

Region #: 7

Proposing APhA-ASP Chapter: Idaho State University College of Pharmacy

Proposed Resolution Title/Topic:

Promoting a Standard of Care Model of Regulation for Pharmacists (APhA-ASP Resolution 2028.2)

Proposed wording (desired action(s)):

APhA-ASP encourages implementation of a standard of care regulatory model for Boards of Pharmacy across the nation.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

As defined in the Idaho rules of the board of pharmacy standard of care is defined as "Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training and experience." (1). While the standard of care model has long been employed in the regulation of physicians (3), it hasn't been universally embraced by various health professions. Standard of care regulation is permissive and contingent upon the indidual circumstances for determining acceptability. Therefore, "this approach naturally evolves with new evidence, education, training, and technology and does not need constant legislative or regulatory updates." (2). For instance, the Idaho Board of Pharmacy has embraced this approach by removing all express references to immunizations in their regulations. This does not mean pharmacists can no longer prescribe them but instead allows them to prescribe them if it is within their education and training and would follow the same standard of care that other "reasonable and prudent pharmacists would provide" (2). In conclusion, the standard of care approach enables pharmacists to practice at the highest level of their education, eliminating the need for continuous regulatory updates to facilitate them in practicing at the peak of their licensure.

References:

- 1. 24.36.01.100.03 Rules of the Idaho State Board of Pharmacy. Accessed October 10, 2023. https://adminrules.idaho.gov/rules/current/24/243601.pdf.
- Adams AJ, Chopski NL. Rethinking Pharmacy Regulation: Core Elements of Idaho's transition to a "standard of care" approach. Journal of the American Pharmacists Association. 2020;60(6). doi:10.1016/j.japh.2020.07.013
- 3. Moffett P, Moore G. The standard of care: legal history and definitions: the bad and good news. West J Emerg Med. 2011;12(1):109-112.

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APhA Academy of Student Pharmacists Midyear Regional Meetings



PROPOSED RESOLUTION FORM

Region #: 7

Proposing APhA-ASP Chapter: Roseman University College of Pharmacy

Proposed Resolution Title/Topic:

Education on Women's Health and Hormonal Contraceptives (Resolution 2023.1)

Proposed wording (desired action(s)): APhA-ASP advocates for the increased inclusion of education on women's health and hormonal contraceptives for pharmacists.

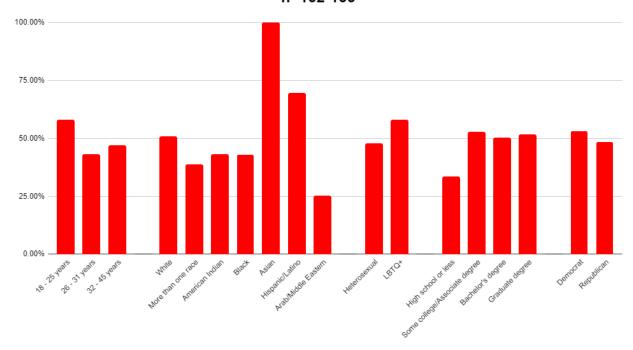
Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Within the US there are currently 29 states that have legislation in place allowing pharmacists to prescribe hormonal contraceptives. Additionally, there is a new FDA-approved over-the-counter oral hormonal contraceptive medication. With these new changes in prescribing and over-the-counter patient education, it is increasingly crucial that pharmacists have a vast understanding of patient care and safety regarding hormonal contraceptives and women's health.

With so many various available contraceptives, now including over-the-counter medications, there are a variety of side effects, benefits, and discussion points that are important for pharmacists to consider and discuss with patients. Whether prescribing, consulting, or communicating with prescribers, pharmacists have an increased opportunity to provide comprehensive patient care as they come in contact regularly with patients in community settings. Upon further education and understanding of women's health, pharmacists can become continually more equipped to educate and assist patients with various health backgrounds regarding hormonal contraceptives and women's health.

The best solution to this increasing reliance on pharmacists should be increased education and understanding of prevalent and upcoming issues, concerns, and protection for women's health and hormonal contraceptives.

Characteristics and Likelihood to use Pharmacist-prescribed birth control n=132-135





Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes___ No_X_

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

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Region #: 7

Proposing APhA-ASP Chapter: Oregon State University

Proposed Resolution Title/Topic:

Student Pharmacist Experiential Education (APhA-ASP Resolution 2023.1)

Proposed wording (desired action(s)):

APhA-ASP supports providing student pharmacists more experiential learning opportunities in underserved and/or rural populations.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

In rural and underserved areas of the United States community pharmacies can be a viable option for patients to receive critical health care. With the closing of numerous rural, independent pharmacies in the past decade, the importance of these community pharmacies and their impact on the health and wellbeing of rural communities have shown.^{1,2} Also, with the scope of practice of pharmacists across the US expanding to meet the needs of the patient populations, the education that is being taught in pharmacy schools should reflect and prepare the future pharmacists.³

Pharmacy students should be prepared for the type of work they will be greeted with post-graduation. A way to help them prepare is through experiential education. There are already teachings in place allowing for the hands-on education in various practice settings set up through some current pharmacy schools, and there is evidence for how it can help students learn how to become better pharmacists and help develop their professional identity. ⁴⁻⁶ The need for pharmacists in this field will continue to grow, and giving students the ability to directly impact their communities in this way can help make them more confident about entering the workforce post-graduation and improve the health of people in those communities.

