

Introduction

- While deprescribing is a valuable tool in combating polypharmacy in an aging population a commonly cited barrier to deprescribing is education.^{1,2}
- Surveys have examined both student familiarity of and ability to deprescribe but not curriculum design.^{2,3}

Objectives

- Evaluate curricular inclusion of deprescribing in US Schools of Pharmacy including both didactic and experiential education.
- Identify methods already in practice for teaching deprescribing.

Methods

- Following IRB approval, the ACPE website was used to collect a list of accredited schools of pharmacy. School websites were then used to collect contact information for Deans of Academic Affairs or similar position.
- Of the 149 Schools of Pharmacy listed on the ACPE program by State directory, 142 schools had contact information located and were included in the mailing list.
- The survey assessed if, when, and how proactive deprescribing is included in the institution's curriculum.
- Peripheral questions assessed educator specialty and credentials as well as method of learner evaluation, standard first year class size, and enrollment number for electives that teach deprescribing.

Results

- 142 schools were contacted with 12 responses. Of these, 8 schools confirm inclusion of deprescribing (Table 1).
- Of schools that teach deprescribing, over half (75%) utilize traditional didactic lecture and exams (Table 2).

Table 1. Curricular Inclusion of Deprescribing

	n(%)
Is deprescribing formally taught in your curriculum? (n = 12)	
Yes	8(67)
No	4(33)
Year in school deprescribing discussed (n = 8)	
1st Year	1 (12.5)
2nd Year	2 (25)
3rd Year	7 (87.5)
4th Year	2 (25)
Required Contact Hours, median (IQR), (n = 8)	2.5(2-6)
During which components of the curriculum are students exposed to deprescribing? (n = 8)	
Didactic required	8 (100)
Didactic elective	2 (25)
IPPE	4 (50)
APPE Req	1 (12.5)
APPE Elec	2 (25)

Table 2. Delivery and Assessment

	N=8 (%)
Through which method(s) are students taught?	
Traditional didactic lecture	6 (75)
Lab simulation or patient case study	5 (62.5)
Assigned readings	3 (37.5)
Seminar style discussion	2 (25)
Out of class assignment	2 (25)
Interprofessional experience days	1 (12.5)
Flipped classroom	1 (12.5)
How is required didactic learning assessed?*	
Exam	5 (62.5)
Written assignment	2 (29)
Deprescribing is not assessed	2 (25)
Simulation Performance	2 (25)
Presentation	1 (12.5)
Seminar Style Discussion	1 (12.5)

*One respondent assesses via Exam, Written assignment, Simulation performance, Presentation, and Seminar style discussion

Conclusions

- Surprisingly, over half of reporting pharmacy schools include deprescribing in their curriculum (Table 1).
- Sampled schools favor traditional approaches of lectures and case studies for teaching.
- Further studies are warranted considering limitations of this study including: limited sample size, broad view of education, survey design
- Future investigations may examine education of specific tools/guidelines/medications for deprescribing or relationship between curricular inclusion and graduate ability to deprescribe

References

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Disclosures

- Mr. Klinefelter reports no financial conflicts of interest.
- Mr. Jacquot reports no financial conflicts of interest.
- Dr. Herndon discloses the following: stock ownership of private company (Spouse – LiveLife Natural Products)

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