

# CULTURALLY RESPONSIVE TEACHING: CASE REPORT FROM THE PHARMACY PRACTICE FACULTY DEVELOPMENT PROGRAM

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**NDSU** SCHOOL OF  
PHARMACY

# A Faculty Development Series Focused on DEI

Mark A. Strand, PhD, CPH

**Reflection:** Consider the courses you teach, and the impact of diversity, equity and inclusion (DEI) on those courses. What role do DEI content or methods have in your courses?

- A. No role, as DEI content and teaching methods are not relevant to my courses
- B. Some role, as DEI has some relationship to either the content or methods of my courses
- C. A significant role, as DEI has a clear relationship to the content or methods of my courses
- D. I am not sure



**Scan the QR code or enter this link into your browser:**  
**[PollEv.com/allywelsh292](https://pollEv.com/allywelsh292)**



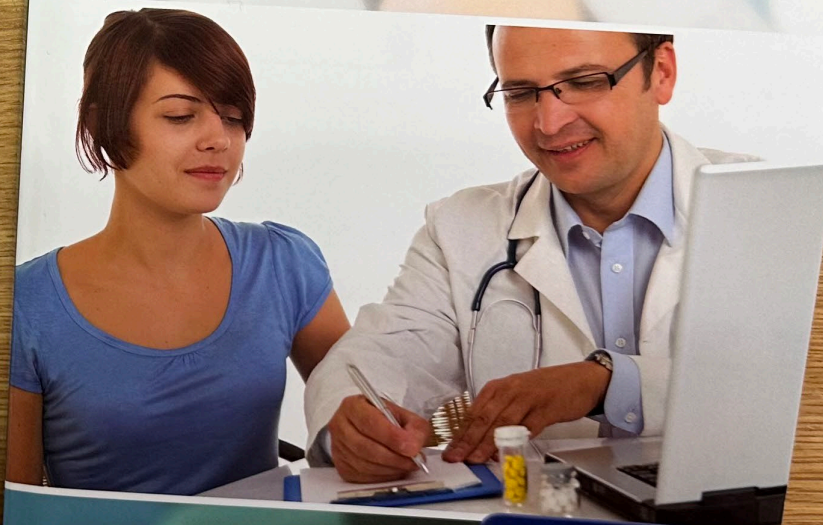
Introduction to  
**Public Health**  
in Pharmacy



Bruce Lubotsky Levin • Peter D. Hurd • Ardis Hanson

**Fundamental Skills  
for Patient Care  
in Pharmacy Practice**

Colleen Doherty Lauster  
Sneha Baxi Srivastava



INCLUDES ONLINE  
**ACCESS CODE**

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# Objectives

- Explain NDSU and professional associations calls for increased attention to DEI
- Describe how to design and deliver a faculty development series to address the use of race and ethnicity in pharmacy education

# Definitions

- **Diversity, Equity, and Inclusion**
  - Diversity -- Differences in how people see, categorize, understand and go about improving the world.
  - Inclusion -- Creating an environment where any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.
  - Equity -- Fair access, treatment, opportunity, and advancement for all people, including eliminating barriers disadvantaging certain groups.
- **Culturally responsive teaching** – using students' cultural knowledge, prior experiences, frames of reference, and performance styles to add both relevance to topics and infuse culture into the classroom.



# Diversity, Equity, and Inclusion at NDSU

- NDSU Strategic Plan 2021-2026 Goal #1 is to “create and maintain an open and collegial environment to **promote inclusivity and diversity as a cornerstone of education, research, and outreach**”
  - Subgoal #3 “**Design and implement additional programming, curriculum**, outreach opportunities, and policies that uphold inclusivity, diversity, respect and connection.”
- NDSU Pharmacy Practice Strategic Plan 2022-27 includes the same goal

