interprofessionalism

Dr Petra Czarniak

Next-Gen Healthcare Education: Integrating Technology, Inclusivity, and Interprofessionalism

Dr Petra Czarniak



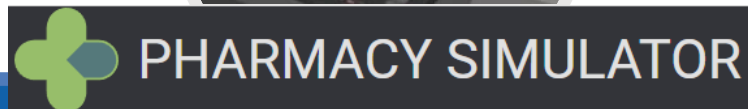
Background

- SBL allows students to participate as the health professional in:
 - Decision making
 - Application of knowledge
 - Clinical skills in patient care scenarios.
- August 2023, WA announcement: pharmacists can supply antibiotics for uncomplicated UTIs
 - UTIs are common (50-60% in adult women).
 - Transgender people are vulnerable patient group
 - Problem - bathroom avoidance
- Previously developed SBL with actors - costly



Background

- *Pharmacy Simulator*:
 - Is an Australian 'serious gaming' platform
 - Provides a cost-effective solution for incorporating SBL into health education.



Aim

- Study aims:
 - To develop authentic online simulation scenarios for UTI management in
 - General practice &
 - Community pharmacy settings
 - To assess their impact on knowledge, skills, and attitudes to healthcare for Transgender patients in medical and pharmacy students.



<https://lifemd.com/learn/uti-causes>

Study approved by Curtin University HREC (HRE2023-0472)

Methodology

- 4 UTI scenarios were developed
- Evaluation involved pre- and post-activity questionnaires.
 - Section 1: Demographic questions (pre-only)
 - Section 2: Attitudes to Health Professionals (pre- and post-)¹
 - Section 3: Attitudes towards Transgender Patients (pre- and post-)²
 - Section 4: UTI Management (post- only)³

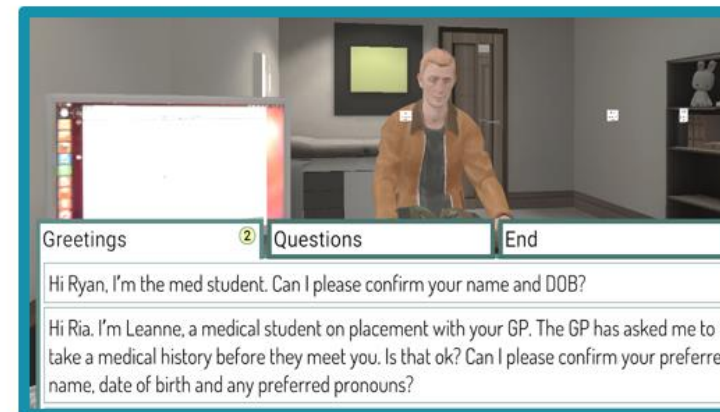
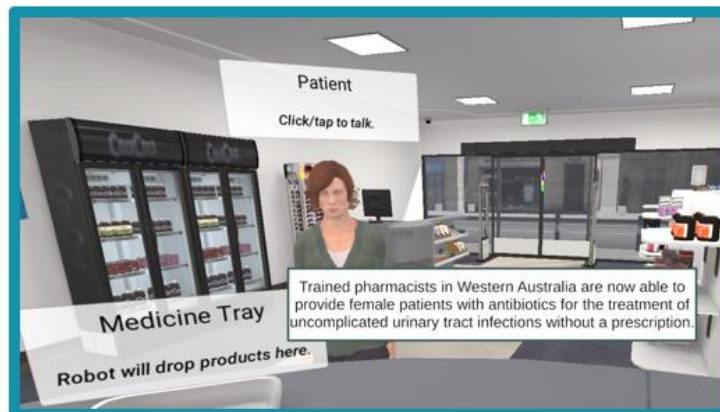
1. Lindquist et al., 2005
2. Bear et al., 2021
3. Robinson et al., 2020

Methodology

- Scenarios:
 - 2 scenarios involved Transgender patients
 - Consumer input – lived experience

■ 4 scenarios:

- **Lizzy** – UTI community pharmacy consult
- **Julia** – UTI general practice consult
- **Darcy** – UTI community pharmacy consult
- **Ryan** – UTI general practice consult



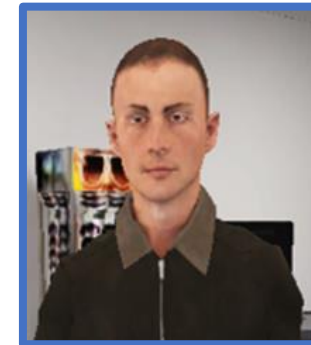
Methodology - Workshop

- Structured IPE workshop delivered to medical & pharmacy students via *Pharmacy Simulator* with:
 - Pre-brief
 - Debrief sessions.
- Multi-disciplinary groups
- Worked through 4 scenarios together



Methodology

- For each scenario, participants selected from a number of options ('best', 'ok' and 'worst') - each with a score.
- End of scenario, participants provided with feedback (overall score)



	Best	Ok	Worst
Player	<p>I'm sorry to hear that you are feeling unwell.</p> <p>Yes, I can supply antibiotics in some situations. We can go and talk in the consultation room if you like. Would you mind telling me your name, and your pronouns? Mine are here, on my name badge.</p> <p><i>Personalised response; considers patient's privacy around a possibly sensitive health concern. Creates safe space through use of pronouns.</i> Score: 1</p>	<p>I'm sorry to hear that. I'm not sure that I can help you. I can only supply antibiotics to women aged 18-65. Why don't we go to the consult room where it's a bit more private and we can talk more?</p> <p><i>Response indicates assumptions about the patient's sex; considers patient's privacy around a possibly sensitive health concern.</i> Score: 0</p>	<p>Nope. Can't help you mate, sorry. I can only supply women aged 18-65 with antibiotics for UTIs. You'll have to see your doctor.</p> <p><i>Unprofessional response that indicates assumptions about the patient's sex; lacks curiosity and empathy.</i> Score: -1</p>
Patient	<p>Okay and thanks for asking. I'm Darcy, my pronouns are he and him. And yeah, let's go to the consultation room. I'd appreciate some privacy</p>	<p>Okay, yes, I'd like a bit more privacy thanks. By the way, you can call me Darcy. I'm 26 but when you say 'women', do you mean 'assigned female at birth' or female sex?</p>	<p>Oh really? I'm 26 but when you say 'women', do you mean 'assigned female at birth' or female sex?</p>

Results

- 32 participants; 26 respondents.
- Of the respondents:
 - 18 female (69.2%)
 - 8 male (30.8%);
- Median age 21; range 18-36 years.
- Students:
 - 11 medical students (42.3%)
 - 9 First Year
 - 2 Second Year
 - 15 pharmacy students (57.7%)
 - 1 Second Year
 - 14 Third Year



Results

- Statistically significant changes in self-reported knowledge, skills and confidence to manage UTI (all $p < 0.001$)

Parameter	Mean +/- Std Dev
Pre-Knowledge	3.05 +/- .887
Post-Knowledge	4.00 +/- .649
Pre-Confidence	2.75 +/- .910
Post-Confidence	3.90 +/- .718
Pre-Skills	2.75 +/- 1.118
Post-Skills	3.90 +/- .718

Please answer the following questions with reference to your knowledge, skills and confidence before participating in this workshop:

19. Please indicate how you would rate your practical and theoretical knowledge about managing a patient with a urinary tract infection:

Not at all knowledgeable 1 2 3 4 5 Very knowledgeable

20. Please rate how certain you were that you have the skills to successfully manage a patient with a urinary tract infection:

Very uncertain 1 2 3 4 5 Very certain

21. Please rate how confident you were to manage a patient with a urinary tract infection:

Not at all confident 1 2 3 4 5 Very confident

Please answer the following questions with reference to your knowledge, skills and confidence now you have participated in this workshop:

22. Please indicate how you would rate your practical and theoretical knowledge about managing a patient with a urinary tract infection:

Not at all knowledgeable 1 2 3 4 5 Very knowledgeable

23. Please rate how certain you are that you have the skills to successfully manage a patient with a urinary tract infection:

Very uncertain 1 2 3 4 5 Very certain

24. Please rate how confident you are to manage a patient with a urinary tract infection:

Not at all confident 1 2 3 4 5 Very confident

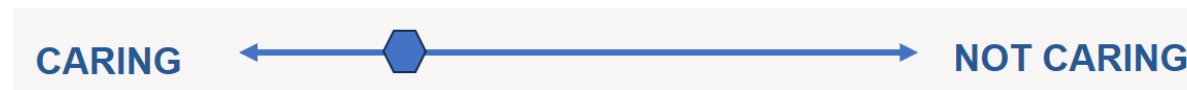
Attitudes to Health Professionals

■ Caring:

