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Evaluating Pharmacy Student Opinions of the Kentucky Professionals Recovery Network

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Evaluating Pharmacy Student Opinions of the Kentucky Professionals Recovery Network

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Table of Contents

Executive Summary	3
Introduction	4
Literature Review.....	6
Research Design	7
<i>Population.....</i>	<i>7</i>
<i>Survey Design.....</i>	<i>8</i>
<i>Data Collection and Planned Analysis.....</i>	<i>10</i>
Results	11
<i>Participants.....</i>	<i>11</i>
<i>Primary Endpoints</i>	<i>13</i>
<i>Secondary Endpoints.....</i>	<i>14</i>
Discussion and Conclusion	21
<i>Limitations.....</i>	<i>22</i>
Resources	24
Appendix 1.....	26

Executive Summary:

Issue

Healthcare professionals have similar rates of substance use disorders as the general population. Healthcare professionals are in a unique position because their substance use disorder affects them and may affect their patients. Substance use disorders among healthcare professionals can result in lawsuits and loss of licensure. Kentucky Professionals Recovery Network (KYPRN) provides healthcare professionals with substance use disorders services and programs to help them recover from their disorder. Unfortunately, the University of Kentucky College of Pharmacy no longer provides education on the Kentucky Professionals Recovery Network in its formal curriculum. Instead, students are expected to gain this knowledge via experiential education and co-curricular education. This project is aimed to assess how knowledgeable pharmacy students are about KYPRN and find ways to better inform students.

Audience

The audience of this research project is pharmacy students, the University of Kentucky College of Pharmacy, and the Kentucky Professionals Recovery Network.

Problem Statement

How knowledgeable are pharmacy students about KYPRN?

Hypothesis

The null hypothesis is that there is no difference between first- and third-year pharmacy student knowledge of the mission of the Kentucky Professionals Recovery Network and the services that the organization offers. The alternative hypothesis is that third year pharmacy students are more knowledgeable about the mission of the Kentucky Professionals Recovery Network and the programs that it offers.

Introduction:

In 1998, a group of individuals from the Kentucky Board of Pharmacy and the Kentucky Pharmacists Association (KPhA) introduced legislation to add a ten-dollar fee to every pharmacist license to fund the Kentucky Professionals Recovery Network (KYPRN)¹. Kentucky Professionals Recovery Network provides healthcare professionals with substance use disorders with services and programs to help them recover from their disorder². For pharmacy professionals, the organization provides services to licensed pharmacists, student pharmacists and technicians². Since the inception of the Kentucky Professionals Recovery Network, they have helped provide assistance for 376 pharmacists and pharmacy interns¹. Currently, KYPRN has 75 active clients¹. This capstone is aimed to assess how knowledgeable pharmacy students are about Kentucky Professionals Recovery Network and find ways to better inform students by surveying current first and third year student pharmacists at the University of Kentucky College of Pharmacy.

Currently, the University of Kentucky College of Pharmacy does not include information about the Kentucky Professionals Recovery Network in the formal curriculum. Rather it is expected that student pharmacists learn about the organization through pharmacy practice experiences, community service, and extracurricular work experience. For example, every pharmacy student is required to complete an Introductory Pharmacy Practice Experience (IPPE) and Longitudinal Experiential Education in Pharmacy (LEEP) during the second and third year of pharmacy school. An IPPE is an educational pharmacy experience in both the community and inpatient settings that consists of one hundred and twenty hours of experience in three weeks. A LEEP is a semester-long educational pharmacy experience in any setting that consists of twenty hours of experience. Also, each student pharmacist is required to participate in a Community

Service Learning (CSL) Project that takes place over all three years of didactic education. The project allows student pharmacists to connect with a local nonprofit to complete a service project focused in healthcare. Furthermore, third year pharmacy students would most likely have more experience with extracurricular work within a pharmacy setting, as these students have been pharmacy interns for at least three years while the first-year pharmacy students have been pharmacy interns for less than a year.

By surveying the first- and third-year students about their knowledge of the Kentucky Professionals Recovery Network, the project should obtain valuable insight on whether these experiences are providing student pharmacists with adequate information on the resources available to them. A survey of pharmacy students on this topic has not been conducted; therefore, the results will contain important information that will be able to inform future policy decisions regarding the curriculum at the University of Kentucky College of Pharmacy.

Furthermore, the University of Kentucky offers few resources to students who are struggling with substance use disorders. Through the Counseling Center at the University of Kentucky, students can make appointments with staff psychologists to discuss problems related to substance use disorders, but the University of Kentucky does not provide any recovery services to students. Instead, students must be referred to other programs that they would have to pay for. With these limited resources available, it is essential that student pharmacists have access to all information regarding organizations like the Kentucky Professionals Recovery Network to better prepare them for the challenges they may face.

