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## Providing Health Care Service-learning Experiences for IPPE Credit

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### Abstract

Service-learning (SL) provides an opportunity for students to learn personal and professional skills while providing a useful service to the community. Many pharmacy education programs use SL within their curriculum because of the benefits to the community, the faculty, the learning institution and the student(s). While SL has been used in schools/colleges of pharmacy for many years, SL that also fulfills IPPE requirements is newer. This paper seeks to promote the use of combined SL/IPPE experiences. It provides an example where students volunteered at federally qualified health centers and also reviews the ACPE Standards related to SL. Schools/colleges of pharmacy are encouraged to design mechanisms for students to participate in combined SL/IPPE experiences as part of their IPPE requirements.

### Introduction

Since the late 1990s service-learning (SL) has been an evolving and increasingly common component of pharmacy education. Institutions across the nation have described course development and student enrichment, in addition to the variety of SL activities offered. In this paper, we provide examples of SL in various pharmacy curricula and review the benefits of SL for each party involved. In addition, we encourage colleges and schools of pharmacy to continue to develop and conduct SL in clinical settings, especially those serving underserved and/or diverse populations. We also encourage colleges/schools of pharmacy to develop mechanisms for combined SL/IPPE experiences, discussing several variables for consideration when undertaking this form of curricular innovation.

### History of Service-learning

According to National Service-learning Clearing House, SL is "a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities."<sup>1</sup> Armed with these goals in mind, many colleges and schools of pharmacy have made SL a part of their curriculum. The results have been encouraging. Dr.

Kearney at the Massachusetts College of Pharmacy and Health reported on the use of SL at his institution in 2002. First-year students who participated in the 16-hour required SL course described improved oral communication skills, written communication skills, analytical thinking and leadership.<sup>2</sup> Students from the University of Pittsburgh School of Pharmacy had the opportunity to complete up to four years of SL. These participants perceived themselves to have an increased awareness of those in need, enhanced confidence in interacting with others and better communication skills.<sup>3</sup> The desirable outcomes provided by SL have furthered its expansion. A survey in 2002 revealed that 75% of colleges and schools of pharmacy were utilizing SL.<sup>4</sup>

Although the use of SL is widespread, how it is carried out remains largely variable. Some colleges and schools require that students participate in SL while others offer it as an elective course. Placement within the curriculum is most often within the first year.<sup>4</sup> The greatest variety seems to be in the activities performed for SL hours. Some colleges and schools encourage experiences outside of healthcare, such as tutoring children or serving food, while others organize opportunities that are healthcare-related, such as volunteering at a free pharmacy or presenting health information to patients in clinics. In addition, half of all colleges and schools of pharmacy using SL allow students to select their own SL project.<sup>4</sup>

A number of articles have demonstrated innovative applications of SL in pharmacy education. In 2007, Creighton

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University School of Pharmacy and Health Professions carried out a health fair within their health professions program. Students from multiple disciplines educated more than 100 elementary school children about the health professions and methods to improve personal health.<sup>6</sup> Since 2003, the University of Cincinnati College of Pharmacy has placed students in a pharmacy that dispenses medications to underserved populations at no cost. Students serving at St. Vincent de Paul Community Pharmacy spend between 20 and 60 hours filling prescriptions, counseling patients, taking medications histories and collaborating with other health care providers.<sup>7</sup> It appears that SL opportunities are becoming more elaborate and clinically-based as institutions look for ways to offer more meaningful experiences.

### **Benefits of Service-learning**

SL is, quite simply, community service with the added goal of achieving a learning outcome. In the past, community service was thought of as punishment for wrongdoing. It is now associated with providing resources and knowledge to the community and can be done by anyone interested in making a difference. Community-Campus Partnerships for Health (CCPH) is a network of communities and campuses that are collaborating to promote health through service-learning, community-based participatory research, broad-based coalitions and other partnership strategies. CCPH promotes SL in health professions education and a few of the benefits that they report are shared here.<sup>8</sup>

#### Benefit to the Community

The CCPH has reported a number of benefits to community partners participating in its Health Professions Schools in Service to the Nation Program. In particular, community partners are eager to be considered teachers and experts.<sup>8</sup> Bringing SL to the community allows the experts within the community to be the teachers with limited campus involvement. In turn, the community feels more appreciated by both the learning institution and the students. The relationship developed between the community and the learning institution is mutually beneficial because interactions with volunteers may provide fresh ideas and attitudes, potentially leading to increased service, economic and social benefits.

