

International Advanced Pharmacy Practice Experience

by Stephanie M. Bishop, PharmD



Robben Island • South Africa

GPS coordinates: 33°49'03''S 18°22'44''E

The skills and experience gained from traveling abroad can provide invaluable personal growth, as well as advancement in the professional world. Each trip offers unique benefits and encourages travelers to broaden their outlook and work with diverse cultures and populations. As a fourth-year pharmacy student at the University of Wisconsin-Madison (UW-Madison) School of Pharmacy, I had the unique opportunity to complete an international clerkship in Cape Town, South Africa. I believe my global health experience provided many learning opportunities that everyone can benefit from- a student preparing to study abroad, a preceptor teaching an international student or international advanced pharmacy practice experience (APPE), or just someone who enjoys traveling. I provided thoughts from the student perspective, and asked my previous preceptors, Professor Karen Kopacek and Professor Renier Coetzee, for input as well.

International travel for personal,

business, or academic purposes, such as international APPEs, were cancelled this spring due to coronavirus. While global health experiences and international experiential activities remain on hold, now is a good time to reflect on the importance of international APPEs, what makes a clerkship successful, and lessons learned by both students and preceptors.

Setting Students Up for Success

The UW-Madison School of Pharmacy partnered with the University of the Western Cape to create two international clerkship opportunities in Cape Town, South Africa. My international clerkship focused on academia, in which I assisted with teaching several topics in the pharmacotherapy curriculum of a newly created clinical master's degree program. During this rotation, I developed learning objectives, created and presented lectures, and wrote exam questions in collaboration with the faculty preceptor. The subject was determined and based on where

the students were in their curriculum; I focused on Antimicrobial Stewardship, Urinary Tract Infections and Obstetrics and Gynecology. The other clerkship experience offered through the University of the Western Cape focused on clinical pharmacy practice. Student pharmacists from the United States worked closely with a multidisciplinary health care team on the floors of Tygerberg Hospital, completing medication therapy monitoring and providing education to patients. I had the opportunity to incorporate the clinical rotation into my academic rotation by teaching the South African students at Tygerberg Hospital, completing the tasks mentioned above while applying the topics we discussed in the pharmacotherapy course.

Many health profession programs incorporate global health education and experiences in their respective programs to address increasing student demand. As the opportunities for global health education have increased, the importance of programmatic evaluation of these experiences also increased.¹ The

Consortium of Universities for Global Health (CUGH) developed a framework that highlights competencies all health professional students should achieve when completing a global health experience.² The CUGH competency framework reflects the learning outcomes students in the health profession seek to achieve by completing global health experiences. These outcomes include enhanced knowledge regarding disease states, cultural differences, and social determinants of health as well as skills in cross-cultural communication, leadership, and empathy. Many of these competencies mirror the experiences sought by participating students. Therefore, it is critical for preceptors to determine each student's goals in order to set them up for a successful learning experience during an international clerkship or global health experience.

It takes a team to plan and facilitate a successful international clerkship. Planning begins with the home country faculty matching health professional students with international sites based on learning goals and interest. After matching students to sites, student preparation becomes a joint collaboration between the home

school or college and the host preceptor. Recommended topics for clerkship syllabi and discussion with students should include travel considerations, safety, housing, communications, health issues, travel alerts, passport and VISA requirements, and financial considerations.³ Preceptors at the host country add to clerkship preparation by providing a detailed description of the host site/ institution, site expectations, clerkship assignments, and evaluations.³

To prepare to study abroad, I packed the necessary items such as a passport, laptop, appropriate wardrobe and made the necessary housing and transportation accommodations. Below are some things less commonly considered:

1. **Limited WiFi.** Download as much as possible, including articles for potential journal clubs and copying pages from favorite clinical resources.
2. **Phone Service.** Phone Service can be tricky; read the fine print ahead of time. I would recommend downloading WhatsApp. It uses a phone's cellular or WiFi connection to facilitate messaging and voice calling to nearly anyone in the world. The service is not always the best, but you don't have to worry about large charges on your next phone bill and it is the best I have found.
3. **Accommodations.** Travelers likely reserved hotel and transportation from the airport months prior, but confirm both reservations a few days before departure. Do not rely on phone service or airport WiFi to call for transportation upon arrival.
4. **Currency.** Before leaving the country, it's important to check what credit cards are accepted overseas and if there are any foreign

transaction fees. Travelers should bring some local currency and keep it with them at all times in case of an emergency. I requested South African Rand from my local bank prior to leaving, and took out the rest when I got there; the exchange rate was better at the travel destination. I also brought a "money belt"-basically a fanny pack under your clothes, just for safe keeping.