By evaluating pharmacy student knowledge of the Kentucky Professionals Recovery Network, the University of Kentucky College of Pharmacy will have data to either support or not support the addition of curriculum content focused on informing student pharmacists about the

Kentucky Professionals Recovery Network. With the information obtained from this project, the University of Kentucky College of Pharmacy will be able to make an informed decision about the policies in place regarding the curriculum that future pharmacists have access to in Kentucky.

Literature Review:

The National Institute of Mental Health defines a substance use disorder as a “mental disorder that affects a person’s brain and behavior, leading to a person’s inability to control their use of substances such as legal or illegal drugs, alcohol, or medications”³. Substance use disorders do not affect everyone equally⁸. According to the Center for Behavioral Health Statistics and Quality, men are more likely to use illicit substances compared to women⁸⁹. Men are also more likely to experience overdose death due to illicit substances than women⁹⁸. There are many factors that predispose people to developing substance use disorders. One that may be overlooked is a person’s profession.

Healthcare professionals have similar rates of substance use disorders as the general population⁴. Around 10%-15% of healthcare professionals will misuse drugs or alcohol during their careers⁴. Healthcare professionals are in a unique position because their substance use disorder does not just affect them. Healthcare providers suffering from a substance use disorder are putting themselves at risk and potentially endangering patients in their care. One example of this problem was a study conducted using the Center for Disease Control data that found that nearly 30,000 people were exposed to hepatitis C by infected hospital employees using injectable controlled substances for themselves and then administering the remainder to the unsuspecting patient⁶. Furthermore, substance use disorders among healthcare professionals can result in lawsuits and loss of licensure. This is unique to healthcare professionals and does not typically

apply to the general population. Being able to make early investments in preserving the mental wellbeing of healthcare students not only impacts the lives of healthcare professionals it also positively impacts the lives of the patients that they care for.

Substance use disorders and behavior tend to develop during pre-professional years⁶. One study found that 88% of pharmacy practitioners who admitted to using non-prescribed medications began using during college⁶. Another study looked at alcohol use among student pharmacists and found that 36% reported a binge drinking episode in the last two weeks⁶. So relevant data has shown that substance use disorders are an issue that affects pharmacy students and a problem that they could carry with them into their professional careers. It is important that pharmacy students are informed of the issues that may impact them today or in the future.

Another factor that needs to be accounted for in the last few years is the COVID-19 pandemic. According to the Centers for Disease Control and Prevention, 13% of Americans started or increased substance use to handle the stress of the pandemic⁹. The American Medical Association also found that forty U.S. states have seen an increase in opioid related mortality as of December 2020⁹. Since rates of substance use disorders in healthcare professionals mirror that of the general population it can only be assumed that rates of substance use disorders are increasing among healthcare professionals as well. With these steady rises in substance use disorders and deaths related to substance use disorders it is more pertinent than ever to inform pharmacy students of the resources available to them.

Research Design:

Population

In order to produce the most meaningful data, first year and third year pharmacy students from the University of Kentucky were selected as the study population. This is due to the thought that pharmacy students should learn about the Kentucky Professionals Recovery Network through pharmacy experiences outside of the classroom. The assumption is that third year

pharmacy students have more pharmacy experience outside of the classroom compared to first year pharmacy students. For example, by the time a student enters their third year of pharmacy school, they would have already completed two IPPEs (Introductory Pharmacy Practice Experience), several LEEPs (Longitudinal Experiential Education in Pharmacy), two-thirds of a CSL Project, and most likely have two to three years of outside pharmacy work experience. In comparison, first year pharmacy students will not have completed most of these experiences and have less pharmacy work experience.

Survey Design

The survey was conducted using Research Electronic Data Capture (REDCap), a secure, web-based application designed exclusively to support data capture for research studies. The survey was approved by the Institutional Review Board (IRB) on February 8th, 2022. A cover letter containing all required elements of informed consent were included with each survey. The cover letter contained an explanation of the purpose of the research, expected duration of participation, a description of the procedures, benefits and risks to the subject, a statement of confidentiality, a voluntary participation statement and contact information for the investigator and Office of Research Integrity. All first- and third-year professional students enrolled at the University of Kentucky College of Pharmacy were invited to participate by email through the University of Kentucky Class of 2023 and 2025 listservs.