# National Pharmacy Organizations

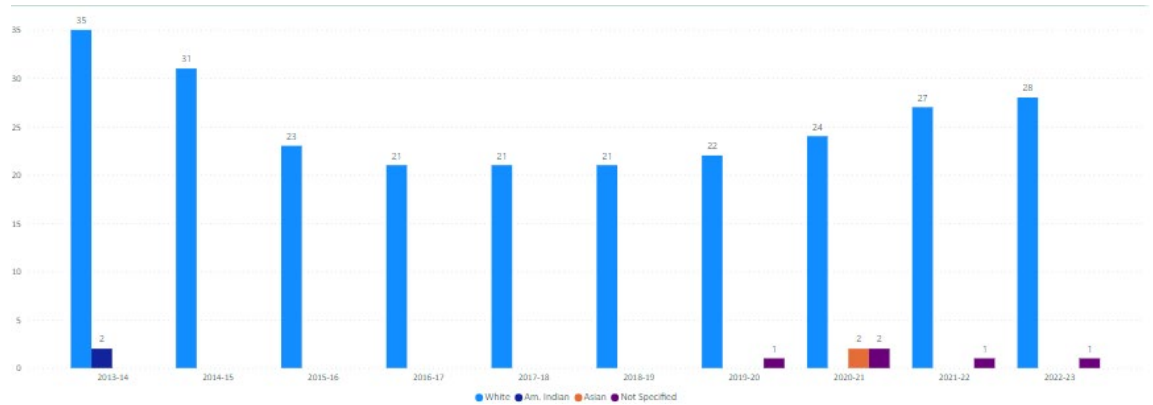
- **American Society of Health-System Pharmacists** training course “Rethinking DEI Strategy Development in Pharmacy Education”
- **American Pharmacists Association** Task Force on Structural Racism in Pharmacy, 2020-23 Report
- **American Association of Colleges of Pharmacy** Diversity, Equity, Inclusion, and Anti-racism Committee Charter
- DEI in Pharmacy Practice encompasses: Race and ethnicity, Gender equity, LGBTQ+ equity, Sexual minority status, Ableness equity and others



# NDSU Pharmacy Practice Instructor Count



Gender

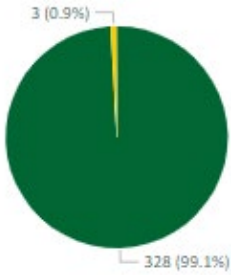


Race/Ethnicity

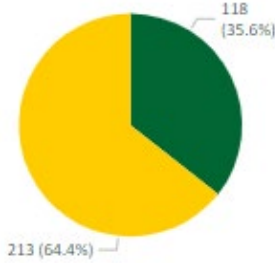


<https://app.powerbi.com/groups/07c6427f-1967-4cce-9ccc-a3dbbd978f54/reports/7575881a-d78e-4b40-a153-f0ab155af5cd/ReportSection?experience=power-bi>

# NDSU Pharmacy practice Student Count by Race/Ethnicity and Gender

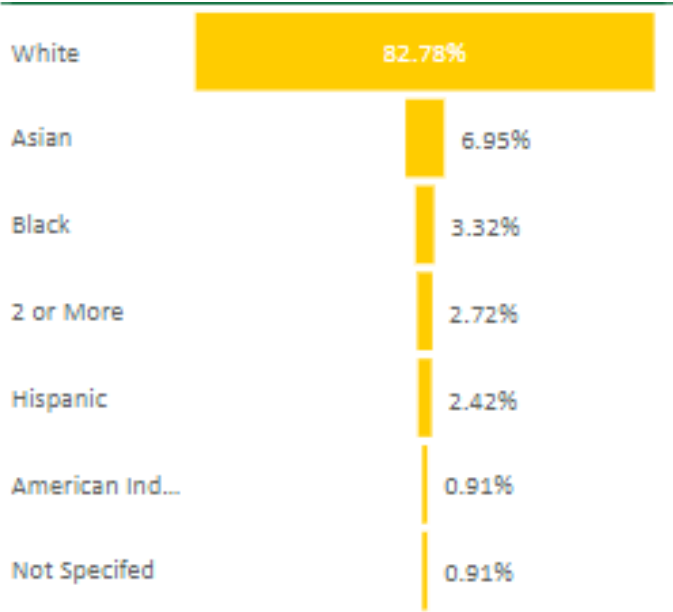


● U.S. Citizen ● Non-Resident



● Male ● Female

Citizenship and Gender



Race/Ethnicity



<https://app.powerbi.com/groups/07c6427f-1967-4cce-9ccc-a3dbbd978f54/reports/54951f9f-8f91-42ac-a393-e67e40033b4b/ReportSection58bc162041563753680c?experience=power-bi>