- Doctors perceived as more caring post-workshop
 - 63.5 vs. 58.8; $p=0.044$
- No change in perception of pharmacists' caring post-workshop (although a move towards being perceived as less caring, especially by pharmacy students)
 - 63.4 vs 72.5; $p=0.051$

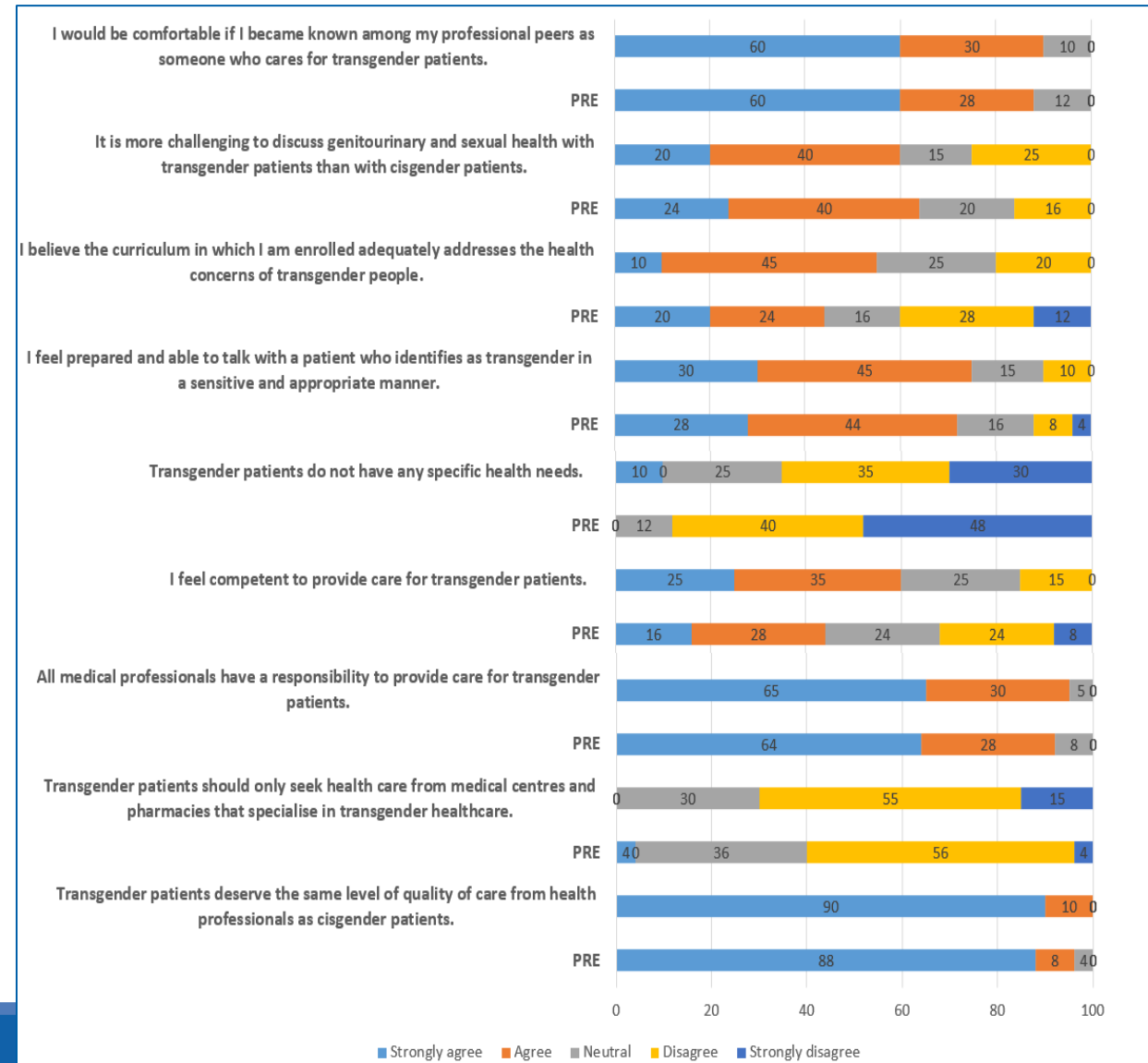
■ Subservience:

- No change in perception of doctors' subservience
 - 10.1 vs 10.3; $p=0.879$
- Pharmacists perceived as less subservient post-workshop
 - 10.1 vs 15.2; $p<0.001$



Attitudes to Transgender Patients

- Statistically significant changes in:
 - Feelings of competence to provide care for transgender patients (2.21 vs 2.74; $p=0.001$)
 - “Transgender patients do not have any specific health needs” (3.74 vs 4.42; $p=0.028$)



Conclusion

- This pilot study demonstrated the potential of serious gaming platforms in evaluating and enhancing students' attitudes towards UTI management in Transgender patients, offering a novel and sustainable approach to IPE.
- SBL is a versatile teaching approach that can be adapted to various fields in health professional education, introducing skills for inclusive and culturally aware care for diverse patient populations.

Our Team



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Pharmacy



A/Prof Leanne Chalmers
Pharmacy



Dr Ya Ping Lee
Pharmacy



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Pharmacy



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Dr Ivan Bindoff
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Hayley Caratti
Consumer &
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Ms Bronwen Wright
Research Assistant

This research was funded by Curtin University Faculty of Health Sciences



you





2024 Pharmacy Education Symposium

How confident are community pharmacists in diagnosing dermatological conditions on Grade 5 and 6 skin?

Dr Helen Hull



UNIVERSITY OF
PORTSMOUTH

**How confident are community
pharmacists**

**in diagnosing
dermatological
conditions on Grade
5 and 6 skin?**

Dr Helen Hull

**YOUR TIME.
YOUR PLACE.**



The Fitzpatrick skin phototype chart

Classify the skin by its reaction to exposure to sunlight

- Melanin pigment in the skin.
- Constitutional colour (white, brown or black skin).
- Exposure to ultraviolet radiation (tanning).
 - Pale or white skin burns easily, tans slowly/poorly & needs more protection against sun exposure.
 - Darker skin burns less, tans more easily & prone to post-inflammatory pigmentation after injury (brown marks).

Note: photosensitivity - burn easily due to disease, condition or medication; but tanning ability not influenced photosensitivity.



The Fitzpatrick skin phototype chart

A numerical scale to define different skin tones:

Skin type	Typical features	Tanning ability
I	Pale white skin, blue/green eyes, blond/red hair	Always burns, does not tan
II	Fair skin, blue eyes	Burns easily, tans poorly
III	Darker white skin	Tans after initial burn
IV	Light brown skin	Burns minimally, tans easily
V	Brown skin	Rarely burns, tans darkly easily
VI	Dark brown or black skin	Never burns, always tans darkly



The Fitzpatrick skin phototype chart



Skin conditions - commonest new reason people present to GP in England and Wales

Compared with other major disease groups:

- Most frequent reason for consultation in general practice (~24%).
- Most skin problems managed in primary care.
- Dermatology training has been limited.
- Emphasizes need for education and training of pharmacy students.
- Particularly for CPD in dermatology for primary health care professionals.





Study aims:

- **Determine community pharmacists' confidence and ability to diagnose dermatological conditions on different skin tones.**
- **Identify factors influencing confidence and ability to diagnose.**

Method

An online questionnaire.

Sent to 100 community pharmacists.

Skin condition images on different skin tones.

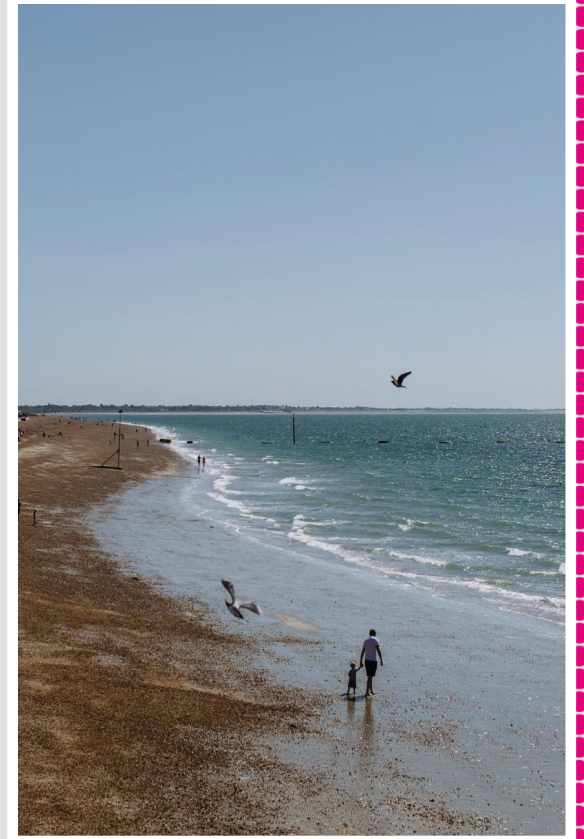
To determine their confidence and ability in diagnosing skin conditions.