The survey contained questions pertaining to demographics, knowledge about KYPRN, and student pharmacist's opinions on their knowledge of KYPRN. The survey utilized various types of response categories, including multiple choice, multiple response and one open ended question. The first section was used to gather demographic information from the survey participants. This information is used to compare different attributes of students and compare which attributes had the greatest effect on pharmacy student knowledge of the Kentucky

Professionals Recovery Network. The demographic information collected was determined to be most meaningful in trying to assess which students may be more knowledgeable than others on the Kentucky Professionals Recovery Network. In this section, graduation year was collected to compare the first- and third-year pharmacy students. Also work experience was collected to access extracurricular activities that may contribute to knowledge of the Kentucky Professionals Recovery Network. There were a few assumptions that were examined. The first assumption is that students who know someone that has struggled with a substance use disorder would be more familiar with resources available to people that struggle with this illness. The second assumption is that student pharmacists who have received an undergraduate degree may know more about the Kentucky Professionals Recovery Network because they have completed more education than their peers. The third assumption is that student pharmacists who are residents of Kentucky would be more likely to know about the Kentucky Professionals Recovery Network because than their out of state peers because it is an organization that is exclusively for healthcare providers in Kentucky. Based on data from the literature review, males are more likely to use illicit substance than females. Males may be more likely to know about the Kentucky Professionals Recovery Network due the data that they have higher rates of use.

The second section of the survey was designed to quiz the student's current knowledge of the Kentucky Professionals Recovery Network. The quiz questions were designed as basic questions that would be essential to know before utilizing the services provided by the Kentucky Professionals Recovery Network. The questions mostly focused on the services the Kentucky Professionals Recovery Network provides and who they provide these services to. The answers to the questions could all be found on the Kentucky Professionals Recovery Network website and the Kentucky Board of Pharmacy website.

The third section was focused on finding the best way to answer the policy question. Now

that the data on pharmacy student knowledge has been collected the surveyor needs to know what the next steps are in order to utilize the data to inform policy. This section was focused on the students' opinion on if they felt as if they knew enough about the Kentucky Professionals Recovery Network and what ways they would be interested in learning more. A copy of the entire survey is shown in Appendix 1.

Data Collection and Planned Analysis

The survey was distributed through the University of Kentucky College of Pharmacy listservs for the first year and third year pharmacy classes. The survey was conducted from February 15th to February 25th, 2022.

To analyze the data collected from the survey a few statistical tests will need to be utilized. For comparison of mean scores on the second section of the survey between various demographic groups an independent t-test will be utilized. An example is comparing mean score on the second section of the survey between first- and third-year pharmacy students. The independent t-test was utilized for comparing graduation year, gender, receipt of an undergraduate degree, resident of Kentucky and knowing someone who has a substance use disorder.

To compare which pharmacy work experience had the most impact on pharmacy student knowledge, an ANOVA test will be used. In the statistical test, there were eight different work experiences to select from. The independent variable was the different work experiences, and the dependent variable was the mean score on the second section of the survey.

Lastly, in order to compare which independent demographic variables had a statistical effect on the dependent variable of mean score on the second section of the survey, a multiple regression was utilized.

Results:

Participants

Fifty-eight students participated in the survey. Thirty (53.6%) students were third year students and 26 (46.4%) were first year pharmacy students. Thirty-four (61.8%) were female pharmacy students and 21 (38.2%) were male students. Forty-five (83.3%) students were residents of Kentucky and nine (16.7%) were residents of other states. Twenty-four (43.6%) students received undergraduate degrees before entering pharmacy school and thirty-one (56.4%) students did not receive an undergraduate degree. Forty-six (83.6%) students had work experience at a community pharmacy, twenty-four (43.6%) had work experience at a hospital pharmacy, two (3.6%) had work experience at a mail-order pharmacy, three (5.5%) had work experience at a specialty pharmacy, four (7.3%) had work experience at a long term care facility, two (3.6%) had work experience in a research lab, one (1.8%) had other pharmacy work experience and four (7.3%) did not have any pharmacy work experience). Thirty-nine (70.9%) students know someone that has struggled with a substance use disorder and sixteen (29.1%) do not know someone that has struggled with a substance use disorder. All respondent data can be found in Table 1 and Table 2.

Table 1: Respondent Demographics

Demographics		
Year in Pharmacy School	1 st year 26 (46.4%)	3 rd year 30 (53.6%)
Gender	Male 21 (38.2%)	Female 34 (61.8%)
State of Residency	Kentucky 45 (83.3%)	Other States 9 (16.7%)
Undergraduate Degree	Yes 24 (43.6%)	No 31 (56.4%)
Substance Use Disorder Familiarity	Yes 39 (70.9%)	No 16 (29.1%)