5. **Letters.** A month before I left, I asked close family and friends to write me a letter and maybe include a picture or two. I put them in my suitcase and opened one letter each week of my rotation. I am glad I made this request because it created an opportunity for self-reflection, appreciation for my relationships, and helped set aside some of the homesickness.

Cultural Awareness

When traveling abroad, explorers transport to an exotic location, meet new people, and immerse themselves into an unfamiliar environment. This experience can cause a feeling of uncomfortable uncertainty and is a feeling many of us feel when challenging ourselves to try something new. Pushing ourselves outside of our comfort zone is the biggest opportunity for personal growth and a change of perspective and reflection. This experience can influence how one reacts to challenges such as language barriers or a lack of resources at the hospital, an issue the world has been faced with due to the COVID pandemic. My biggest piece of advice is to keep an open mind to new experiences and perspectives. This allowed me to learn how to communicate in a situation where I was not familiar with a native language, relying on relationships, building trust through these sincere

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“Study abroad programs allow for internationalization of local curriculums and provides international perspectives on disease management. It creates research and publication opportunities and allows me to collaborate on a broader platform” – Renier Coetzee

Below: Indalu Game Reserve.



exchanges and developing cultural humility. I am grateful for the experience of working in a system with resources different than my own. It required me to think creatively and evaluate assets to address problems.

It can be difficult to acclimate to a new environment or position. As an APPE student, I found myself in a new role as an educator. This role required a change of mindset; instead of a traditional instructor/student relationship, perhaps we could meet in the middle. I realized both the students I was working with, as well as myself, had a lot to learn from each other. On our first day, I asked the students to bring in something that represented them, something that was important to them. This was the foundation of our relationship, showing that I wanted to learn more about them and find a common ground. I focused on creating strong, sincere relationships and implementing this team-based approach. For example, I presented the United States (US) and the South African guidelines during lectures to integrate both countries into the curriculum. The students seemed to respond positively to this, and were receptive to the knowledge I could offer. The cultural barrier seemed to diminish, and the growth was significant. Even though I was only a few years older, I had an opportunity to share with them the knowledge I have learned over the years. In exchange, they helped me grow in more ways than one. The students were excited to learn from a foreign teacher, similar to how I would expect my pharmacy class at UW-Madison would be, eager to learn from a guest lecturer with a different perspective.

When I was at the hospital, I was not able to interact with others as I usually would. The students became an integral part of their own education because they had an advantage I did not: communication. There are many languages spoken in South Africa. Many students at the university could understand English, but Afrikaans and Xhosa were completely new to me. As an eager outsider, I was challenged at times. The tools in my tool belt, such as patient-friendly language or calling an interpreter, did not work there. At that moment, the students realized I needed them just as much as they needed me.

As an example, a patient with a history



Above: Dr. Renier Coetzee and Dr. Stephanie Bishop with students at the University of the Western Cape.

of hypertension was admitted to Tygerberg Hospital due to heart failure. While we spoke to the patient, I realized he was not taking his anti-hypertensive medication. Why? He did not think he needed to; he did not “feel” the hypertension. This was the perfect opportunity for patient education. The students and I discussed hypertension and the factors that influence medication nonadherence such as social and economic status, the health care team/system, and condition-related, therapy-related and patient-related situations. After our brief discussion, the students explained to the patient how hypertension works, comparing it to a “silent killer,” and educated the patient on the importance of adherence. Although I could not understand what the patient was saying, I could see by his facial expression that he understood. Prior to our conversation, no one explained to this patient why his medication was so important. This experience helped the students realize the impact they could provide to patients, and how they could expand the pharmacy profession in the hospital setting.

