



Short Communications

Using a community theatre as a self-directed introductory pharmacy practice experience (SD IPPE) site



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ARTICLE INFO

Keywords:

Community service
Theater
Creativity
Innovation
IPPE
Self-directed

ABSTRACT

Objective: To describe a novel setting and method for self-directed introductory pharmacy practice experiences (SD IPPE).

Methods: Students presented health care information relative to the plot of a production at a local community theater throughout the season. Students developed a poster and handout that were presented in the theater lobby prior to each production.

Assessment: A six-question survey was provided to students after each presentation that identified their perceived benefit to play patrons and their overall experience using a 5-point Likert scale.

Implications: Completing SD IPPE in a theater is a novel and innovative concept. Data suggest that students prefer presenting information in non-traditional settings. Students felt their work enhanced the theatrical experience of patrons. Results demonstrate that the theater is a viable setting for future presentations that benefit both students and public.

Introduction

The Accreditation Council for Pharmacy Education (ACPE) requires that 300 hours be devoted to introductory pharmacy practice experiences (IPPE) during the first three years of the professional curriculum leading to the Doctor of Pharmacy (PharmD) degree.¹ ACPE states that service learning may be used as a component of IPPE provided that the learning meets IPPE criteria and encompasses community engagement. Striving to prepare students to be civic leaders and lifelong learners, the Nesbitt School of Pharmacy at Wilkes University requires self-directed (SD) IPPE's. Through the SD IPPE program, students develop, present, and reflect on community-focused service learning projects during the P1–P3 years. Usually, these presentations are made in conjunction with health fairs or another health-based setting. Wilkes University PharmD students are required to attain 30 SD IPPE hours prior to the start of their Advanced Pharmacy Practice Experiences (APPE).

The American Association of Colleges of Pharmacy (AACP) charged the 2005 Argus Commission to focus on how colleges and universities were, or could have been, engaged in building and fostering partnerships in the community.² Bridging the university/college to the community was suggested as a way to promote growth of public health awareness and cultural competence. Active participation and a steady presence in community-based events is a manner in which students are exposed to civic values, ethics, and diversity. The 2013 Center for the Advancement of Pharmacy Education (CAPE) outcomes indicate that cultural sensitivity and innovation/creativity as two separate outcomes that are to be prioritized in every Doctor of Pharmacy program.³ Although these outcomes have been included in the CAPE document, they remain difficult to achieve with the projects typically available to pharmacy students.

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The Performing Arts Research Coalition, a Washington, DC based collaborative of five national performing arts organizations, conducted a ten-city survey aimed at elucidating the perceived benefit of the arts on local citizens and their communities. Over 75% felt that live theater stimulated critical thinking, improved cultural understanding, and developed creativity. Furthermore, the majority of respondents believed that live performing arts preserved cultural heritage.⁴

According to a follow-up 2005 Harris Poll of ten major metropolitan areas conducted by the Performing Arts Research Coalition, 93% of Americans believe that exposure to the arts is essential in a complete education. Additionally, 79% believe that a greater emphasis on the arts is needed in future educational reform.⁵ Because of the busy pharmacy curriculum, students may not have the time to engage with the arts as a regular part of their studies.

Incorporation of the arts into health care education is not a new concept. Several medical schools have instituted training in the medical humanities, building a conglomeration of history, anthropology, literature, and art into the traditional curriculum.^{6,7} Development of empathy is the critical outcome of training in this field. A 2007 study conducted by Virginia Commonwealth University partnered the departments of medicine and theater to conduct a four course series in clinical empathy, non-verbal and verbal communication, and active listening for medical residents. Results showed that of six pre-determined areas (empathy, relation to the patient, non-verbal communication, verbal communication, respect, and overall impression), participants performed better than non-participants ($p \leq 0.01$) in all but verbal communication ($p \leq 0.58$).⁸

Several plays incorporate health care into their plots and/or characters. Popular titles such as “One Flew over the Cuckoo’s Nest” and “Next to Normal” detail life with mental health issues such as depression, schizophrenia, and bipolar disorder. The Tony Award winning musical “Rent” focused on a population with human immunodeficiency virus (HIV) in New York City. Because of the opportunity to see health care issues portrayed in theater, opportunities were identified for IPPE in partnership with a community theater organization. The combination of service learning coupled with the perceived benefit in cultural sensitivity, creativity, and innovation associated with live performing arts directly link into the 2013 CAPE Outcomes. The goal of this study was to determine if presenting health information developed from the plot of a stage play lead to a positive experience for pharmacy students.

Methods

The Little Theatre of Wilkes-Barre is currently in its 95th season and is one of the oldest, continuously operating community theaters in the country.⁹ The theater produced four main stage productions during the 2014–2015 academic year (Table 1). Currently, Wilkes University students are admitted at no charge with valid student identification.

All P1–P3 students were provided with information regarding the experience three weeks in advance of each production at the Little Theatre of Wilkes-Barre throughout the academic year. Information was distributed through an online school of pharmacy newsletter emailed to all students weekly. Interested students were provided with online clips (highlights from professional productions and soundtracks when applicable) available through YouTube, as well as summaries of the current production.

After watching the clips, students, in teams up to three, had to develop a health care topic that related to the plot of the upcoming show. The rationale behind the topic of choice had to be discussed with the event preceptor in order to gain approval. The event preceptor, a faculty member from the pharmacy practice department, was the same for each student group. Once approved, teams created a poster that highlighted key points about their topic such as current guidelines, common misconceptions about medication use, and questions to ask a physician. In addition, a handout/brochure, which contained the same yet more detailed information as the poster, had to be created as well. There was no set template for either the poster or the handout; students were encouraged to be expressive and creative in each unique design. All posters and handouts were provided to the event preceptor at least two days prior to the show for approval. Posters and handouts were approved based on a unique and creative design, accuracy of content, and information proved in patient-friendly language. The preceptor then facilitated a discussion about the poster/handout focusing on patient education and relation to the show. Students presented in the lobby of the Little Theatre of Wilkes-Barre for up to an hour prior to each production and during the intermission. During this time, students were required to engage in active conversations with play patrons, direct them to their poster, and provide education on their topic. The event preceptor was present at all times. Students were required to stay through at least the first act and intermission of the production on their chosen night.

A six-question anonymous survey was provided through SurveyMonkey[®] (version 2016) to all participating students after the completion of each production (Fig.). Depending on which day the presentation was made, students received the survey between one and ten days later as each production ran five shows over nine days. There was no time limit on completing the survey. Responses were ranked based on a 5-point Likert scale (1 = strongly agree, 2 = agree, 3 = no opinion, 4 = disagree, and 5 = strongly disagree). The sixth question was an open ended, optional free response where students could comment of the overall experience. The survey measured perceived benefit to play patrons as well as their overall enjoyment with presenting health-based information in a

Table 1

Dates and titles of productions at the Little Theatre of Wilkes-Barre during the 2014–2015 academic year

Date range	Show	Number of student participants
September 6–14, 2014	“Catch Me if You Can”	N = 8
October 24–November 1, 2014	“The Rocky Horror Show”	N = 0
January 17–25, 2015	“The Crucible”	N = 5
March 21–29, 2015	“Jesus Christ Superstar”	N = 7

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