#### Benefit to the Student

A profession in health care is a profession in service. Health professions students' learning can be enhanced by bringing the teaching out of the classroom and into the community. Allowing students to practice what they are being taught is one benefit. However, SL activities also help students learn more about themselves, and their values. SL helps students to recognize how their education, professional biases and the

culture of their profession affects their daily activities and how they provide patient care. This has been referred to as a provider's "natural attitude."<sup>9</sup> To serve the community where they will soon provide health care services gives students a better appreciation of their patients and the immediate healthcare needs within the community. Students who serve in non-clinical arenas may learn about administration, leadership, and health policy issues. CCPH points out that: "Service-learning students not only provide community service but also learn about the context in which the service is provided, the connection between the service and their academic course work, and their roles as professionals and citizens."<sup>8</sup>

#### Benefit to the Faculty

The CCPH reports four primary benefits of SL for faculty.<sup>8</sup> First, faculty benefit by experiencing enhanced relationships with the community, which allows increased understanding of community issues. Second, faculty found they are able to further develop their relationships with students through these experiences. Third, a link can be developed between faculty's personal and professional lives. Finally, participating in SL courses can offer faculty new career, teaching and scholarship directions and new confidence in teaching.

#### Benefit to the Learning Institution

SL can provide institutions with the opportunity to meet curriculum recommendations related to culturally competent care and care of the underserved. In 2005, a task force from the American Association of Colleges of Pharmacy and the Pharmacy Services Support Center was assembled to develop a curriculum framework for colleges and schools of pharmacy in an effort to better prepare graduates who are capable of delivering culturally competent care to underserved populations.<sup>10</sup> Some of the goals of the framework are to promote the development of students who are proficient at: (1) exhibiting comfort and empathy when discussing cultural issues with patients/families/colleagues/community partners; (2) applying models of effective cross-cultural communication techniques; (3) demonstrating skills for working with limited literacy patients; and (4) collaborating effectively with skilled and unskilled interpreters.<sup>11</sup> Many SL experiences involve serving the underserved which may bring each of the above goals into reach.

#### Benefit to Serving Underserved Populations

SL opportunities may involve serving an under-insured population, a low-income population or a population with unstable housing. Students may assist by providing health screenings as part of a health fair or by providing health care and prescription medications at no cost in a free clinic.

Services may be delivered in a community close to home or in a community across national borders.

In delivering care to the underserved, students will be required to think of innovative ways to help people meet their needs. In addition, working with underserved populations often offers exposure to a variety of cultures, including the culture of one's ethnicity and also the culture of an individual's social situation. Students who are faced with different cultures will likely become more aware of the challenges that are faced, as well as how a person's culture affects their view on health care.

### **Service-learning in Pharmacy Education: An Example**

The University of Minnesota College of Pharmacy piloted an SL elective during the spring semester of 2010. Course goals included (1) providing an opportunity for intellectual dialogue and analytical engagement on the major health disparities among cultural, ethnic and socially disadvantaged groups in America, and (2) demonstrating, through community service-learning, an enhanced appreciation of community health, including the effects of health disparities, access to health care, and the impact of the social environment on health and behavior. The course was designed to give students experience providing service in federally qualified health care centers (FQHCs). All of the FQHCs had a current or previous relationship to the College of Pharmacy by either serving as an Advanced Pharmacy Practice Experience (APPE) site, hosting a pharmacy resident or employing a former pharmacy resident.

Prior to initiating SL, course participants spent six weeks learning about health care disparities and cultural competency through discussions and reflections on selected readings. The readings and in-class activities focused on conceptualizing race, culture and ethnicity in health, and historical foundations in race, ethnicity and health. Other topics for reading and discussion included assessing one's worldview of healthcare providers and health systems factors and learning about health literacy issues, health care disparities and using interpreters. These first six weeks were meant to fulfill the first course goal.

The service-learning component of the course was used to facilitate achievement of the course's second goal. During this time, students were connected with one of five FQHCs and were able to choose a project from a list of potential projects that the specific site had identified as a need. The students' role was to serve the FQHC with the intent of directly or indirectly impacting patients the site serves. Examples of projects students conducted included: (1) providing patient education for individuals with diabetes in a small group

setting; (2) creating a nutrition catalog with specific foods from the Somali diet; (3) helping redesign clinic pharmacy workflow and implementing a new computer system to improve prescription dispensing efficiency and recordkeeping; (4) developing an educational Power Point for the clinic waiting area; and (5) assisting in the establishment of a protocol to treat partners of patients recently infected with a sexually-transmitted infection. Most students had opportunities to learn about underserved populations the clinics serve through the use of interpreters, assisting with small group activities or helping enroll patients in patient assistance programs.

Students spent an average of two hours a week at the site in the latter half of the semester (totaling 20 hours of service). In addition to working within the FQHC, students met in a small group with a faculty advisor periodically throughout the semester to discuss their experiences. At the end of the semester, students from each FQHC site presented their service project to the class and a group of preceptors. In survey data gathered following the SL elective, 94% of students reported that the SL experience was an effective way to learn about different people groups. Specifically, students reported learning about people who are immigrants, people of a different culture, people who speak a different language, and people who are living in poverty.

Many would agree that this experience was well constructed and beneficial for the parties involved. However, for it to be recognized as an IPPE experience, certain criteria would need to be met and a system would need to be in place to recognize the experiential portion of the course.