The experiential education can come in a variety of forms such as rotations, simulations, and guest speakers.⁷⁻⁹ Unique education opportunities can provide students with a broader idea of how they want to help impact healthcare in the future. Giving students the ability to provide healthcare to those populations can help to increase the number of pharmacists providing care in those communities in the future. We may have seen the closing of over 1,000 rural communities in the last decade, but we can also see that when given the opportunity pharmacists are able to provide necessary healthcare to those communities.^{2,10} To better prepare student pharmacists is to better serve the communities of today and tomorrow

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes No X

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

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Author Email Address: larrozan@oregonstate.edu

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate the Friday prior to the start of the Midyear Regional Meeting. Contact your Regional Delegate for questions.

References:

- Christian I, Cafer A, Brenner D, Rosenthal M. Defining rural spaces within pharmacy practice research: Current practice and implications. J Am Pharm Assoc (2003). 2023;63(5):1490-1494.
- Salako A, Ullrich F, Mueller KJ. Update: Independently Owned Pharmacy Closures in Rural America, 2003-2018. Rural Policy Brief. 2018;2018(2):1-6.
- 3. Murphy EM, West L, Jindal N. Pharmacist provider status: Geoprocessing analysis of pharmacy locations, medically underserved areas, populations, and health professional shortage areas. *J Am Pharm Assoc* (2003). 2021;61(6):651-660 e651.
- (2003). 2021;61(6):651-660 e651.

 4. Kiser S, Ramsaur E, Williams CR. Impact of a Regional Campus on the Placements of Students at Rural Pharmacy Experiential Sites. Pharmacy (Basel). 2021;9(4).
- (Basel). 2021;9(4).

 5. Tenerelli P, Cervania PT, Dhillon E, et al. Impact of Experiential Education on the Intersectionality of Pharmacy Student Personal and Professional Identity Formation. Am J Pharm Educ. 2023;87(10):100126.
- 6. White N, Galt K, Ridgway JE, Skrabal MZ, Jones R, Willman CC. Prevalence and Impact of Pharmacy Students as Patient Care Extenders in Medically Underserved Community Pharmacies. *J Pharm Pract*. 2021;34(3):465-471.
- 7. Migliaccio CAL, Ballou S, Buford M, Orr A, Migliaccio C. Providing APPE pharmacy students rural health assessment experience following wildfire event in western Montana. Curr Pharm Teach Learn. 2021;13(5):560-565.
- 8. Nebergall S, Dula CAC, King SA, Matthews DE, Haas-Gehres A, Li J. Educating Pharmacy Students About Underserved Populations Using Patient Speakers and Simulation Activities. *Am J Pharm Educ*. 2021;85(7):8461.
- 9. Payne MH, Tuchscherer RM, Billups SJ, et al. Changes in pharmacy students' perceptions of underserved populations after a six-week clinical rotation in a federally qualified health center clinic. Curr Pharm Teach Learn. 2018;10(8):1149-1153.
- 10. Sisson DC, Westra RE. Impact of a rural interprofessional experience in rural communities on medical and pharmacy students. Fam Med. 2011;43(9):653-658.

APhA Academy of Student Pharmacists Midyear Regional Meetings



PROPOSED RESOLUTION FORM

Region #: 7

Proposing APhA-ASP Chapter: Pacific University School of Pharmacy

Proposed Resolution Title/Topic:

For example: Health Literacy (APhA-ASP Resolution 2008.2)

Proposed wording (desired action(s)):

APhA-ASP encourages the initiation and expansion of outreach programs targeting high schools and undergraduate campuses, aiming to promote the opportunities and benefits of becoming a pharmacy technician, and thereby, addressing the current staffing shortages and associated challenges, including medication errors.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

The existing shortage of pharmacy staff has led to increased workload, which in turn, can contribute to medication errors and decreased quality of patient care. By engaging in outreach programs directed at high schools and undergraduate students, we can foster early interest in pharmacy careers, particularly in the role of pharmacy technicians. These programs can serve as a platform to educate the public about the vital need for additional pharmacy staff and provide students with early exposure and hands-on experience in the field.