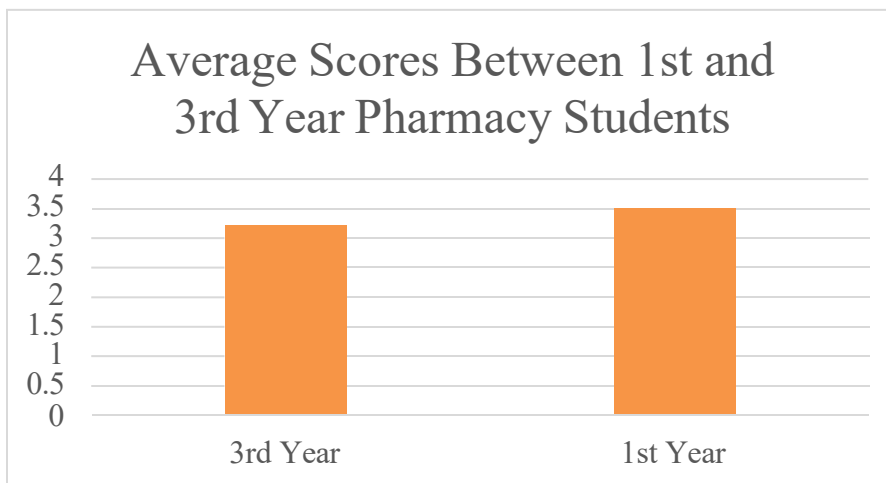
Table 2: Respondent Work Experience

Outside Work Experience	
Community Pharmacy	46 (83.6%)
Hospital Pharmacy	24 (43.6%)
Mail-Order Pharmacy	2 (3.6%)
Specialty Pharmacy	3 (5.5%)
Long Term Care Facility	4 (7.3%)
Research Lab	2 (3.6%)
Other Pharmacy Work	1 (1.8%)
No Pharmacy Work	4 (7.3%)

Primary Endpoint

The primary endpoint of the study is to compare the average score on the quiz section (survey items 7-13 of the survey) between first- and third-year pharmacy students. The mean score for first year pharmacy students was 3.59 out of 7 with a standard deviation of 1.33. The mean score for third year pharmacy students was 3.21 out of 7 with a standard deviation of 1.17. After performing an independent t-test the p-value was 0.3. The p-value exceeds 0.05 and the null hypothesis of there is no difference between first- and third-year pharmacy student knowledge of the mission of the Kentucky Professionals Recovery Network and the services that the organization offers cannot be rejected. Therefore, knowledge of the Kentucky Professional Recovery Network is not statistically different between first- and third-year pharmacy students.

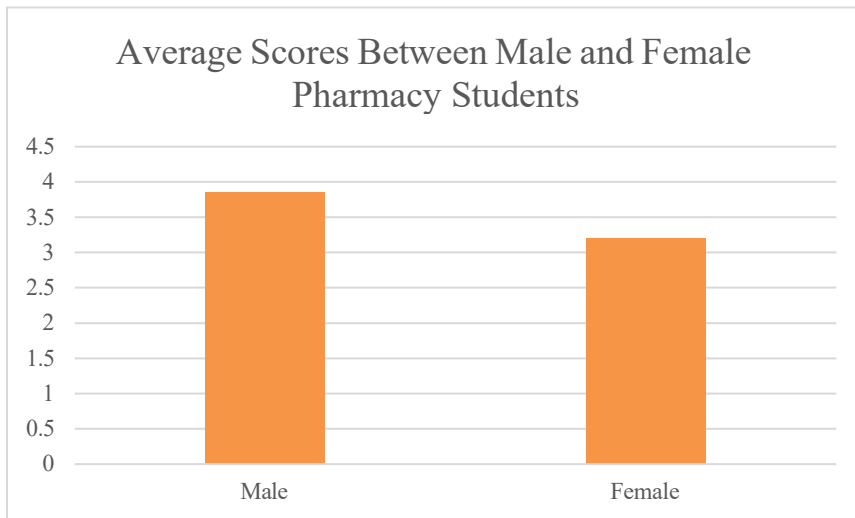
Chart 1: Average Scores Between 1st and 3rd Year Pharmacy Students



Secondary Endpoints

The first secondary endpoint of the study was to compare the average score on the quiz section of the survey (survey items 7-13) between male (n=21) and female (n=34) participants. The male participants did score better on average, with a mean of 3.85 out of 7 on the quiz section of the survey with a standard deviation of 1.23. The female participants had a mean of 3.2 out of 7 with a standard deviation of 1.13. After performing an independent sample t-test the p-value was 0.065. Again, the p-value exceeds 0.05, which indicates that the null hypothesis cannot be rejected and the conclusion is that knowledge of the Kentucky Professionals Recovery Network is not statistically different between male and female pharmacy students.