Results:

34 responses – 19 (56%) 1-3 skin and 15 (44%) 4-6 skin

- 53% lacked confidence diagnosing grade 5&6 skin.
- All reported limited UG teaching
 - 68% (n=19, 1-3 skin) compared to 33% (n=15, 4-6 skin).
 - chi-square 4.1423 and p -value 0.041824.
 - The result is significant at $p < .05$.
- Average quiz score was 59.6%.
 - 62.7% (n=19, 1-3 skin) & 55.6% (n=15, 4-6 skin)
- No significant differences in performance



Results:

34 responses

	Grade 1-3 skin	Grade 4-6 skin
Atopic eczema	73.50%	70.60%
Chicken pox	88.20%	70.60%
Hives	35.30%	79.40%
Psoriasis	44.10%	47.10%
Scabies	38.20%	55.90%
Shingles	88.20%	23.50%

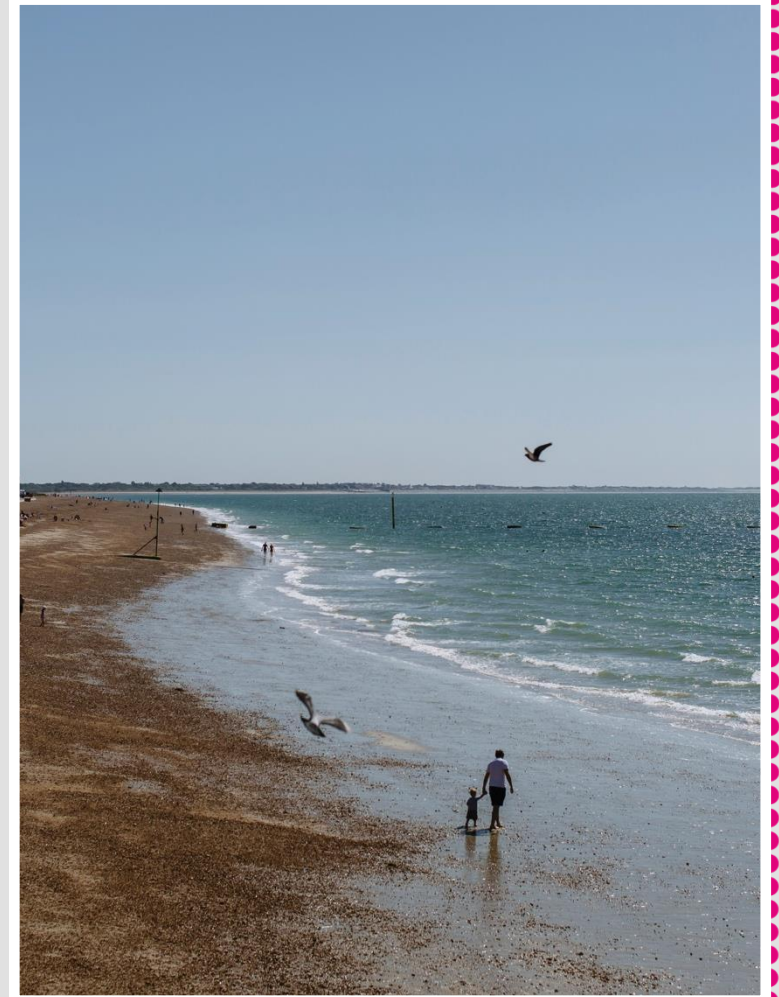
- All declared a need for further training.



Discussion:

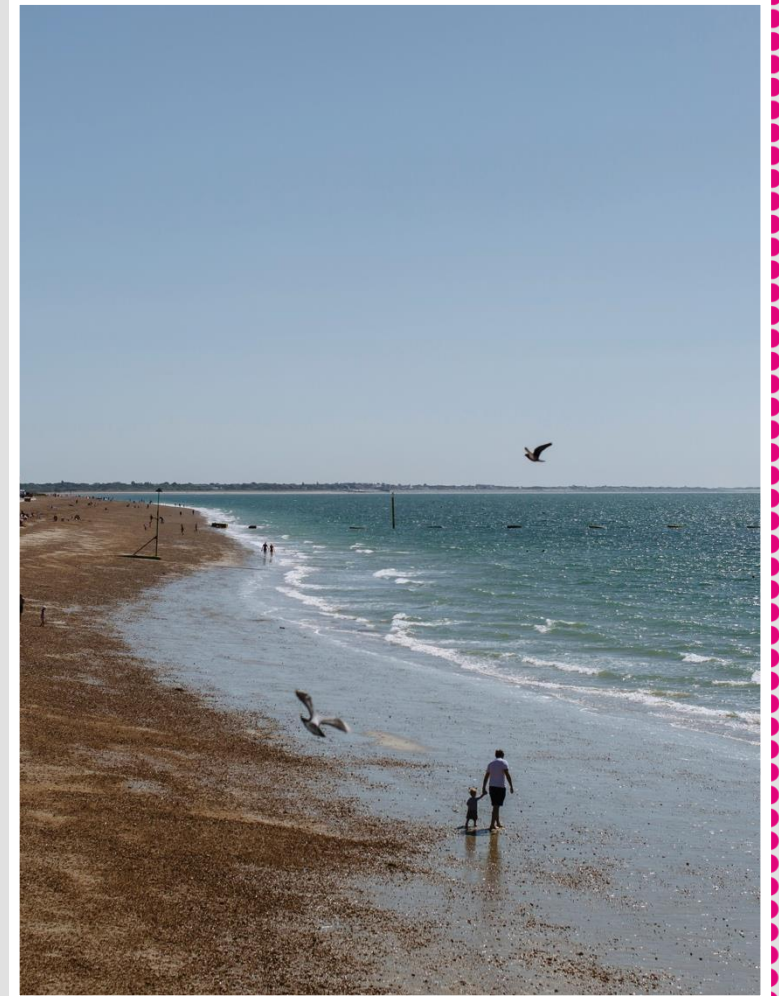
Personal and professional experiences aid diagnosis, as well as training.

- Most reported experience of chicken pox.
- Pharmacists were better at diagnosing skin conditions on skin tones that were similar to their own



Conclusion:

- Community pharmacists lack confidence diagnosing conditions on darker skin tones.
- Limited undergraduate teaching was reported.
- This study enabled us to reflect on the:
 - diversity of our teaching materials for skin conditions
 - the exposure to skin conditions on different skin tones
- In response to these findings we have:
 - reviewed our teaching materials
 - accessed resources like image banks
 - changed how we teach general assessment



References:

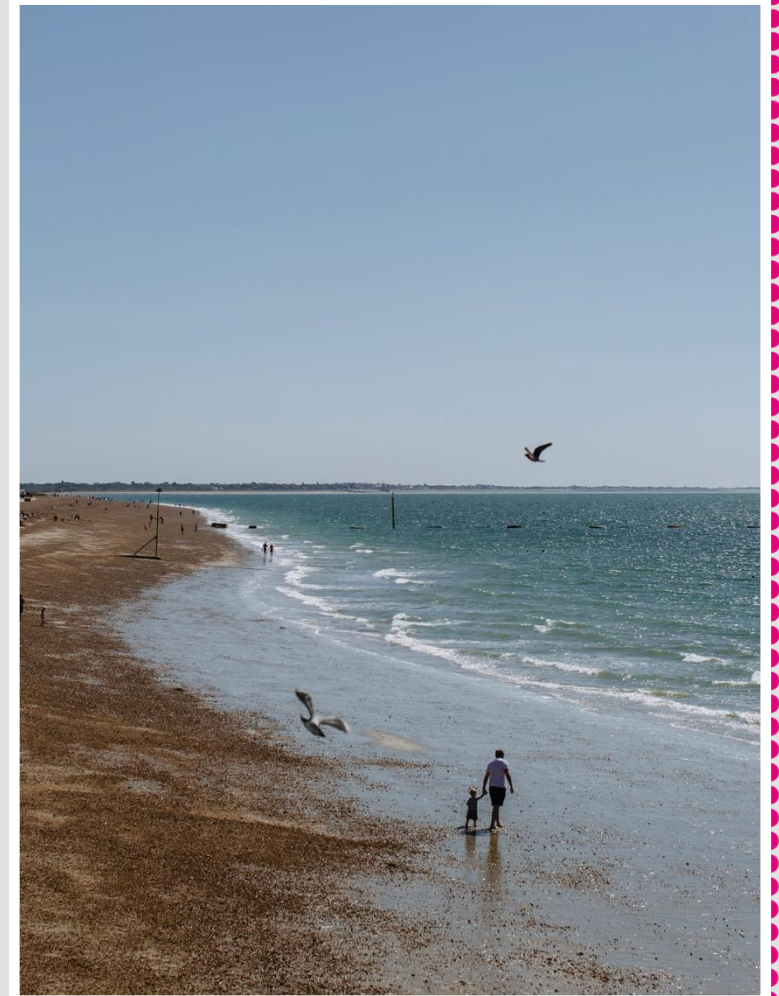
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Yaakub A, Cohen SN, Singh M, Goulding JM. Dermatological content of UK undergraduate curricula: where are we now? *Br J Dermatol*. 2017;176(3):836.