Not only would this initiative help in mitigating the staffing shortages, but it would also contribute to better-prepared future professionals, thereby enhancing the overall quality of pharmacy services. It is imperative for pharmacy companies and educational institutions to collaborate and invest in these outreach programs, as the long-term benefits of having a well-trained and adequate number of pharmacy staff are substantial.

Engaging students early in their educational journey will equip them with the necessary skills and knowledge, making them valuable assets to the pharmacy workforce upon graduation. Furthermore, this proactive approach ensures a steady influx of interested and informed individuals into the pharmacy technician profession, contributing to the overall stability and efficiency of pharmacy operations.

The initiative is expected to be mutually beneficial, providing students with invaluable early career exposure and pharmacy companies with a potential pipeline of well-trained and enthusiastic future employees. This proactive approach is an investment in the future of pharmacy, ensuring that we are not nly addressing the immediate staffing shortages but also building a resilient and competent workforce for the years to come.

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes x No						
If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:						
2019.1 Addressing Professional Burnout						
Author of Proposed Resolution:	Hoda Veshagh					
Author Phone Number:	<u>503-438-5625</u>					
Author Email Address:	hoda3@pacificu.edu					



Region #: 7

Proposing APhA-ASP Chapter: University of Utah College of Pharmacy

Proposed Resolution Title/Topic:

Call for Research in Artificial Intelligence in Healthcare (APhA-ASP Resolution 2023.4)

Proposed wording:

APhA-ASP advocates for peer-reviewed research on the accuracy and usefulness of artificial intelligence in healthcare in order to promote patient safety, improve healthcare outcomes, and advance the practice of pharmacy.

Background Statement:

Artificial intelligence (AI) has experienced a monumental rise in recent years.¹ This increase has been highlighted by the creation of AI chatbots such as ChatGPT that bring the power of AI to the pockets of the masses.² Using ChatGPT, individuals can enter prompts and generate predictive responses for limitless topics. Such prompts can provide assistance with coding, creative brainstorming, writing, and answer questions on nearly any subject.³ It is inevitable that patients will turn to ChatGPT for answers to medical questions because of its accessibility and potential to provide quick information. This is concerning for several reasons including inherent bias in training data, inability to discern factual accuracy, inaccurate or outdated information, and failure to provide reasoning for recommendations.² Pharmacists and other healthcare professionals must be aware of how patients are using AI, what recommendations they are receiving, and how accurate they are in order to navigate discussions with patients on a rapidly growing piece of technology.

In addition to its use for information delivery, AI also has the potential to improve workplace efficiency. Increased efficiency and the offloading of more tedious tasks may allow staff to focus on the aspects of their jobs that bring them the most satisfaction and require the most critical thinking. The implementation of AI in the workplace is in its early stages, especially in healthcare and pharmacy. Before it is fully implemented, further research should be conducted to ensure that its introduction promotes patient safety, improves healthcare outcomes, and advances the practice of pharmacy.

References

- 1. Buttazzo G. Rise of artificial general intelligence: risks and opportunities. *Front Artif Intell.* 2023;6:1226990. doi:10.3389/frai.2023.1226990
- 2. Ray PP. ChatGPT: A comprehensive review on background, applications, key challenges, bias, ethics, limitations and future scope. *Internet of Things and Cyber-Physical Systems*. 2023;
- 3. Bahrini A, Khamoshifar M, Abbasimehr H, Riggs RJ, Esmaeili M, Majdabadkohne RM, Pasehvar M. ChatGPT: Applications, opportunities, and threats. IEEE; 2023:274-279.
- 4. Pereira V, Hadjielias E, Christofi M, Vrontis D. A systematic literature review on the impact of artificial intelligence on workplace outcomes: A multi-process perspective. *Human Resource Management Review.* 2023;33(1):100857.

Are there any adopted	resolutions currently	on the books	related	to this	Proposed	Resolution?
				Yes	No X	

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

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Region #: Seven

Proposing APhA-ASP Chapter: WSU College of Pharmacy and Pharmaceutical Sciences

Proposed Resolution Title/Topic: Curriculum – Specific Courses

Proposed wording (desired action(s)):

