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Development, implementation, and evaluation of a service-learning series for pharmacy students using a public health tool

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ABSTRACT

Background and purpose: The purpose of this article is to describe the utility of the Assessment, Development, Assurance: Pharmacist's Tool (ADAPT) during the design, delivery, and assessment of service-learning events by pharmacy students.

Educational activity and setting: The ADAPT instrument was used to develop a series of five service-learning events that featured a health promotion program delivered by 19 pharmacy students and attended by over 200 senior citizens at local senior centers. Student competence was assessed prior to participating in the service-learning activities and each student completed a reflection following the event. Senior center directors evaluated both the quality of the health promotion program as well as the interaction with the sponsoring college of pharmacy.

Findings: Pharmacy students reported achievement of health promotion learning objectives based on self-evaluations. Responses to reflections also indicate that students gained insight to and appreciation for several of the public health essential services, which are the basis of the ADAPT instrument. Feedback from the senior center directors was consistently positive.

Discussion and summary: Use of the ADAPT instrument helped to facilitate the delivery of a high-quality, comprehensive service-learning series at local senior centers that had a solid public health foundation. Colleges and schools of pharmacy should strongly consider consulting the tool prior to planning any future health promotion activities for students.

Background and purpose

Pharmacy has long been a profession that strives to improve the health of the public while working to support the five traditional core areas of public health (biostatistics, environmental health sciences, epidemiology, health policy management, and social and behavioral Sciences).¹ Examples of this include community and ambulatory care pharmacists addressing clinical needs of patients, performing health screenings, and utilizing medication assistance programs. Pharmacists also participate in patient-centered medical homes and accountable care organizations to increase quality and access to care. Vaccination programs, syringe exchange, and medication disposal services are examples of the wide variety of public health services that pharmacists can provide. The American Public Health Association (APHA) has supported the involvement of pharmacists in public health initiatives since the 1980s. In 2006, APHA issued a formal statement on the role of pharmacists in public health that describes activities of practitioners and provides recommendations for education and training.²

Public health was one of the initial set of five professional educational outcomes released by the Center for the Advancement of

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Pharmaceutical Education (CAPE) advisory panel in 1994 and continues to be included in the 2013 update.^{3,4} The Accreditation Council for Pharmacy Education (ACPE) Standards 2016 also address public health through a variety of elements that may include 2.1 (patient-centered care), 2.3 (health and wellness), 2.4 (population-based care), 3.2 (educator), 3.3 (patient advocacy), 3.6 (communication), and 4.2 (leadership). Pharmacy students are expected to demonstrate knowledge, skills, and abilities in these domains.⁵

Service-learning is one mechanism of offering opportunity for achievement of these educational outcomes. Service-learning is “a form of experiential education in which students engage in activities that address human and community needs together with structured opportunities intentionally designed to promote student learning and development. Reflection and reciprocity are key concepts of service-learning”.⁶ Service-learning is a valuable supplement to public health education by allowing students to engage in the community while obtaining real-world experience.⁷ It has also been increasingly used as an educational tool for pharmacy students.⁸ Respondents to a 2014 survey of a convenience sample of pharmacy schools reported that 85.3% of institutions were utilizing service-learning.⁹

Pharmacists and student pharmacists are capable of establishing and participating in health promotion programs that function as service-learning experiences to benefit their local communities. The Assessment, Development, Assurance: Pharmacist's Tool (ADAPT) was developed by Truong and colleagues¹⁰ to evaluate pharmacist-delivered health promotion activities using a public health framework. The tool can be applied to service-learning experiences. This article seeks to describe stakeholder experiences when the ADAPT tool was used to develop and implement a service-learning series for pharmacy students.

Educational activity and setting

The University of North Texas System College of Pharmacy (UNT SCP) is based in Fort Worth, Texas in the Dallas-Fort Worth (DFW) metropolitan area. With more than 6.5 million residents, DFW is the fourth largest and most rapidly growing urban area in America.¹¹ UNT SCP was granted candidate status by ACPE in June 2014 and offers a four-year professional degree program. The college seeks to foster in its students a sense of “Service Before Self”. This is accomplished through participation in a variety of required public health activities. As part of the experiential education component of the curriculum, UNT SCP requires pharmacy students to complete 20 contact hours of service-learning during each semester of the first two professional years and eight contact hours of service-learning during each semester of the third professional year. As a newly established college of pharmacy, faculty frequently interact with community partners to identify opportunities for students to engage the local public.

Senior Citizen Services of Greater Tarrant County, Inc (SCSTC) was identified as an ideal collaborator soon after UNT SCP was founded. SCSTC is a non-profit partner organization of the Area Agency on Aging that provides a wide range of programs and services that enable senior adults to live independently with dignity within the county where UNT SCP is located. As part of its mission, SCSTC regularly offers health and wellness programs. Outreach programs are offered at almost thirty senior centers located throughout the county. Multiple discussions were held between SCSTC staff members and UNT SCP faculty to plan for high-impact programs. As part of a needs assessment, SCSTC staff reported that seniors had difficulty managing their multiple medications and often had questions about safe and appropriate use of medications.

Pharmacy faculty proposed a service-learning series that would be delivered by pharmacy students and achieve multiple goals: 1) building community partner relationships, 2) provision of health and wellness programming at SCSTC, and 3) an opportunity for pharmacy students to fulfil the semester hour service-learning requirement. In order to ensure the program was beneficial to the seniors as well as a high-quality learning experience for students, guidance was sought on recommended standards for health promotion program implementation.

Many pharmacists and students pharmacists are engaging in their communities by planning and implementing health promotion programs. In order to ensure that these programs will be high-quality, Truong and colleagues¹⁰ developed the ADAPT instrument to guide pharmacists and student pharmacists. The ADAPT instrument is a comprehensive and validated instrument based on public health's three core functions and ten essential services, as shown in [Appendix A](#). To support the public health framework, resources such as the Centers for Disease Control and Prevention (CDC), APHA, and the Association of Schools of Public Health were used as an evidence-base. The tool's developers also considered position statements from the American Pharmacists Association (APhA) and American Society of Health-System Pharmacists (ASHP) as the focus of the instrument is pharmacist-delivered interventions. The ADAPT instrument is a 36-item checklist to be completed by program planners. The ADAPT instrument was used for planning prior to implementation, during implementation, and after completion of the service-learning series offered in partnership between UNT SCP and SCSTC as detailed below. As the service-learning series was an educational program, items on the ADAPT instrument related to patient care interventions were not pertinent.

Assessment

Older adults were identified as a target population, based on the expected participants in the senior centers.¹² This older adult population consumes a disproportionate amount of prescription and non-prescription drugs, the use of which confers disproportionate risk.¹³ Across the US, persons 65 years of age and older are twice as likely to require an emergency department visit due to an adverse drug event compared with younger adults.¹⁴ On a local level, SCSTC conducts an annual survey of its seniors. This allowed the program planners to have access to relevant data such as demographics and basic socioeconomic status prior to implementation. Three-fourths of seniors served by SCSTC were taking three or more prescriptions, which demonstrated a need for intervention.¹⁵ In addition, geriatric training and education has been identified as an essential component of curricula to prepare student pharmacists

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