Brown skin matters. Available from:

<https://www.blackandbrownskin.co.uk/further-resources> [Accessed 25th January 2024].



THANK YOU

FOR

listening.



UNIVERSITY OF
PORTSMOUTH

YOUR TIME.
YOUR PLACE.



DO YOU HAVE

any

questions?



**Attempt
our quiz.**



**YOUR TIME.
YOUR PLACE.**



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2024 Pharmacy Education Symposium

Partnering with students to foster diversity,
inclusion and belonging in curriculum and
culture

Ayomide Ogundipe

Partnering with students to foster diversity, inclusion and belonging in curriculum and culture



Sher-Lin
Sackmann



Taryn Hutchison

Ms Ayomide Ogundipe



A/Prof
Leanne
Chalmers

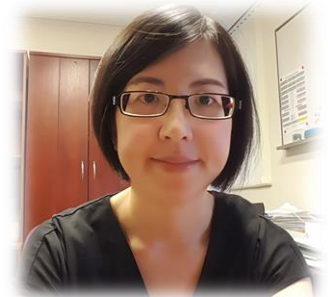


Kiran
Parsons

on behalf of the Pharmacy Diversity
Inclusion and Belonging Working Group



Dr Andrew
Stafford



Dr Ya Ping Lee

Overview

- An introduction to IPT and Pharmacy Practice in the BPharm(Hons)
- The Pharmacy DIB Working Group
- Achievements to Date
- iSoLT Projects



BPharm(Hons) at Curtin

- Only accredited undergraduate pharmacy program in WA
- Delivered by the Discipline of Pharmacy, CMS
- Most graduates undertake intern training and exams to register as a pharmacist
 - Multiple practice settings
- Three main 'streams':
 - * Significant focus on case-based learning

Clinical Pharmacy (IPT)*

Pharmaceutical Sciences

Pharmacy Practice*

Integrated Pharmacology and Therapeutics

Mr Hartman

- Mr Hartman is a 55-year-old successful financial executive. He weighs 95.5 kg and is 1.73 m tall. He seemed to be doing well until he presented to his GP for his annual health check.

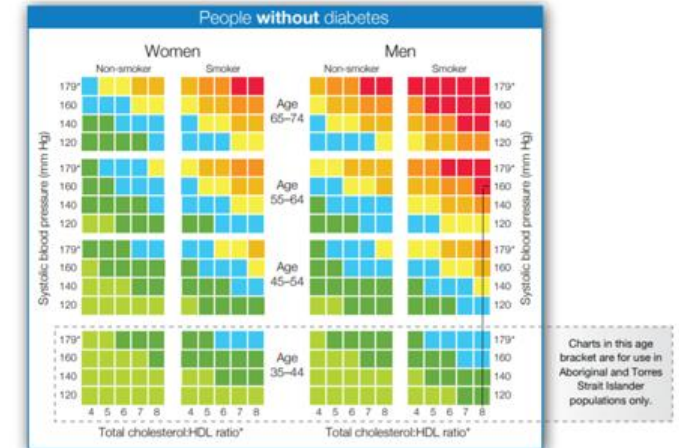


■ Social History

- He smoked two packs of cigarettes a day for thirty years. He quit smoking 6 months ago. He drinks alcohol most nights – at least three glasses of wine every night, more on the weekend. On further questioning, he admitted to not exercising and not being serious about his intention to lose weight as discussed in the visit a year ago.

Question 1

- Based on the Australian Cardiovascular Risk Charts, what is Mr Hartman's absolute CVD risk? Explain your answer in layman's terms.



* In accordance with Australian guidelines, patients with systolic blood pressure ≥ 160 mm Hg, or a total cholesterol of >7.5 mmol/L, should be considered at clinically determined high absolute risk of CVD.

Pharmacy Practice

Physical Examination



Curtin University

Physical examination of lesions



- ? Redness or Heat (PRISH)
- ? Symmetrical vs asymmetrical
- ? Localised vs widespread

Look if you can!



Sample Scenario

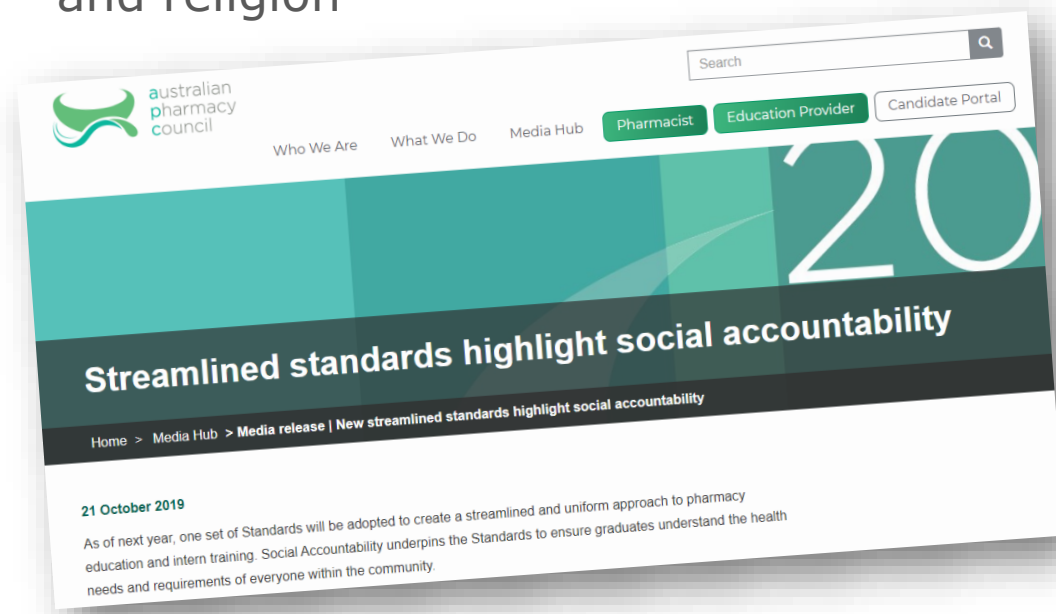


Curtin University

- Melissa is the Pharmacist on duty at a busy community pharmacy in metropolitan Perth when a 68 year old gentleman, Tony enters the pharmacy and asks to speak to the Pharmacist. Melissa acknowledges Tony and identifies herself as the Pharmacist on duty.
- Tony explains to Melissa that he was hoping she could supply him with a Symbicort® Turbuhaler 200/6 (budesonide and eformoterol fumarate dehydrate powder for inhalation) without a prescription. Tony explains that he is from New Zealand and is in Perth on a half day stop-over before travelling to Singapore. He thinks he must have left his inhaler on the plane after the flight to Perth.
- Tony explains he is an asthmatic and takes Symbicort® twice a day to prevent his asthma symptoms.

Pharmacy DIB Working Group

- Developed in September 2022 in response to staff and student feedback
- 14 members
 - 7 academic staff members + 7 self-nominated students and former students
 - Representing diverse sex, sexuality, gender, culture and religion



<https://www.pharmacycouncil.org.au/media-hub/streamlined-standards-highlight-social-accountability/>

Achievements to Date

- Providing a safe and inclusive space where diverse students have a voice and can expect action in response to their feedback
- Supporting academic staff to improve the representation of diversity and include content regarding health issues faced by diverse populations
 - e.g. use of pronouns, reference to transgender health issues, awareness-raising regarding preferred names
- Promoting ALLY training opportunities for academic staff within the Discipline and the CMS
- Acting as a conduit to other School and Faculty Committees regarding relevant considerations – e.g. Eid

Integrated Pharmacology and Therapeutics

Zahraa Alwan

- Ms Zahraa Alwan (she/her) is a 38-year-old senior advertising executive. She presents to the pharmacy complaining of feeling unwell and not passing as much urine as usual, and asks whether you have any herbal medicines that can help her.
- She's very stressed because she can't afford to take time off work at the moment as her company is in the middle of developing a huge media campaign. She knows she's stressed because her heartburn, which was occasionally a problem during her pregnancies, has returned with vengeance over the past few weeks.



