

# Reflections on Practicing and Precepting in Rural Pharmacy in Western North Carolina

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Practicing in a rural community presents unique challenges and opportunities. Traditional healthcare education, especially in pharmacy, has lacked the structure and experiences to adequately prepare graduates to practice in rural communities.<sup>1</sup> As we both currently practice in rural sites, neither of us had formal training in preparation for our roles. In 2014, the University of North Carolina Eshelman School of Pharmacy launched the first university-approved graduate level Certificate in Rural Pharmacy Health on the Asheville Campus. This program has previously been described in detail.<sup>2</sup> Students enrolled in the certificate program are assigned to a continuity site in a rural community early in the curriculum. This part of the program allows them to be engaged in the practice and community in an extended longitudinal fashion.

As pharmacists and mentors in the rural continuity sites, we have learned much about practicing and precepting in these communities. Our responsibilities to the students have included arranging meaningful shadowing experiences and helping them think holistically about the needs of the patients, practice, and community. The shadowing experiences occur in years one and two of the program. Students are required to complete two shadowing experiences each semester. Activities during these experiences include training in point-of-care laboratory testing, blood pressure monitoring, review of pharmacotherapeutic principles, and direct interaction with patients and other health care providers. Students complete a population health needs assessment for their assigned practice community during the first year, and go on to complete a month-long, advanced pharmacy practice experience at our sites in their final year of pharmacy school. Longitudinally during their fourth year, they also implement and complete a research project designed to address the needs identified in these communities.

By sharing our experiences with this curriculum and rural practice, we hope to encourage and better prepare pharmacists or pharmacy students planning a career in rural pharmacy. Here are six considerations that are important in establishing a successful rural practice.

## 1) The Importance of Basic Necessities

Socioeconomic indicators for people living in North Carolina help shed light on many of the issues our patients face. Consider the following statistics from 2014 comparing rural and urban North Carolina:

- Per capita income was \$32,951 and \$40,944, respectively.
- The percentage of those living in poverty is higher at 22.1% vs 16.3%.
- The unemployment rate is higher at 7.3% vs 5.8%.
- Completion of a college degree is lower at 17.5% vs 30.9%.
- Almost 17% of all people, both urban and rural, are food insecure.<sup>3</sup>

These statistics are important when trying to improve the health outcomes of a community. For example, it is difficult to manage diabetes or obesity if there is unreliable access to food. At the same time, it is difficult for patients to focus on their health if they have financial stressors. All of this must be taken into account when caring for a patient and their family. It becomes important for clinicians practicing in rural communities to be aware of unique challenges their patients may face and to develop a list of available resources. Knowledge of resources such as care management programs, food pantries, clothing closets, and heating assistance, among many others, are essential.

## 2) It's All About Relationships

Relationships are important for us all; however, they take on a greater significance for those living in poverty or rural communities. Relationships are a way of survival. When financial resources are limited, the people around you become more important. For example, if your car breaks down, there are several options. You could call AAA, a towing company, or an auto repair shop. Conversely, you could also call your friend, family member or neighbor. In rural communities, the phenomenon of relying on the people you know is more pronounced because often repair shops are unaffordable or too distant to be a feasible solution. In these settings, your social network and family become your keys for survival.<sup>4,5</sup>

Because relationships play such an important role in these communities, they become important for the pharmacist-patient relationship as well. Take time to get to know your patients and their families. Start interactions with small talk and chit-chat. Be genuine. These actions help build trust that can ultimately lead to improved health outcomes.

## 3) Balancing Acute, Preventive, and Specialty Care

Often patients in rural settings focus on health care needs that are acute in nature. This tendency is the result of many issues, one of which was already described. Rural populations tend to be more likely to live in poverty and may not be as well insured. Another prominent factor is isolation, which is sometimes geographic in nature but can be cultural as well. Transportation is a common barrier if health care services are distant. Finally, access to specialty services is variable. Many large primary care offices may be equipped to do basic preventive or specialty care, but this is often not true for smaller, rural practices.<sup>6</sup> Patients are then often required to travel long distances in order to seek specialized care.

As healthcare providers, we should strive to do as many preventative and specialty services in-house as possible. When this is not feasible, care should be prioritized with the patient using shared-decision making. Transportation should be arranged if needed and available.

4) An Expanded Role

Pharmacies, physician offices, and hospitals tend to be smaller with fewer staff in rural communities, creating both opportunities and challenges. Pharmacists have the opportunity to interact more frequently and consistently with their patients. This provides continuity and enhances relationships.

Pharmacists also have an expanded role. Because access to care is more limited, patients may rely on their local community pharmacist for skills such as assessment, triage, and treatment recommendations. Similarly primary care physicians find themselves providing more specialty care. Other expanded roles may include those outside the typical duties of a pharmacist. Because staff is often fewer, a pharmacist may find that they are playing additional roles such as technician, scheduler, or office manager.

Pharmacists in rural communities need to be well trained in physical assessment and triage skills. They should keep a positive attitude and be willing to help out in other capacities when needed.

5) Consider Your Background

When entering into any area of practice, one needs to consider his or her background and training. This reflection helps to identify strengths as well as areas for growth. For us, we have very different backgrounds but have both found rewarding careers in rural health.

**Irene's Perspective:**

I was raised in a suburban community with Korean immigrant parents. Being from the suburbs, I did not talk like the people of Western North Carolina and being Asian American, did not look like them either. I am an introvert by nature and had to learn to appreciate the art of "small talk." Being an "outsider," I also had to learn to "sell" my knowledge and expertise in a manner I had never done before. I quickly learned that all my years of education and training were only a small portion of providing care to this patient population, but the extra effort that was required to establish myself has made my practice all the more rewarding.

**Rebecca's Perspective:**

I was raised in a rural community in the foothills of Western North Carolina. My community had one gas station, a post office, and no stoplights. The closest hospital and department stores were about thirty minutes away, while the closest

mall was over an hour away. However, like many rural areas, family was close and there was a strong sense of community. While small talk and relationship building came easily for me, efficiencies in the clinic did not. Balancing engagement, professionalism, and efficiency was a skill set I actively developed, and it has made me a better, well-rounded provider.

#### 6) Find a Support Network

Much like isolation can be a barrier for access to care, it can also be an enemy to rural health providers. You may be the only pharmacist in your practice site. Ever wish you could ask a colleague a clinical question or run a scenario by him or her? Continuing education opportunities may be limited. If they do exist, you may have difficulty finding coverage to attend. Because you may experience these types of isolation as a provider, it is important to find mentors and build your support network. Consider joining your state pharmacy association and becoming involved locally. The National Rural Health Association (NRHA) is an interdisciplinary organization that specializes in the issues rural communities and providers face. Their website is a wealth of information and networking opportunities including local contacts.<sup>7</sup>

### **Conclusion**

Establishing a presence as a clinical pharmacist in a rural community is both rewarding and challenging for a myriad of reasons. There are barriers ranging from differences in socio-economic status to race and culture, in addition to the inherent barriers of rural medicine such as distance to specialists and hospitals and poor health literacy.

Understandably, it may be a daunting experience for a new practitioner who has not had exposure to these challenges. Fortunately, the rewards of working in these communities are far greater than the challenges they may present. Pharmacists in a variety of rural settings have the ability to affect immense change in health quality for a vulnerable and unique patient population.

The skills that students are learning in the rural health curriculum at the UNC Eshelman School of Pharmacy are those that mirror the skills many of us have learned on our own over the years. The inclusion of a longitudinal experiential component to the curriculum has not only been a vital piece of education in this space, but has been a gift for all the patients, providers and communities involved.

To learn more:

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