APhA-ASP advocates for the education of pharmacists and student pharmacists on recognizing signs of abuse in vulnerable individuals, mandatory reporting, and appropriately responding to suspected abuse.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Pharmacists are one of the most accessible healthcare professionals, specifically pharmacists practicing in rural, community and ambulatory settings. Being accessible allows patients to talk to pharmacists without scheduling an appointment and for patients in unsafe situations to visit a pharmacy without raising suspicion². Due to this, pharmacists can serve as an avenue for patients who are victims of abuse to be identified and for interventions to happen. As healthcare professionals, pharmacists nationally are expected to report suspected abuse. The World Health Organization (WHO) and the National Institute for Health and Care Excellence (NICE) recommend training for all healthcare professionals to increase their capability of identifying situations that should be reported or initiating intervention for the individual's safety⁴. Some states have laws that specifically note pharmacists as mandatory reporters for one or more types of abuse. There also have been laws passed supporting universal mandatory reporting (UMR), which is the expectation that anyone with reason to believe abuse has occurred is legally required to report. This strategy has been seen to not be effective in increasing confirmed abuse reports; to clarify, there is an increase in the number of cases reported, without significantly increasing the detection of abuse within the population³. This is likely due to the expectation of everyone reporting concerning situations, without providing public education on abuse identification³. Healthcare Professionals have a higher percentage of detecting abuse and when they report cases to protective services there are higher number of confirmed reports than UMR3. Increasing the number of healthcare professionals prepared to handle these situations and to report concerning situations by providing training for pharmacists is a meaningful way to provide aid for individuals who are victims of abuse.

A responsibility of pharmacists and future pharmacists is to be prepared to provide aid to vulnerable individuals and patients in need. Individuals who are victims of abuse often have serious physical and/or mental health consequences¹. Pharmacists should receive training on how to provide aid to these individuals to improve their health outcomes. Some pharmacy schools currently have programs in place to provide training on mental health crisis/suicide prevention and substance use disorders; these trainings include both recognizing signs of these conditions and what to do when a patient experiencing these conditions presents to the pharmacy. As abuse is just as prevalent in our population as substance use disorder and mental

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health, there should be a specific educational opportunity available to pharmacists so they can be prepared to help individuals that are experiencing abuse. There are many individuals that pharmacists see as patients who could be vulnerable to abuse, as there are multiple forms of abuse: partner/domestic, child, elderly, and sexual abuse². Education on mandatory reporting would increase pharmacists awareness of abuse and enable them to provide necessary aid to patients experiencing abuse.

There are a multitude of barriers to pharmacists fulfilling their role as mandatory reporters. The barriers to pharmacists acting when they think a patient is a victim of abuse are unclear policies related to reporting, lack of resources, and uncertainty on how to handle the situation in the moment⁴. These barriers could be decreased by providing pharmacists with training that provides a guide on how to appropriately respond to signs of abuse, as well as resources and patient education on the topic. There is no unified database or website for laws on mandatory reporting and the classification of vulnerable individuals based on state². To effectively report abuse, pharmacists will need to know the requirements for reporting that are specific to their site of practice, as well as the state and federal requirements^{1,2}. Providing pharmacists with knowledge of the state and federal requirements could decrease that knowledge barrier to reporting abuse. Currently other healthcare providers - including but not limited to physicians, dentists, and nurses - have educational requirements related to mandatory reporting, but pharmacists do not tend to receive training on how to report suspected abuse which reduces their capability to be mandatory reporters for patients¹.

While there has been an increase in the expectation to report suspected abuse as a healthcare provider, there have not been initiatives that advocate for pharmacist awareness of that status or education to prepare pharmacists to appropriately respond when the situation calls for it. Pharmacists will need organizational support in receiving knowledge on this topic of patient help and safety. Thus APhA-ASP should support the education of pharmacists and student pharmacists on recognizing signs of abuse in vulnerable individuals, mandatory reporting, and appropriately responding to suspected abuse.

- 1.Barnard M, Sinha A, Sparkmon W, Holmes E. Reporting Interpersonal Violence and Abuse: What Pharmacists Need to Know. *Journal of the American Pharmacists Association*. Published online August 2020. doi:https://doi.org/10.1016/j.japh.2020.07.014
- 2.Cerulli C, Inoue S, Cerulli J. How to Identify, Assess, and Refer Patients Experiencing Interpersonal Violence Across the Lifespan: the Role of US Pharmacists in Integrated Pharmacy Research and Practice. Integrated Pharmacy Research and Practice. Published online November 2019. doi:https://doi.org/10.2147/iprp.s181213
- 3.Ho G, Gross D, Bettencourt A. Universal Mandatory Reporting Policies and the Odds of Identifying Child Physical Abuse. *American Journal of Public Health*. Published online May 2017. doi:https://doi.org/10.2105/ajph.2017.303667
- 4.Lewis N, Stone T, Feder G, Horwood J. Barriers and Facilitators to Pharmacists' Engagement in Response to Domestic Violence: a Qualitive Interview Study Informed by the Capability-Opportunity-Motivation-Behaviour Model. Oxford Journal of Public Health. Published online November 2021. doi:https://doi.org/10.1093/PubMed/fdab375

Are there any adopted resolutions cu	e there any adopted resolutions currently on the books related to this Proposed Resolution Yes No_X_					
If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:						
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