Joanne

- 56-year-old Yawuru woman, well-known to your pharmacy
- PMH: rheumatic heart disease
 - Currently on waiting list for heart surgery
- Enters the pharmacy requesting some 'strong anti-inflammatories' for OA
 - Pain is impacting her MPhil studies and carer responsibilities
- You express your concerns that NSAIDs could send her into HF
- Her response is...?



<https://www1.racgp.org.au/newspg/clinical/vision-problems-remain-an-issue-for-aboriginal-and>

Pharmacy Practice

Lola, pictured below is standing in the skin care section of your pharmacy. You approach her to see if she needs any assistance.



Trang comes into the pharmacy pushing a pram. She approaches you and says, "Could you give me something for the skin on my child's head please?"



Nick comes to the pharmacy counter and says, "I have this nasty rash on my hands that's driving me crazy. Do you have anything I can put on it?"



Pharmacy Practice cont'd...

Edit Existing Patient Details

Surname: **SIMONSON** Consent: **Y** Medicare Card: **6900-32552-4 1** Valid To: **12/2029**

Firstname: **ELLERY** Card Firstname: **SAMUEL**

Title: **MX** Sex: Card Surname:

Address: **2 WEXFORD WAY** Medicare Enquiry?: **N** 34

Suburb: **THORNIE** State: **WA** Postcode: **6108** 0 E

Birthdate: **/ /**

Phone No.:

Email:

ePrescription Preference:

Concession Type: **C** Concession No.: **600343652S** Valid to: **21/01/29**

Concession:

Repat Type: No.: Safety Net Entitlement No.: **SN305741266**

CTG Registered

Allegries:

Extra Information:

Family Maintenance:

Family Ind.:

Modify Safety Net:

Doctor/Nurse/Midwife Bag: **N** Patient Discounting Preference: **D**

Patient Notes

Ellery is non-binary; pronouns are they/them; preferred title Mx

Meet Melissa and Atama



- Melissa is the pharmacist on duty at a busy community pharmacy in metropolitan Perth
- She consults with Atama, a 38 year old gentleman. Atama explains to Melissa that he is from New Zealand and is in Perth on a half- day stop-over before travelling on to Singapore.

https://stock.adobe.com/au/images/cheerful-pharmacist/215085763?asset_id=215085763
https://stock.adobe.com/au/images/portrait-of-a-handsome-young-maori-man/279055552?asset_id=279055552

iSoLT Project



■ Plan

- Comprehensively evaluate the clinical cases used across BPharm(Hons) course
- Engage with current and recent students to identify where and how change needs to occur
- Develop plan to address issues and make improvements

■ Benefits

- All students feel represented in teaching material - see relevance and do not feel marginalised
- Practitioners highly skilled in practicing inclusively



Early career academics



Sher-Lin Sackmann
Pharmacy



Taryn Hutchison
Pharmacy



A/Prof Julian Chen
Education



A/Prof Naomi
Cocks
Allied Health



A/Prof Leanne
Chalmers
Pharmacy



Kiran Parsons
Pharmacy



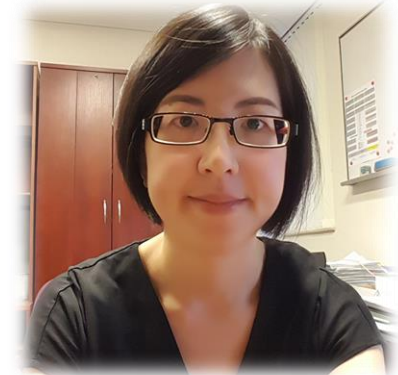
Mide Ogundipe
Pharmacy



Dr Cindy Smith
Education

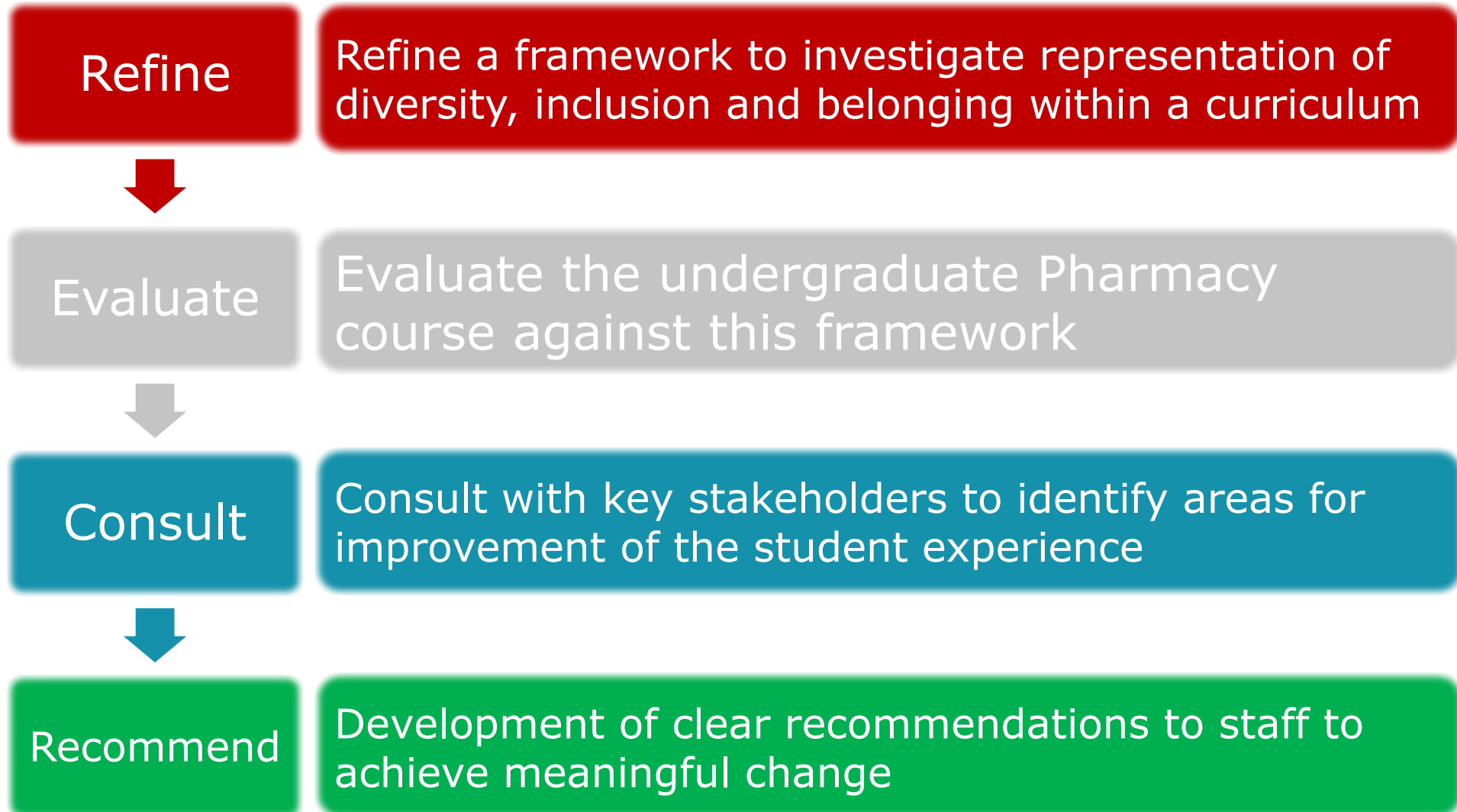


Dr Andrew Stafford
Pharmacy



Dr Ya Ping Lee
Pharmacy

Method



Method cont'd...

Refine

Refine a framework to investigate representation of diversity, inclusion and belonging within a curriculum



RESEARCH ARTICLE

To what extent does a pharmacy curriculum foster diversity and inclusion through paper-based case scenarios?