This experience challenged me as an educator and provided invaluable personal growth. Cultural awareness is hard to teach or simulate; however keeping an open mind and creating sincere relationships laid the foundation for me to build upon this skill.

Cultural awareness and sensitivity are key elements for pharmacy education according to the Accreditation Council for

Pharmacy Education (ACPE).⁴ In addition, the Center for the Advancement of Pharmacy Education (CAPE) targets global awareness and cultural competency when it comes to evolving pharmacy curriculum.^{5,6} Academic clerkships allow for development in teaching and scholarship while international clerkships immerse students into a new culture, supporting genuine development of cultural competency that is difficult to simulate through other methods.^{5,7-9}

Collaboration

The School of Pharmacy at the University of the Western Cape is the only provider of pharmacy education in the Western Cape and works closely with local health care providers to effectively train pharmacists for all sectors of the profession. Clinical pharmacy services continue to advance in developed countries. However, there is a shortage of pharmacists in South Africa and limited work has been done in the field of clinical pharmacy. To help address the need and promote clinical pharmacy services, the School of Pharmacy invites pharmacy students from other countries to complete an international rotation as part of their Advanced Pharmacy Practice Experience (APPE) program.

The program focuses on training international students to be global health care practitioners who are able to provide leadership in resource-constrained

settings worldwide. One of the goals is to expose students to health care settings in developing countries and offer them an opportunity to be involved in the clinical management of patients with various diseases. As an international student, I participated and was integral in developing new and sustainable clinical services. In addition, I had the opportunity to strengthen my precepting skills while teaching and mentoring pharmacy students at the University of the Western Cape.

Possible Obstacles to Avoid

Although international clerkships offer many opportunities for both students and preceptors, challenges may also come along the way. Below are potential obstacles and possible solutions to consider.

1. **Time.** There could be a delay in progress as students may struggle to adapt to the new setting, understand the new teaching environment, adjust to the time difference, etc. If possible, consider using the first day of rotation to allow the student to acclimate themselves to the new environment and time change. Give them a tour of their new environment and consider taking them out to a favorite restaurant. These experiences provide an opportunity to build a relationship and show compassion during a time that may be stressful. Day 2, outline expectations and build a schedule that works for both the student and preceptor. Provide feedback frequently and schedule check-ins often to foster growth during a short period of time.
2. **Limited phone access.** Consider communicating in-person or via email to minimize the issue of limited phone access.
3. **Availability of technology.** It is important to remember that WiFi can be unpredictable. Consider scheduling assignments that may require internet access sooner in the rotation, rather than later, and provide a few dates and times to allow for flexibility.
4. **Time difference.** Communicating between countries with different time zones can be interesting. Make

sure to clarify the time zone when creating deadlines.

5. **Funding for good quality projects.** Spread the word and reach out to colleagues; there is a chance someone can help. Think outside of the box. What resources do we already have that could fill the gaps? For example, Professor Coetzee wanted to expand the scope of pharmacy practice at Tygerberg Hospital to provide an antimicrobial stewardship (AMS) service. He enlisted the help of US students to educate the South African pharmacy students and create tools to gather data to support the new efforts.
6. **Grading.** Rubrics differ from institution to institution, and not every rotation can fall perfectly into the rubric and truly reflect the student's performance. Allow for some flexibility when grading an international student rotation and realize their personal growth may be just as important as their clinical performance.

In conclusion, pharmacy is a dynamic field; as healthcare continues to evolve, so too should the training of pharmacy students. Traveling internationally provides a global health advantage, offering invaluable opportunities for personal growth, collaboration, and clinical advancement if you keep an open mind to new experiences and differences in perspective. The benefits of international travel span much farther than a rotation in pharmacy school. There is an opportunity for career growth and relationships that will last a lifetime.

Stephanie Bishop completed a PGY1 Residency at SSM Health St. Mary's Hospital in Madison, WI.

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