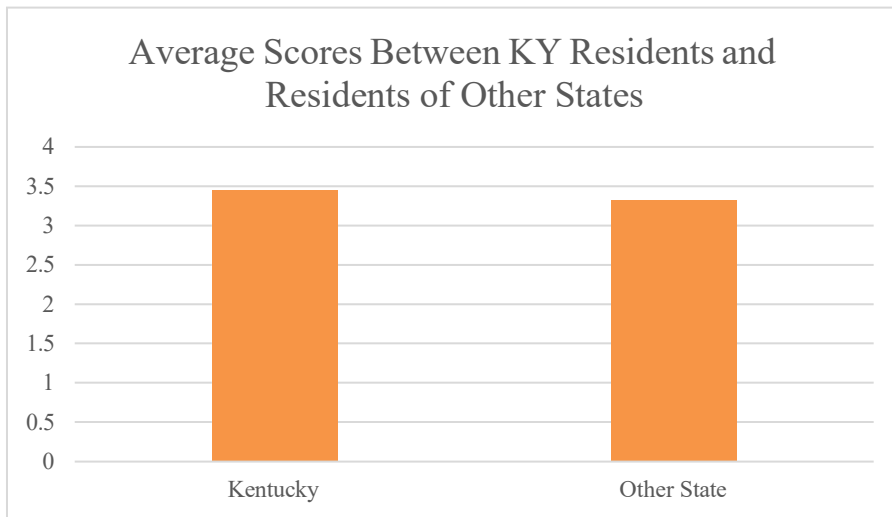
Chart 2: Average Scores Between Male and Female Pharmacy Students



The second secondary endpoint of the study was to compare the average score on the quiz section (survey items 7-13) of the survey between residents of the state of Kentucky (n=45) and residents of other states (n=9). Kentucky residents did on average score slightly higher than non-Kentucky residents with a mean of 3.45 out of 7 with a standard deviation of 1.59. The non-Kentucky residents had a mean of 3.33 out of 7 with a standard deviation of 1. After performing

an independent t-test the p-value was 0.77. The p-value exceeds 0.05 which indicates that the null hypothesis cannot be rejected. Therefore, the conclusion is that knowledge of the Kentucky Professionals Recovery Network is not statistically different between Kentucky residents and non-Kentucky residents.

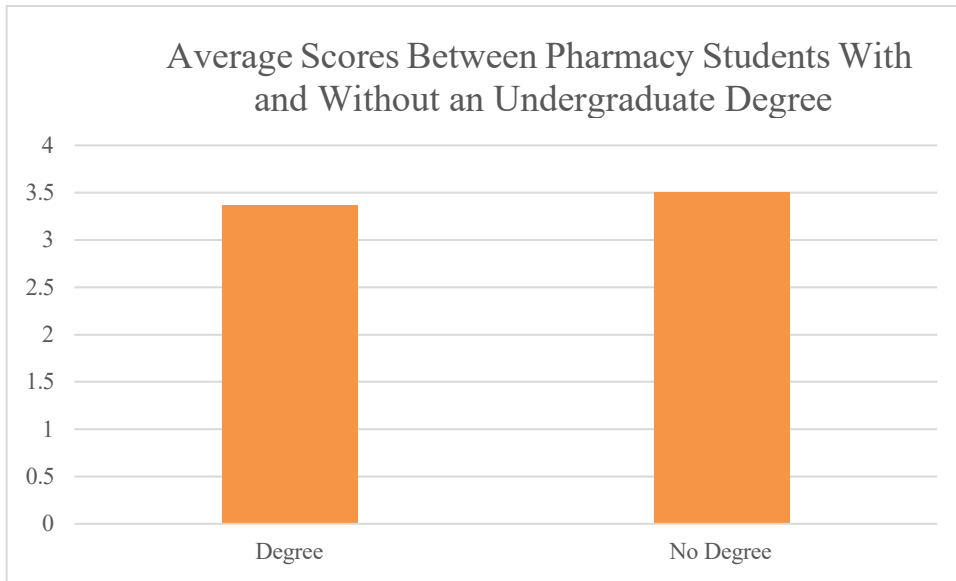
Chart 3: Average Scores Between Kentucky Residents and Residents of Other States



The third secondary endpoint of the study is to compare the average score on the quiz section of the survey between pharmacy students that received an undergraduate degree before entering pharmacy school (n=24) and those that did not receive an undergraduate degree before starting pharmacy school (n=31). On average, pharmacy students that did not receive an undergraduate degree before entering pharmacy school scored higher than pharmacy students that did receive an undergraduate degree. The mean for pharmacy students without an undergraduate degree was 3.5 out of 7 with a standard deviation of 1.17. The mean for pharmacy students with an undergraduate degree was 3.36 out of 7 with a standard deviation of 1.26. After performing an independent t-test the p-value was 0.69, which exceed 0.05. Therefore, the

conclusion is that knowledge of the Kentucky Professionals Recovery Network is not statistically different between pharmacy students with and without undergraduate degrees.