Lisa J. Kremer¹, Angela Lan Anh Nguyen¹, Te Awanui Waaka¹, Jaime Tutbury¹, Kyle J. Wilby², Alesha Smith¹

¹ He Rau Kawakawa (School of Pharmacy), University of Otago, Dunedin, New Zealand

² College of Pharmacy, Faculty of Health, Dalhousie University, Halifax, Nova Scotia, Canada

Keywords

Diversity
Health equity
Higher education
Inclusion
Pharmacy education

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New Zealand
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Abstract

Background: There is increasing awareness of diversity and inclusion needs within health and education systems to help address access and equity issues for minority groups. Although these calls are well known, there is little guidance for those working within these systems to create meaningful change. The purpose of this study was to critically review case-based teaching material within the authors' programmes through the lens of equity, diversity, and inclusion. **Methods:** A document analysis of clinical workshop cases extracted from all integrated therapeutics courses administered in 2020 was conducted. **Results:** Sex, age, and employment status were most commonly presented in cases (84.0%, 97.1%, 49.0% respectively). The majority (90.0%) of cases did not have ethnicity defined. The overwhelming majority of cases did not have living situation (68.3%) or sexual orientation (78.0%) defined. **Conclusion:** Case-based teaching material within a pharmacy programme was largely undefined according to patient demographics and diversity markers. Findings support the notion that teaching material may have a contributory role towards systemic racism, prejudice, and implicit bias.

Method cont'd...

Refine

Refine a framework to investigate representation of diversity, inclusion and belonging within a curriculum

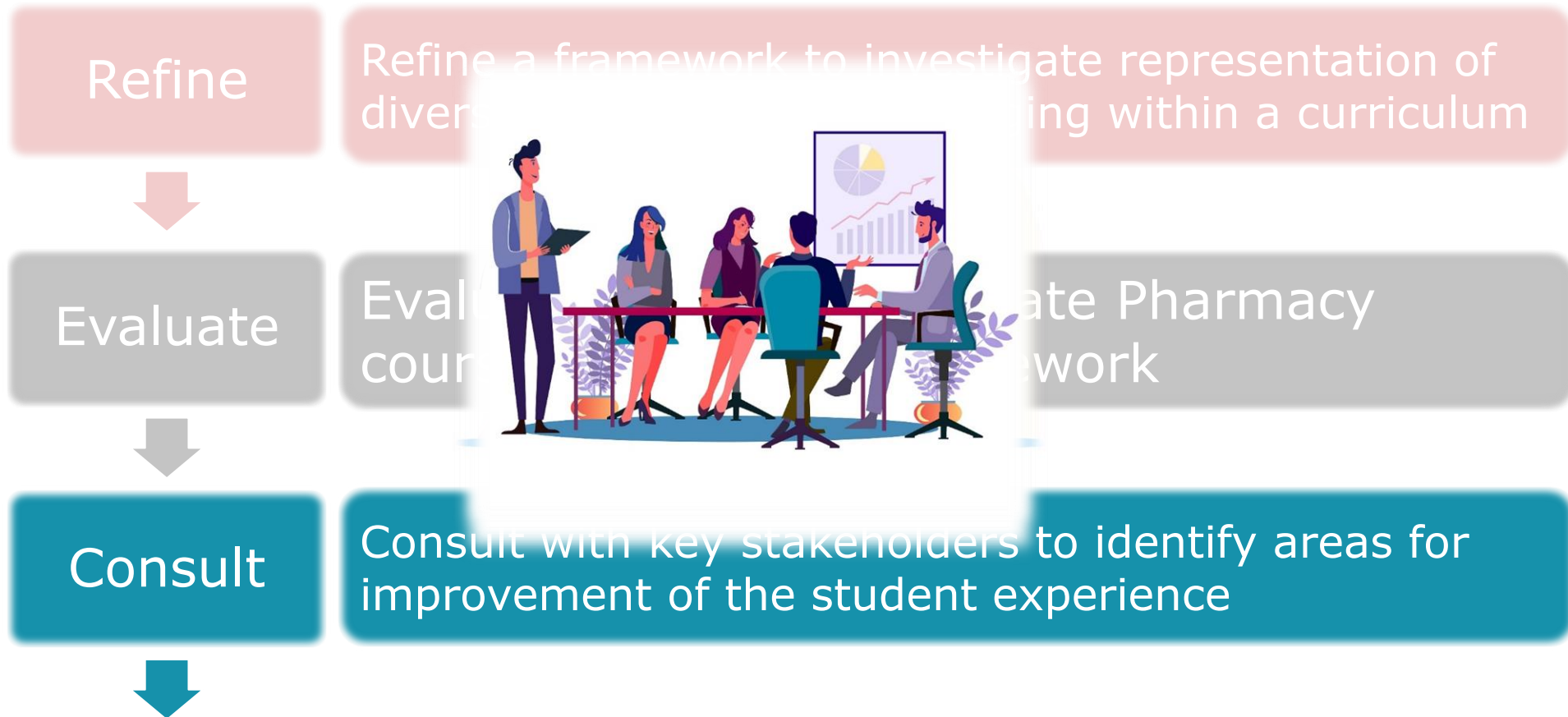


Evaluate

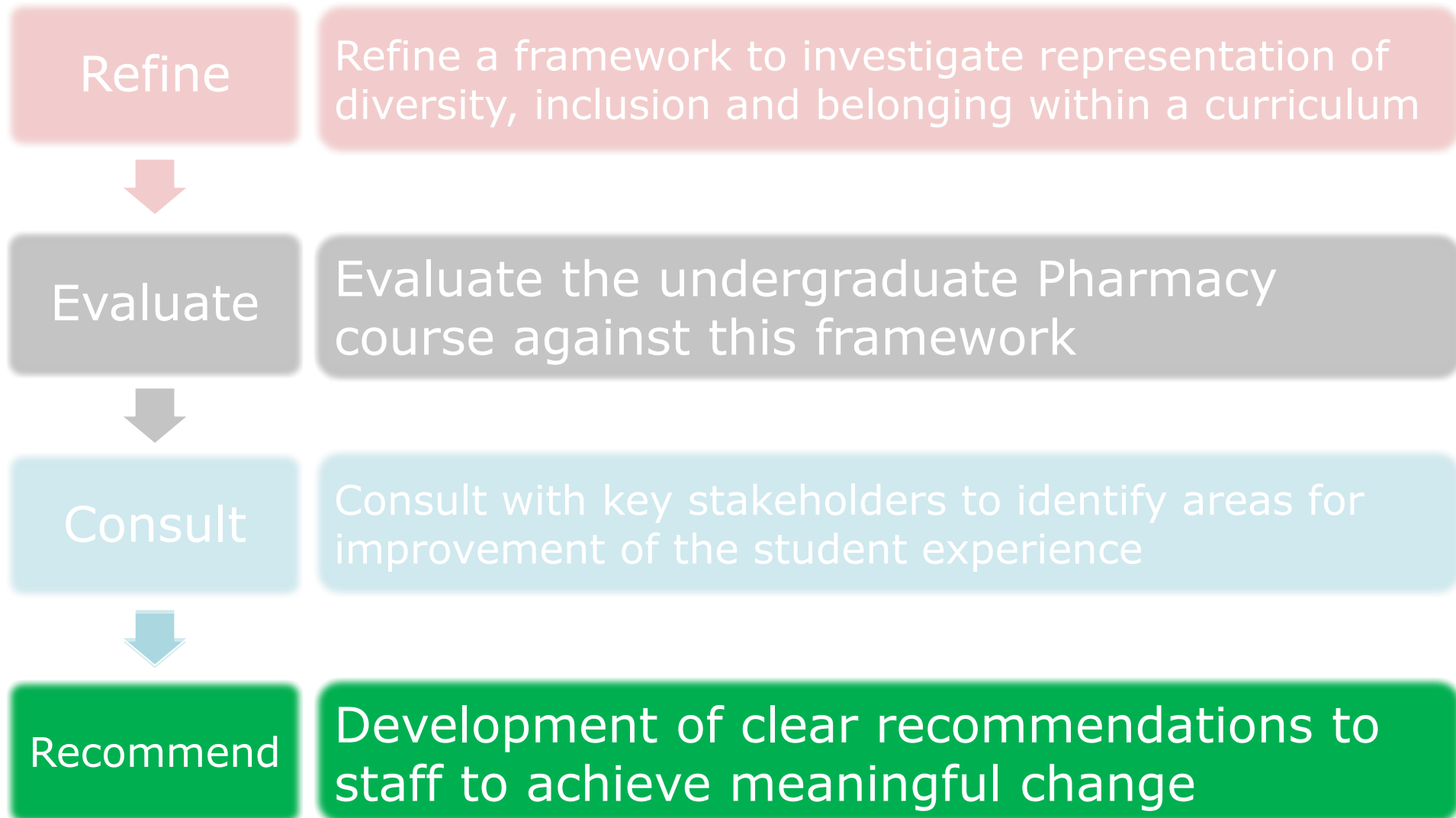
Evaluate the undergraduate Pharmacy course against this framework



Method cont'd...



