



LeGrand Brandt

best practices

Interdisciplinary Health Professions Service Learning: A View from the Grassroots

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In the past several years service learning as an educational methodology has been gaining popularity nationally (Gamson and Kiang 1997; Corporation for National Service 1996; *Journal of Public Service and Outreach* 1997). Service learning is "a course-based, credit-bearing educational experience in which students participate in organized service that meets community needs, and reflect on the service to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility (Bringle and Hatcher 1996, 114). Because health-care and health-professions education is moving from tertiary to primary care, service learning is an excellent way for students to understand issues involved in health-care delivery and community systems. Additionally, since students focus on community issues and needs, service learning is beneficial in forming interdisciplinary teams.

Although service is normally a part of the tripartite mission at most academic health centers, research and education often receive somewhat stronger emphasis (Astin 1996). Many faculty would like to learn more about service learning and how to initiate it in the classroom and programs. To assist others who wish to become involved in service learning, this paper describes a collaborative interdisciplinary health professions service learning program and the lessons faculty learned.

Interdisciplinary Health Professions Service Learning at the University of Kentucky

In 1995 a new program, the Health Professions Schools in Service to the Nation (HPSISN), awarded a three-year grant to the five colleges (Allied Health, Dentistry, Medicine, Nursing and Pharmacy) of the University of Kentucky Chandler Medical Center to enhance student and faculty commitment to community service and improve selected aspects of the health of underserved populations through service projects implemented by students. Each of the five colleges

designated a service learning faculty coordinator who serves as participating faculty member in the program for the three-year period. Other medical center faculty members join the project as areas of expertise are required on specific aspects of the program.

The faculty designed a two-semester interdisciplinary course to equally benefit all participants — students, faculty and community partners. The intended student outcomes for the course include mastering knowledge to develop interprofessional collaboration and community-development skills. The community is the “medium” to enhance student learning such as a book or audiovisual would be in traditional classes. The program makes a commitment to agencies to develop long-term relationships rather than leaving after one project. Types of agencies include homeless shelters, a free primary-care clinic, a pre-school program, a senior-citizen center, and an emergency children’s center. Faculty lead students in applying theory and content learned in the course to their work with their agencies. In addition, the program’s teaching and learning experience employs active critical reflection on experiences to help students communicate their thinking and feelings about what they are learning.

Five interdisciplinary teams of at least one pharmacy student, medical student, physician assistant student, dental student, and nursing student are formed; a faculty member serves as mentor to each team. Students enroll in an academic course, either on a required or elective basis, offered through each college. Each team is assigned to a community agency willing to collaborate with the university. A community advisory group composed of representatives of these and other community agencies provides guidance and support to the project.

During the first semester, student teams identify a project by learning how to conduct needs and strengths assessments of these community agencies. The second-semester focus is developing project-management skills while implementing the project. At the end of each semester, teams present their projects to the community advisory group for feedback. The specific curriculum and projects are presented in Table 1. The types of projects implemented by students include: patient education classes, pharmacy “brown bags,” re-engineering drug distribution system in a free clinic, playground building for children, staff education, and a health fair.

Status of Service Learning After Year Two of the Project

Many members of the campus community refer to this course as the “Cadillac” of service learning because of the intensity of the experience and the relatively large number of faculty involved. Faculty members report they are involved because the project is a “labor of love.” Interest in service learning has spread to other areas of the medical center as a result of their work, faculty-development seminars, and community-wide publicity. The faculty members are satisfied that service learning is, at minimum, a topic of discussion at the medical center; they hope to establish a centralized source at the center to promote and support service learning beyond the project.

TABLE ONE

Fall Semester Curriculum

- human-diversity training
- service-learning principles
- community partnerships
- team-building exercises
- needs assessment
- assessment data collection
- data analysis
- reflection sessions
- formal presentation to advisory group

Spring Semester Curriculum

- negotiation skills
- project goals and objectives setting
- task analysis and development
- project management
- resource identification
- flexible time for implementation
- evaluation
- final presentation to advisory group

Lessons Learned in Implementation

Activities involving interdisciplinary teams of faculty and students are a "logistical nightmare" and require flexibility. The biggest hurdle in interdisciplinary work, especially initiated at the grassroots level, is finding a time that all students and faculty can meet as a class and work in interdisciplinary teams. (The first effort revealed that the only time during the week that classes in the five colleges did not conflict is Monday evenings from 5:30 to 7:30.) Because many students take classes or work in patient-care activities all day, a light dinner is provided. A staff assistant is essential to the success of the project; he or she handles the multiple details of scheduling, contracts with agencies, assists in inter-team communications and provides other important support functions.

Members of a group often are unable to attend a class because of tests or occasional class conflicts in their own colleges. Faculty approach this problem by being flexible and building these realities into the lessons of working in teams. They encourage students to learn from each other, negotiate and distribute workloads, and work collaboratively to complete the team's tasks.

Interdisciplinary faculty teams must address academic content directly and collaboratively. While faculty from several disciplines designed this course collaboratively at the onset, they did not take time to consider the decision-making process regarding content and conflict resolution. One profession is likely to have differing perceptions of a specific topic; therefore, faculty representing various professions may teach a topic in a different manner. Another topic may be elementary for one student professional group yet new for another.

These issues seem simple at first glance, but they can lead to insurmountable problems if left unchecked. For example, early in the

first semester, students in the dental and pharmacy programs were unhappy with a discussion of what they considered "touchy-feeling" content such as reflection, community-needs assessment, and even service learning principles. They approached their college faculty coordinator to express concern and discussed dropping the course. The faculty discussed the issues at length and developed teaching strategies more compatible with students' learning styles over the next semester.