Chart 4: Average Scores Between Pharmacy Students With and Without an Undergraduate Degree



The fourth secondary endpoint of the study is to compare the average score on the quiz section of the survey between different pharmacy work experiences. The pharmacy work experiences included in the data analysis were community, hospital, mail order, specialty, long term care, research lab, and no pharmacy experience. The summary of the statistics of each group is in Table 3 below:

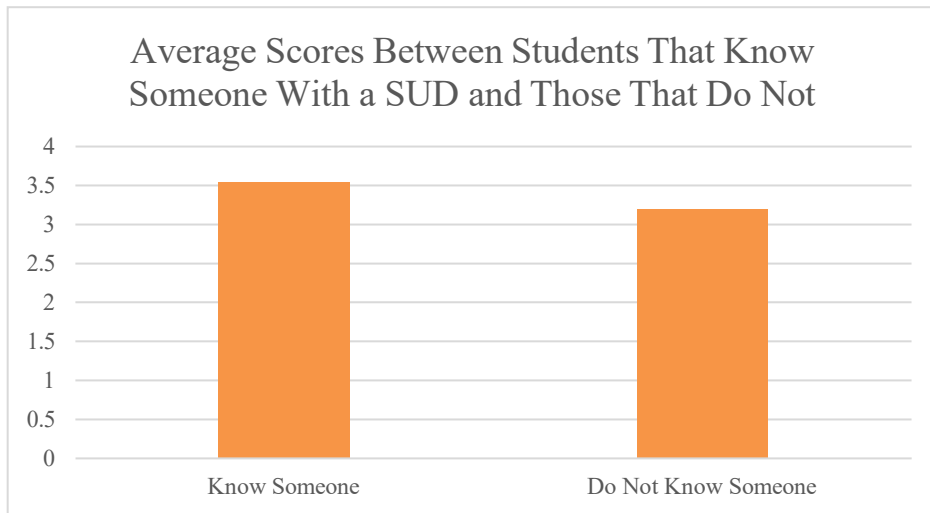
Table 3: Average Scores Based on Respondent Work Experience

Data Summary of Respondent Work Experience			
Work Experience	N	Mean	Standard Deviation
Community	42	3.48	1.19
Hospital	22	3.55	0.91
Mail Order	2	3.5	0.71
Specialty	3	3.67	1.15
Long Term Care	3	3.33	0.58
Research Lab	2	3	0
None	4	3	1.41

In order to compare the means of each group, the One-Way ANOVA statistical test was performed. After the ANOVA test was performed the p-value between groups was 0.97, which exceeds 0.05. Therefore, the conclusion is that knowledge of the Kentucky Professionals Recovery Network is not statistically different between different pharmacy work experiences.

The last secondary endpoint of the study is to compare the average score on the quiz section (items 7-13) of the survey between pharmacy students that know someone who has struggled with a substance use disorder (n=39) and those that do not know anyone that has struggled with a substance use disorder (n=16). The mean for pharmacy students that do know someone with a substance use disorder was 3.54 out of 7 with a standard deviation of 1.19. The mean for pharmacy students that do not know someone with a substance use disorder was 3.2 out of 7 with a standard deviation of 1.21. After performing an independent t-test the p-value was 0.36, which exceeds 0.05. Therefore, knowledge of the Kentucky Professionals Recovery Network is not statistically different between pharmacy students that know someone who has struggled with a substance use disorder and pharmacy students who do not know someone that has struggled with a substance use disorder.

Chart 5: Average Scores Between Students That Know Someone with a SUD and Those That Do Not



Finally, a multiple regression was performed in order to determine if any of the independent variables were significant. Table 4 contains the p-values for each independent variable.

Table 4: Multiple Regression Results

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>
Intercept	2.91991269	0.91411431	3.19425333	0.00262466
Year	-0.1608548	0.17570203	-0.9154979	0.36503608
Resident	-0.1029968	0.47198245	-0.2182218	0.82828869
SUD	0.13987177	0.3903983	0.35827966	0.72188701
Pharmacy Experience	0.63674359	0.67363413	0.94523654	0.34981955
Academic degree	0.01891698	0.36523834	0.05179352	0.95893308
Gender	0.63379787	0.37396742	1.69479432	0.09734591

As shown in Table 4, none of the independent variables tested in the study were significant. Therefore, the conclusion is that none of the demographic variables are significantly associated with quiz scores.

The last section of the survey was utilized to evaluate each student's opinion of how prepared they felt to answer questions about the Kentucky Professionals Recovery Network from their experiences in pharmacy outside of the classroom. The first question was a general question about how prepared they felt overall to answer these questions. The question utilized a sliding scale that ranged from 0 to 100. With zero being not prepared at all and 100 being as prepared as possible. The mean response was 21.07 out 100 with a standard deviation of 23.72.