Method cont'd...



Pharmacy DIB Working Group cont'd...



Caspar



Aaron



Chiyo



Zainab

Hear some of our
student members'
stories...

Thank you!

■ Acknowledgements

- With thanks to the student members and my colleagues in the PDIBWG, and to Curtin Medical School for funding our project

Questions and Discussion





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PHARMACY AND
PHARMACEUTICAL
SCIENCES

2024 Pharmacy Education Symposium

The FIP-UNESCO-UNITWIN Program: Harnessing
Global Diversity to Transform Pharmacy Education

Prof Ralph Altieri



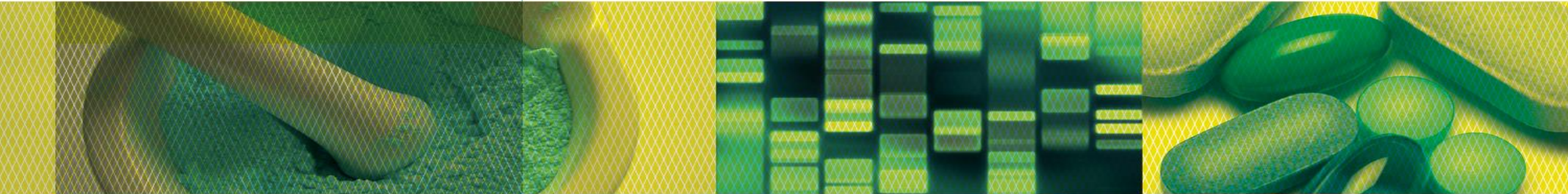
International
Pharmaceutical
Federation



FIP-UNESCO UNITWIN programme

2024

Harnessing Global Diversity to Transform Pharmacy Education
*Ralph J. Altieri, University of Colorado Skaggs School of Pharmacy and
Pharmaceutical Sciences and FIP*



**ADVANCING
PHARMACY
WORLDWIDE**



Introduction

FIP-UNESCO-UNITWIN Programme

FIP-UNESCO-UNITWIN Programme
to form the
Global Pharmacy Education Development
Network

Fip.org for all resources and information

FIP Development Goals (DGs)



Overview of the FIP-UNESCO UNITWIN Programme

Vision and mission

VISION

- To advance research, training and curriculum development in education by **building university networks and encouraging inter-university cooperation worldwide.**



MISSION

- **To provide a platform for FIP Education (FIPEd) to implement its global pharmaceutical education and workforce strategies by leveraging and positioning pharmacy schools in the GPhEd Network as centres for excellence and innovation** that actively contribute to the development of their respective fields at national, regional and international levels.



Goal

Advance pharmacy education and research through a worldwide network to improve global health

**FIP
D/GITAL
EVENTS**

Approach

Ways to transform pharmaceutical education aligned with workforce and practice transformation

Establishing regional networks called “**regional centres for excellence**” that brings together relevant education stakeholder having the same goal to advance pharmacy practice and science in the regions using education as a tool.

Networking

Educational development

Based on evidence and supported by the provision and partnerships programme, develop **educational tools and resources** that will meet the specific needs of members of the network.

Establishing **partnerships with existing educational stakeholders** (e.g., FIP regional Forums) and associations (academic associations, AASP, EAFP, AACP, Etc) in each region and across the globe to promote collaborative working, with no competition or duplication of work, and sharing of endeavours and resources.

Partnerships

Shared experiences

Provide a platform using a buddying system (university twinning) for **good practice sharing and knowledge transfer** across members of the network to facilitate exchanges for education and professional development.

Milestones of UNITWIN Network on Global Pharmacy Education Development



2010

Established

FIP-UNESCO UNITWIN Global Pharmacy Education Development Network

Launched

FIP-UNESCO UNITWIN Centre for Excellence in Africa

2014

Agreement renewed with UNESCO

FIP-UNESCO UNITWIN Global Pharmacy Education Development Network

2018

Needs-assessment, renewed strategy and re-structuring

FIP-UNESCO UNITWIN Centre for Excellence in Africa

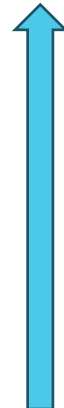
Strategic Meeting of the centre for excellence in Lagos, Nigeria

2019

Progress at the

FIP-UNESCO UNITWIN Centre for Excellence in Africa

Strategic meeting of the centre for excellence in Mombasa, Kenya
Decision to focus the centre on development of an African-wide association of schools of pharmacy



2016 : FIP Global Conference on Pharmacy and Pharmaceutical Sciences Education Nanjing China

Milestones of UNITWIN Network on Global Pharmacy Education Development



Launched
FIP pharmacy education
in sub-Saharan Africa
report

Launched
- FIP UNITWIN Pathfinder toolkit
- Regional roadmaps
- Global call to action for advancing
pharmaceutical education

**2021-2022 : FIPed virtual regional
workshops and global summits**
Established regional needs-based
education priorities

Launched
- FIP Toolkit for addressing
inequities in
pharmaceutical education
- FIP Education
transformation toolkit

Established
Taskforce for setting
up African-wide
association of schools
of pharmacy

**Renewed Agreement
with UNESCO (2023-
2027)**
Priorities
- To launch UNITWIN
Regional centres across all
WHO regions
- Implement all regional
roadmaps
- To establish African-wide
association of pharmacy
schools

Benefits of UNITWIN programme to its members

Networking

- Being a member of the leading network that is a **think-tank for pharmaceutical education transformation** in the region.
- **Recognition of the academic institution** as a member of this FIP-UNESCO UNITWIN network and the world list of schools of pharmacy.

Resources

- **Access to a resources** including toolkits/online engagement (leadership development / faculty development/curriculum development) linked to the FIP provision and partnership programme and relevant data linked to global pharmaceutical observatory.

Expertise and shared experiences

- Having access to resources, and a **ready network to support their areas of development** while showcasing their areas of strengths and expertise for shared experience- good practise and knowledge transfers.
- Alignment of UNITWIN centres for excellence members (AIMs) and member organisations in the region through annual summits to **foster communication and ensure that educational interventions meets the needs of practice and science.**

Needs-based support system

- Having the **opportunity to share their needs with alignment to FIP Development goals**, and a regional network to support addressing those needs, and linkages to global community as well.
- Feeding needs and priorities from the regional meetings and shared priorities meeting into the FIP GPO and vice versa.

MoU Signed for UNITWIN Network on Global Pharmacy Education Development 2023-2027

In May 2023, we renewed our partnership with UNESCO to deliver UNITWIN globally.

The FIP-UNESCO UNITWIN is the mechanism by which we deliver **EDUCATION TRANSFORMATION** globally.

Our workstreams and projects also feed **the surveillance programme, the provision programme** and delivers against members (AIMs) needs through **regional centres of excellence**.



unesco

Network Member

Specific objectives for UNITWIN Network on Global Pharmacy Education Development 2023-2027

- **Enhance the integrated system of research, training, information and documentation activities in the field of global pharmacy education**, addressing issues of academic capacity, quality assurance of educational systems and workforce competency;
- **Lead educational and scientific transformations, and promote global collaboration** to address sustainability, inequities and technology in education through **the establishment of new regional centres for excellence across all regions of the world, namely in Southeast Asia, Western Pacific, Europe, in the Americas and Eastern Mediterranean regions**;
- Contribute to the **improvement of global health**; and,
- **Cooperate closely with UNESCO**, other UNESCO Chairs and UNITWIN Networks on relevant programmes and activities.