Student classroom assessment techniques provide objective feedback to keep service learning on track. When problems arose in the first effort, faculty used the method of classroom assessment by forming focus groups of students to provide feedback on the direction of the course. Based upon student input, faculty implemented several changes to improve the course. They redesigned the second semester and assigned individual faculty mentors to individual groups to guide community agency activities.

Interdisciplinary teams must take time to develop a shared vision. The faculty team experiences the same stages of development as do student groups: forming, storming, norming, and performing (Clark 1994). Yet, in the first effort, a true functionally normative working relationship did not develop until the faculty reserved time to examine relationships and address a vision of the project that could be shared by all project faculty.

During a project faculty retreat, the UK director of Experiential Education led a particularly useful exercise in which the faculty completed the Myers-Briggs short form and discussed personality differences and working styles. This exercise helped faculty to gain an understanding about how group members worked together and also allowed discussion about collaborative hopes for the project and the future of interdisciplinary service learning on campus. What may seem like a time-consuming activity in the face of competing demands on faculty time was essential in strengthening the direction of the project.

Faculty who initiate and implement service learning at the grassroots level are motivated internally. The faculty involved in the project do not approach service learning because of rewards they receive in the formal structure of the university. In fact, in the first effort, untenured faculty members were drawn away from the more traditionally rewarded areas such as publications and research. The work of the faculty team confirms previous findings that service learning efforts alone are not adequately rewarded at the institutional level in the promotion — and tenure — process (Hammon 1994).

However, to accommodate the reward structure of the university, faculty on the team have made a commitment to the *scholarship of service learning* by working with an external evaluator to collect data and provide data-driven advice, by seeking out paper presentation opportunities at national conferences focusing on single and multiple professions, and by writing for publication in professional and scholarly journals.

Additionally, faculty who are service oriented, especially in an environment emphasizing volunteerism, often feel guilty about

not having time to provide one-to-one volunteering at local social service agencies. For these faculty, finding ways to integrate service learning into their professional work helps them to fulfill that orientation and potentially have a more wide-ranging sphere of impact on the university and community by influencing student, faculty, administrator, and institutional values.

Establishing good community linkages is essential to success of service learning. College of Nursing faculty members had established working relationships with the community agencies at the outset. This college has a rich tradition of community nursing and agency contacts who are nurses. Project faculty assembled a community advisory group that meets twice a year to help students shape projects during the first semester and provide feedback on project implementation in the second semester. A major emphasis is strengthening partnerships with community agencies.

Keeping an open dialogue on positive and negative issues is critical to developing a trusting relationship. For example, during the first year, one student group never became a cohesive team for a variety of reasons. This group's project at the agency was less than satisfying for all concerned. Faculty assumed the agency would not want another student group during the second year and, therefore, did not assign one. Later, faculty learned they were mistaken; the agency staff had met to discuss ways it could strengthen support for the project and learn from first-year problems.

The most positive outcome of the project is that students learn about each other and their professions. When the faculty reflected upon the project, the single most positive outcome was that students taught each other valuable life and professional lessons. For example, in one group, a medical student discussed an article on clinical pharmacy services and "lectured" the group about the value of pharmacists' guidance in health-care delivery. The fourth-year dental students "taught" the others about studying for and taking board examinations and the anxious wait for residency assignments. None of these lessons can be planned in advance, but are the direct outcome of creating an interdisciplinary community of learning.

"Start the parade, and let your dean/chancellor lead" (Stone 1996). Faculty members at the grassroots level who succeed in service learning inspire their programs and institutions. Universities, especially state-supported institutions, seek opportunities to showcase their involvement in communities, and these accomplishments provide the stories. In this project, the public-affairs office and deans' offices incorporated this service learning effort in articles for state professional journals, alumni news, local television programs, and campus and area newspapers.

Frequently, the logistics of publicity are difficult but worth the effort. For example, several news stories referred to the sponsor of the project as the "College of Medicine," rather the Medical Center. Students often cannot accommodate last-minute requests for television interviews and must find substitutes. But these efforts provide more benefits than difficulties and help to educate others about service learning while garnering additional support.

Conclusion

The service learning program described in this paper has proven to be satisfying for faculty members and students. During the first two years, the faculty learned many lessons about implementing both interdisciplinary efforts and service learning in a research-oriented academic health center. The next phase and challenge the group will address is how to expand and institutionalize these efforts in the medical center. Regardless of whether these efforts expand beyond their present scope, faculty are confident they will continue their commitment and effort.

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About the Author

Barbara LeGrand Brandt (Ph.D., University of Illinois) is assistant professor of pharmacy practice and science and director of Curriculum and Faculty Development at the University of Kentucky College of Pharmacy. She co-chairs the curriculum committee which implements the entry-level doctor of pharmacy degree. She has extensive teaching and administrative experience in continuing education for health professionals, most recently as associate director of Continuing Pharmacy Education in the University of Kentucky College of Pharmacy. Brandt has written many articles and given numerous national presentations on continuing professional education and curricular development. Since 1991 she has worked with the National Health Service Corps as an educational consultant designing the Twentieth Anniversary Conference in 1992, and coordinating the national initiative and conference in 1994-95. Her research project, "Transitioning into the Corps," examined the experiences of NHSC scholars during placement into medically underserved areas. Currently she is working with the NHSC to establish an alumni association of the nearly 20,000 health professionals who have served in medically underserved areas during the past twenty-five years.

Brandt has also served as an educational consultant to organizations such as the American Medical Student Association, the American Association of Clinicians for the Underserved, the American Association of Colleges of Pharmacy, the Kentucky Administrative Office of the Courts, and the Center for Health Professions, University of California, San Francisco.