### **Standards and Guidelines Related to Service-learning for IPPE Credit**

The current ACPE standards allow colleges and schools to pursue the development of student experiences that will utilize best practices in service learning, plus fulfill the need for introductory practice experiences). However, combined SL/IPPE experiences must be carefully designed in order to achieve the benefits of SL as well as meet the requirements of IPPEs. Innovators must first understand the ACPE requirements.

The Accreditation Council for Pharmacy Education (ACPE) describes requirements for the 300 hours of introductory pharmacy practice experiences (IPPE) in version 2.0 of the accreditation standards and guidelines, section 14.4.<sup>12</sup> In this section, ACPE states that the majority (i.e. a minimum of 150 hours) of IPPE-eligible hours must be balanced between community and institutional settings. However, it is stated that additional practice experiences in other settings may be

used for the remaining IPPE hours. Service-learning would need to fall into this portion of the IPPE hours.

Section 14.4 also states that IPPE experiences should interface with didactic coursework and must provide students with direct patient care responsibilities. Appendix C offers detailed guidance to colleges/schools on the type of activities that IPPEs may include. Many of the suggestions focus on pharmacy services in a retail or institutional pharmacy (e.g. processing and dispensing new/refill medication orders, billing third parties for pharmacy services). However, other activities are potentially in alignment with SL opportunities, such as:

- Interacting with other health professionals
- Participating in educational offerings designed to benefit the health of the general public
- Triaging and assessing the need for treatment or referral
- Identifying patient specific factors that affect health, pharmacotherapy and/or disease state management
- Assessing patient health literacy
- Providing point-of-care and patient-centered services

In addition, it is acknowledged that Appendix C is not providing a comprehensive listing of IPPE activities. Indeed, Vyas has already reported efforts to integrate activities into IPPEs around cultural competency<sup>13</sup> and Speedie has called for IPPEs as a means to introduce concepts related to healthcare improvement<sup>14</sup>.

Appendix D of the ACPE guidelines lists pre-advanced pharmacy practice experiences (APPE) performance domains and suggested abilities which reflect the students' readiness to enter into APPEs. The competencies outlined in this section should be developed through the didactic and IPPE coursework prior to starting APPEs. In addition to being beneficial in the ways described earlier, SL experiences could be designed to fulfill a majority, if not all, of these core domains and abilities, including demonstrating ethical, professional and legal behavior, developing communication skills, and applying principles of health and wellness.

#### **Identifying and Recognizing Combined SL/IPPEs**

Combined SL/IPPEs will need to occur in a health care setting that provides direct patient care. Ideally, the setting would allow for interaction with other health care professionals. In addition, it may provide care to a diverse population or an underserved population. Carefully considered, strategic partnerships with particular sites could assist the college/school in building important bridges with the community, enhancing its impact in addressing local or global

needs and fulfilling aspects of its mission, among other benefits.

While SL experiences could be simply counted as elective credits within a curriculum, we encourage colleges/schools of pharmacy to allow students to enroll in SL experiences for IPPE credit. In developing these experiences, care would need to be taken to ensure inclusion of appropriate IPPE activities and to ensure meeting of the standards and guidelines described above. In addition, best practices in service-learning would need to be considered. Attention would need to be given to the balancing of service and learning. Adequate preparation for the experience would need to be provided (e.g. orientation to the community, its needs and the service organization). In particular, reflection on the experience and sharing of the experiences with other students and faculty are encouraged.

Curricular design is a consideration in accommodating this type of innovation. Given that these experiences may include both didactic and experiential components, mechanisms will need to be in place to account for the hours of each. In some curricula, it may be appropriate to have a prerequisite elective course prior to the SL/IPPE. Or, it may be appropriate to require concurrent enrollment in the two components. Alternate models for registration and tracking could also be explored.

Student choice and options are another important consideration. For many schools, the decision to pursue a combined SL/IPPE experience will likely be based on a student's career aspirations or gaps in his or her current repertoire of pharmacy experiences. Colleges/schools of pharmacy are encouraged to provide students with the option of satisfying IPPE requirements with an SL experience. However, requiring combined SL/IPPE experiences could produce a number of challenges. In particular, SL benefits the community, the learning institution and the student most when all parties involved are committed to the purpose. SL sites benefit from hosting students who are motivated to participate in available activities. Students would be likely to be more engaged and dedicated to an experience in which they have chosen to participate. For some colleges/schools, SL may be mission-central and therefore required. In this case, offering a variety of SL/IPPE experiences to allow for significant student choice may help to moderate concerns.

#### **Summary**

Colleges and schools of pharmacy should continue their rich tradition of offering service-learning opportunities. In addition, well-developed, clinic-based service learning experiences provide a robust experiential education

environment that can positively benefit the students, community and learning institution. Therefore, colleges/schools are also encouraged to consider methods for offering combined SL/IPPE experiences. As colleges/schools engage in this form of innovation, consideration will need to be given to developing appropriate IPPE and SL activities, registration and hours tracking and student choice, among other variables.

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