The next several questions were more specifically targeted at assessing whether various pharmacy experiences outside of didactic classwork provided students with adequate knowledge about the KYPRN. The first two pharmacy experiences were LEEP and IPPE. The students had the option of answering Yes, No, or I have not had a LEEP or IPPE. The responses were as follows for both pharmacy experiences: zero students answered Yes, twenty-eight (59.6%) answered No, and 19 (40.4%) answered that they had not had a LEEP.

The next pharmacy experience was CSL. The students had the option of answering Yes, No, or I have not had CSL. The responses were as follows: one (2.1%) student answered Yes, forty-four (93.6%) answered No, and two (4.3%) answered that they had not had CSL.

The last pharmacy experience evaluated was pharmacy work experience. Again, the students had the option of answering Yes, No, or that they did not have any pharmacy work experience. The responses were as follows: one (2.2%) student answered Yes, forty-two (91.3%) answered No, and three (6.5%) answered that they did not have any pharmacy work experience. A summary of all results is located in Table 5.

Table 5: Pharmacy Student Feelings of Adequate Information About KYPRN Based on Experiential Pharmacy Experience

Feeling of Adequate Information About KYPRN Based on Experiential Pharmacy Experience			
	Yes	No	I have not had this experience
Longitudinal Experiential Education in Pharmacy (LEEP)	0	28 (59.6%)	19 (40.4%)
Introductory Pharmacy Practice Experience (IPPE)	0	28 (59.6%)	19 (40.4%)
Work Experience	1 (2.1%)	42 (91.3%)	3 (6.5%)
Community Service Learning (CSL)	1 (2.1%)	44 (93.6%)	2 (4.3%)

The last two questions on the survey were aimed at evaluating if pharmacy students would be interested in learning more about the Kentucky Professionals Recovery Network and in what format they would prefer to receive that information. Students had the option of answering Yes, No, or Maybe. Sixteen (34%) students answered Yes, eight (17%) students answered No, and twenty-three (48.9%) students answered Maybe.

Students were able to type in their preferred format for receiving information about the Kentucky Professionals Recovery Network. Email was the most common answer with fifteen

students preferring this method, the next most common answer was a lecture with ten students preferring this method.

Discussion and Conclusion:

To answer the question of this study of whether pharmacy students receive adequate information on the Kentucky Professionals Recovery Network via various pharmacy experiences outside of the classroom, first- and third-year pharmacy students were compared. This population was selected because first year pharmacy students have not had the opportunity to complete as many experiential education activities while third year pharmacy students should have at least three semesters of experiential education. In order to compare their knowledge a survey was devised with questions aimed at assessing each student's knowledge of the Kentucky Professionals Recovery Network.

The results of the analysis show that there is no statistical difference between first- and third-year pharmacy student knowledge of the Kentucky Professionals Recovery Network. This shows that non-didactic pharmacy experiences are not adequately providing students with information related to all of the mental health resources that are available to them. Furthermore, the average scores on the second section of the survey (questions 7-13) were relatively low. At the University of Kentucky College of Pharmacy, a 70% score is considered passing or a 4.9/7 on this assessment, should be considered adequate knowledge. First year students scored on average a 3.59 out of 7 which is 51.3%. Third year students scored on average a 3.21 out of 7 which is 45.9%. These scores are well below passing grades in pharmacy school and suggest that pharmacy students do not have adequate knowledge of the Kentucky Professionals Recovery

Network. They clearly are missing potentially crucial information about mental health services that may be useful for students in their future endeavors.

Furthermore, there was not an independent variable that was statistically significant. Different pharmacy and life experiences did not better inform students about the Kentucky Professionals Recovery Network. This should inform the College of Pharmacy that the best place for students to receive this information is from the College itself. In question 19 and 20 of the survey most students indicated that they would be willing to receive more information about the Kentucky Professionals Recovery Network. Furthermore, the preferred method of that communication would be through an email for students to look through at their leisure. An email that originates from a professor within the College of Pharmacy would hold the most credibility for student pharmacists. In a survey conducted by Bowling Green State University, researchers found that 85% of students said they check their university email every day, and if they find a message from a faculty member, they are highly likely to read it¹⁰. As a current student pharmacist, there is a constant stream of emails that are sent to pharmacy students every day. However, the ones from professors at the College of Pharmacy are from senders that would be recognizable to students. This alone would make students more likely to open and read the email. The email would have to be concise so that student pharmacists can glance at the email and obtain the pertinent information. The email could also contain links to further resources for students that are most interested in learning more.

Limitations

There are several limitations regarding this capstone project. The survey response rate was respectable but only represents about 22% of the total student pharmacist sample surveyed. The project also only sampled first and third year student pharmacists, but there are still two

classes of student pharmacists that were not included in the study. Surveying these students could give more robust data about the opinions and knowledge of the Kentucky Professionals Recovery Network among all student pharmacists at the University of Kentucky.