# Begin with Faculty

## Social Determinants of Health (SDOH)

Factors that impact one's life

## Implicit Biases

Biases are formed among people, including health care professionals

## Health System

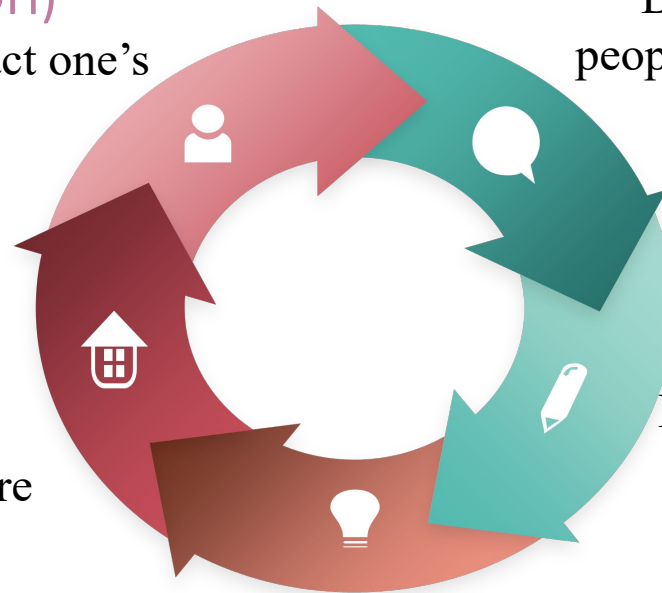
This will impact health equity and quality of care for patients

## Pharmacy Faculty

Formed biases may impact one's way of practice and teaching

## Pharmacy Students

Students will learn to think and to practice what has been taught and modeled.



# Lessons Learned

Brody Maack, PharmD, BCAP, CTTS

# Didactic Lectures

<b>Date</b>	<b>Presenter</b>	<b>Topic</b>	<b>Attendance</b>
Sep 9, 2022	Brody Maack	DEI Series Introduction	23
Sep 29, 2022	Olihe Okoro	Race without racism in pharmacy education – Approaches in case-based learning	26
Oct 17, 2022	Jeremy Holloway	Social Determinants of Health for Resiliency of Healthcare Communities	18
Jan 25, 2023	Justina Lipscomb	The Influence of Race on Pharmacotherapy Education	19

# Grand Rounds

Date	Presenter	Topic	Attendance
Feb 7, 2023	Grand Rounds 1	<ul style="list-style-type: none"><li>• How is race currently included (or excluded) in your course?</li><li>• What have you learned from the previous DEI presentations that you will consider when working to enhance your course delivery with regard to race?</li><li>• What specific changes will you make to the item you brought to the Grand Rounds to foster more appropriate inclusion of race?</li></ul>	8
March 9, 2023	Grand Rounds 2	<ul style="list-style-type: none"><li>• Same as Grand Rounds 1</li></ul>	11
March 23, 2023	Grand Rounds 3	<ul style="list-style-type: none"><li>• What have you learned?</li><li>• What has changed in your understanding, or in your approach to teaching?</li><li>• What should we do next?</li></ul>	9
April 2023	Grand Rounds 4	<ul style="list-style-type: none"><li>• Where do we go from here?</li></ul>	7



# Ground Rules

- Rules established *ahead of* the intro meeting:
  - This is a **learning environment** and safe space, so should be embraced as such!
  - Approach the learning process **open minded** and understanding.

# Ground Rules

- Rules established *collectively* during the intro meeting:
  - Seek to learn from students
  - Challenge ideas, not people
  - Be accountable to ourselves, and supportive of one another

# Observations

- Pharmacy is an objective and evidence-based discipline, so most pharmacy content was felt not to be influenced by race and ethnicity.
  - However, most faculty members acknowledged there being disparities in health outcomes based on race and ethnicity.