FIP-UNESCO UNITWIN Centre for Excellence in Western Pacific Region launched in May 2024



Prof Paul Gallagher

**Deputy Head-Clinical, Department of Pharmacy and Pharmaceutical Sciences,
Faculty of Science, National University of Singapore, Republic of Singapore**

Member of Organising Committee of Academic Institutional Membership (AIM)
Singapore



SWOT analysis on pharmaceutical education for the Western Pacific region

Strengths	Weaknesses	Opportunities	Threats
<p>The region does well in:</p> <ul style="list-style-type: none"> • Having heterogenous pharmacy schools or institutions with differing education and research foci • Most institutions offer pharmaceutical science foci in education and research • A few institutions lead in pharmacy practice foci in education and research 	<p>There are room for improvements in:</p> <ul style="list-style-type: none"> • Student and academic staff exchange for capacity building • Greater emphasis on education in indigenous health, mental health, and interprofessional and experiential education • Training students to develop competence for pharmaceutical public health • Building professional competencies (e.g., resilience, communication, reflection, self-regulation) • Building health equity and social accountability competencies 	<p>There are opportunities for:</p> <ul style="list-style-type: none"> • There are opportunities for: Intra-regional collaboration for best practice and resource sharing to strengthen countries and institutions in their unique area of weakness • Validate and adapt global competency framework that will enhance pharmacy practice and pharmaceutical care regionally • Train students in computational thinking and data literacy as there is an expanding scope of practice in health informatics and digital health • Collaborative research projects as an enable to facilitate inter-institutional collaboration and faculty exchanges • Academic curriculum to become more patient-focused rather than medicine-focused 	<p>There are possible challenges due to:</p> <ul style="list-style-type: none"> • Alternative teaching platforms during COVID-19 pandemic may influence quality of pharmaceutical workforce • Potential workforce shortage due to decrease in student admissions and university funds • Variation in economic development of the countries • Variation in the number and quality of pharmacy schools across the region • Inadequate workforce strategies to inform education processes

Priorities of the FIP-UNESCO UNITWIN Centre for Excellence in Western Pacific region

Implement the FIP-UNITWIN regional roadmap for transforming pharmaceutical education specifically:



To implement patient safety competencies into initial and continuous education curriculum as well as develop an advanced and specialist patient safety programme.



To establish an intra-regional faculty exchange programme for capacity building and knowledge sharing.



To adopt and adapt existing global or national frameworks (from other countries) for early career and/or advanced and specialist development.

Members of the FIP-UNESCO UNITWIN Centre for Excellence in Western Pacific Region

University	Status	Country
National University of Singapore	Academic institution	Singapore
Quest International University	Academic institution	Malaysia
University of Makati	Academic institution	Philippines
University of Queensland	Academic institution	Australia
Universiti Sains Malaysia	Academic institution	Malaysia
National Yang Ming Chai Tung University	AcPS member	Taiwan
UCSI University	AcPS member	Malaysia
University of New Castle	FIPWiSE member	Australia
University of Sydney	AcPS & FIPWiSE member	Australia
Wakayama Medical University	AcPS member	Japan

VALUE ADDED TO UNITWIN CENTRE

AREAS OF PROFICIENCY	POTENTIAL TRANSFORMATION AREAS
Design and execution of work-place based and objective assessments (e.g. CBD, mini-CEX, OSCE)	Bridge the gap between academia and practice.
Design and roll-out of integrated curricula and active learning pedagogies (e.g. Collaborative Learning Workshops)	Develop critical thinking and transversal skills in student pharmacists
Design and delivery of courses to update pharmacotherapeutic knowledge and develop clinical skills	Upskilling of basic pharmacists to take on more advanced clinical roles through life long learning
Inter-Professional Learning for Dental, Nursing, Medical and Pharmacy Students (NUS CCHPE)	Transitioning health professional students towards collaborative practice
Quality assurance of residency (specialist) training	Upskills basic pharmacists to take on advanced and specialist roles
Research in Pharmaceutical Technology, Pharmacy Practice, Medicinal Chemistry, Clinical Pharmacy, Pharmaco-dynamics/Pharmacokinetics	Transforming pharmaceutical research towards commercialization and upskilling of researchers through short exchange visit, PhD etc.

UNITWIN centres for excellence

Planned expansion worldwide

Join UNITWIN in any region:

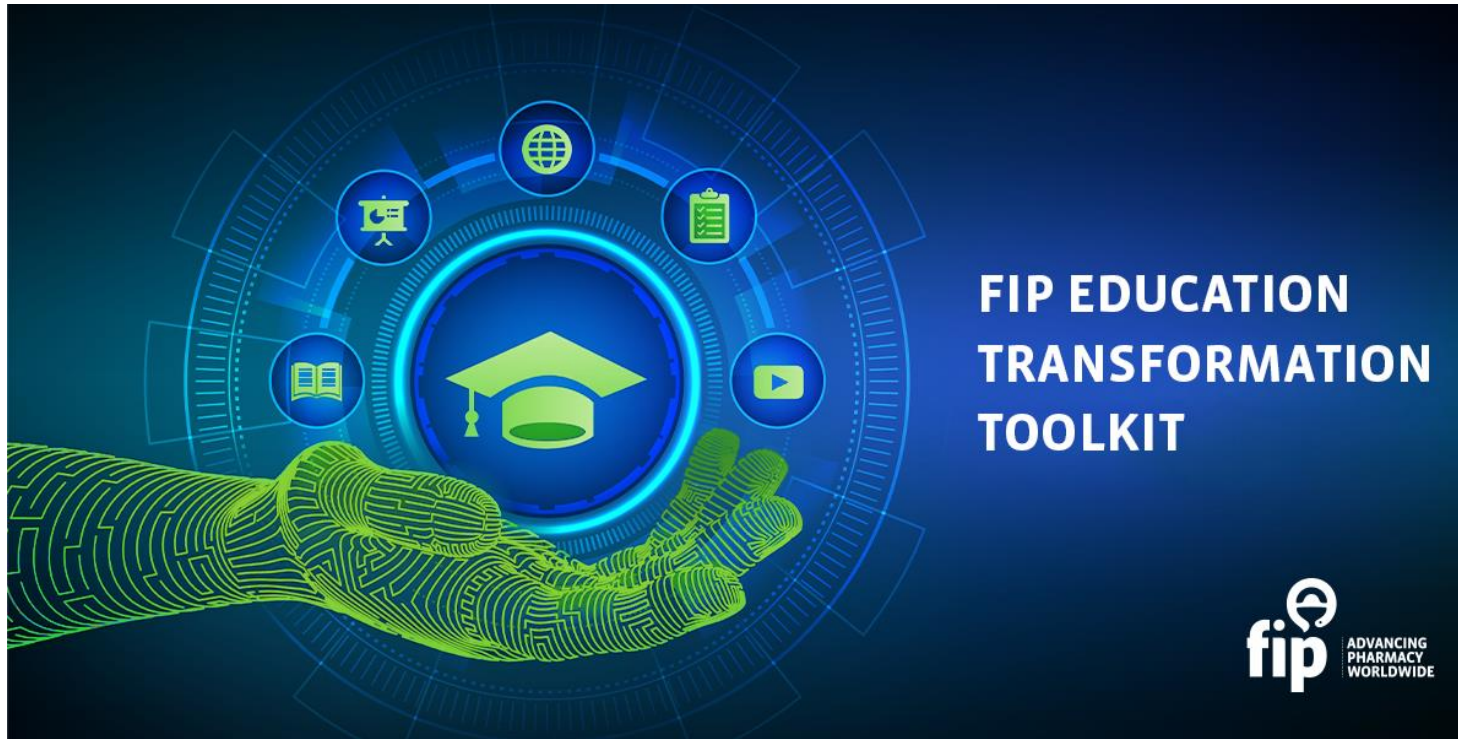
Contact FIP staff member genuine@fip.org

Establish Global Network in 2024

Plan is to start CfEs in the remaining 3 WHO regions of EMR, Europe, Americas

Thereby establishing the **only Global Pharmacy Education Network** offering opportunities to achieve the goal of transforming pharmacy and pharmaceutical sciences education worldwide through educational and scientific partnerships.

How to access all FIP Pharmaceutical education related resources



Scan to access
the toolkit

Access the digital toolkit here: <https://www.fip.org/educationtransformation>

The FIP education transformation digital toolkit is a one-stop collection of globally relevant resources from FIP for professional associations, schools and educators to support addressing needs and priorities in education and professional development

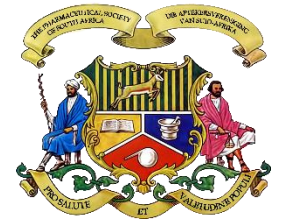
82nd FIP WORLD CONGRESS OF PHARMACY AND PHARMACEUTICAL SCIENCES

Cape Town, South Africa
1 – 5 September 2024

“Innovating for the future of healthcare”



Supported by the Pharmaceutical Society of South Africa



For more information,
visit congress website:
capetown2024.fip.org





Thank you



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2024 Pharmacy Education Symposium

Exploring Asian Critical Race Theory
(AsianCrit) in Pharmacy Education

Dr Jacqui McLaughlin



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The background is a solid blue color with a pattern of vertical, wavy lines. Overlaid on this is a dark blue silhouette of the map of Australia. A white location pin icon is placed on the map, specifically over the southern coast of Australia. The word 'LUNCH' is written in white, bold, uppercase letters in the center of the page.

LUNCH