Other limitations are due to survey methodology. The researcher developed the survey questions, and it is therefore possible that important response categories were missing. Furthermore, responses mostly required participants to select a single answer and did not provide much opportunity for discussion or details. Another possible issue with the survey methodology is response bias. Student pharmacists that responded to the survey may be inherently different from the student pharmacists that did not respond to the survey. Given the design of the study this potential bias could not be explored.

In conclusion, pharmacy students do not have adequate knowledge of the Kentucky Professionals Recovery Network. Non-didactic pharmacy experiences such as experiential education, CSL, and work experience outside of the classroom are not contributing to student knowledge of the Kentucky Professionals Recovery Network. Students are interested in learning more and developing a baseline knowledge of an organization that they clearly do not know enough about. One way for students to receive that information is for the University of Kentucky College of Pharmacy to present that information to students. It is important that pharmacy students are exposed to this information so that they can be prepared for the challenges of a demanding career in healthcare.

Resources:

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Appendix 1

Confidential

Page 1

Kentucky Professionals Recovery Network (KYPRN) Survey

Please complete the survey below.

Thank you!


This section will establish basic demographic information.

- | | | |
|-------|---|--|
| 1) | What year do you anticipate graduating from pharmacy school? | <input type="radio"/> 2023
<input type="radio"/> 2025 |
| <hr/> | | |
| 2) | What gender do you identify with? | <input type="radio"/> Female
<input type="radio"/> Male
<input type="radio"/> Nonbinary
<input type="radio"/> Other |
| <hr/> | | |
| 3) | Are you a resident of Kentucky? | <input type="radio"/> Yes
<input type="radio"/> No |
| <hr/> | | |
| 4) | Did you receive an undergraduate degree before beginning pharmacy school? | <input type="radio"/> Yes
<input type="radio"/> No |
| <hr/> | | |
| 5) | What pharmacy work experience do you have? | <input type="checkbox"/> Community pharmacy
<input type="checkbox"/> Hospital pharmacy
<input type="checkbox"/> Mail order pharmacy
<input type="checkbox"/> Speciality pharmacy
<input type="checkbox"/> Long term care
<input type="checkbox"/> Research lab
<input type="checkbox"/> Other
<input type="checkbox"/> None |
| <hr/> | | |
| 6) | Do you know someone that has struggled with a substance use disorder? | <input type="radio"/> Yes
<input type="radio"/> No |

The next section will have questions to assess your baseline knowledge of the Kentucky Professionals Recovery Network (KYPRN).

- 7) What is the mission of KYPRN?
- Facilitate recovery of licensed professionals by coordinating intervention, assessment, treatment and monitoring of substance abuse
 - To report healthcare professionals with substance use disorders to licensing boards
 - To provide substance use disorder treatment in the form of medications to healthcare professionals
 - To educate the public on potential substance use disorders within the healthcare community
-
- 8) Does KYPRN provide treatment for substance use disorders?
- Yes
 - No
-
- 9) How is KYPRN funded?
- Donations
 - State funding
 - Within licensure fee
 - Federal funding
-
- 10) Which of the following licensing boards does KYPRN not provide monitoring for?
- Accounting
 - Social Work
 - Pharmacy
 - Teaching
-
- 11) If a pharmacist self reports a substance use disorder to KYPRN, they are always required to report the pharmacist to the Board of Pharmacy.
- True
 - False
-
- 12) Does KYPRN provide monitoring for pharmacy students?
- Yes
 - No
-
- 13) Does KYPRN include services for pharmacy technicians?
- Yes
 - No

The last section will establish your interest in learning more about KYPRN.

- 14) Do you feel as though your pharmacy experience outside of school has provided you with adequate information about KYPRN?
- Strongly Disagree Neutral Strongly Agree
- 
- (Place a mark on the scale above)
-
- 15) Do you feel as though your Longitudinal Experiential Education in Pharmacy (LEEP) has provided you with adequate information about KYPRN?
- Yes No I have not had Longitudinal Experiential Education in Pharmacy (LEEP)
-
- 16) Do you feel as though your Introductory Pharmacy Practice Experience(s) (IPPE) has provided you with adequate information about KYPRN?
- Yes No I have not had any Introductory Pharmacy Practice Experiences
-
- 17) Do you feel as though your Community Service Learning Initiative (CSL) has provided you with adequate information about KYPRN?
- Yes No I have not had a Community Service Learning Initiative (CSL)
-
- 18) Do you feel as though your pharmacy work experience has provided you with adequate information about KYPRN?
- Yes No I do not have any pharmacy work experience
-
- 19) Would you be interested in learning more about KYPRN?
- Yes No Maybe
-
- 20) In what format would you most like to receive more information about KYPRN?
- _____