# Observations (cont'd)

- Pharmacy is an objective and evidence-based discipline, so most pharmacy content was felt not to be influenced by race and ethnicity.
  - Clinical guidelines exist that specifically address race, and these guidelines should be continuously challenged.
    - *So, how do we teach that??*

# Observations (cont'd)

- Example:
  - **Guideline**: “Two specific types of blood pressure medicine are recommended for black individuals”
  - **Reality**: Using ONLY those two specific types of blood pressure medicines in black individuals leads to under-treated hypertension in the black population!

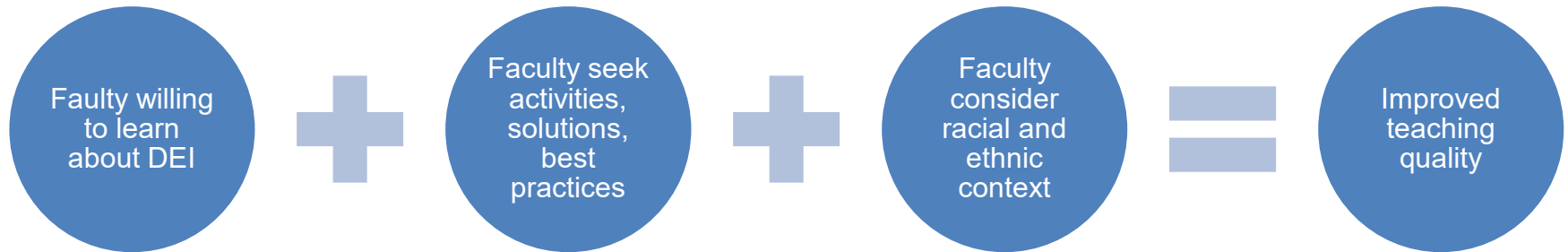
# Observations (cont'd)

- Pharmacy content and medication guidelines are absolute, so the desire is for a clear recommendation regarding the handling of race in pharmacy education.
  - Whether to include race depends on:
    - What is the **purpose** of including the patient's race?
    - Will it **impact how** the patient is cared for?
    - Does it include any **assumptions** about patients of that race?



# Observations (cont'd)

- Faculty were initially reserved on speaking about DEI at beginning of Grand Rounds sessions.
  - But...after the sessions, anonymous survey showed:



# Faculty Survey Feedback

- “Social determinants of health are a better indicator in many situations.”
- “Guidelines are always in process and shouldn’t be viewed as permanent and fixed.”
- “I’d like to see more on solutions/best practices to move forward.”
- “How can we help students to determine the bias that they may hold so they can be aware of it? How do we have others accept it?”
- “I would like to know some resources to be able to review and share for skin tones and patient assessments.”

# Lessons Learned

- Further research should identify the barriers faculty have on speaking on race and assess how applying patient cases with the involvement of social determinants of health can create a positive shift in students' learning and future practice.
- Healthcare students should be given the tools on how to treat patients as a whole, not just by one's race.
- Creating a defined group of participants, and a safe space, with guidelines, was important.
- Starting with intra-department development was effective.

# Lessons Learned (cont'd)

- Not having an absolutist or judgmental approach has been important.
- The ambiguity is uncomfortable for our faculty, but it seems they are accepting there is no one easy answer.
- Upon hearing what faculty are doing, our students want to participate in this conversation.

# Where do we go from here?

Natasha Petry, PharmD, MPH,  
BCACP

# Where do we go from here?

- We keep going! (but what next?!)
- At a minimum, one faculty development session per semester devoted to DEI
  - In-person and zoom
    - Accommodates faculty offsite and increases attendance
- Ask for volunteers (faculty) to become involved with and/or present/facilitate DEI sessions



# Where do we go from here?

- Expand beyond race
- Event idea: Journal Club
- Course reviews: recommended charge for assessment committee to consider appropriateness of DEI in course review process
- Open to other ideas
- Key: keep momentum going!

# Where do we go from here?

- Include students?
  - Consider inviting students to reach out to us and join these discussions/events
  - Consider doing a student baseline survey

# Small group discussion

- How have DEI content or methods been or not been incorporated into your teaching?
  - How has it gone?
- What will you do differently as a result of today's presentation?"

# Q & A



# Thank you!

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- [Natasha.Petry@ndsu.edu](mailto:Natasha.Petry@ndsu.edu)

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