

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER at HOUSTON: FINAL APTR REPORT – September 11, 2008

Title: An Interprofessional Community-Based Service-Learning Course

The University of Texas Health Science Center (UTHSC)-Houston Schools of Nursing, Public Health and Medicine collaborated to offer a community-based service-learning experience for students of the three disciplines.

Goals: The goals of the project were to: (1) establish a community-based interprofessional service-learning model for health professional students at the UTHSC-H; and (2) use that model to engage our students in environmental audits related to physical activity and nutrition in an underserved community.

Results:

Students: In September 2007 we recruited students to a course that is the framework for our interprofessional service-learning model. We had 6 nursing students, 2 public health students and 1 medical student. The nursing students met the objectives for a Community Health Clinical course through this experience. The public health students received independent study credit for the course and the medical student, in his 4th year, was a volunteer because he anticipates practicing pediatrics in a similar community.

Community: The site for the field experience of the project was an underserved African American community within 4 miles of the Texas Medical Center (TMC). The experience builds on an established academic research partnership between members of the community and faculty of UTHSC-H. The overall collaboration is titled Project SMART (St. Mary's Academic Research Team) to reflect the reciprocal exchange of knowledge between community stakeholders and research scientists, and to acknowledge the church as the primary site of the initiative. The church is strategically located between an elementary school and a middle school. Senior members of the church, and a local civic club, are enthusiastic about finding solutions to the health problems in the community, particularly those of the children in the adjacent schools.

Course: The students met weekly in a seminar to discuss general topics and topics that were specific to the community of interest. Those topics included: 1.) an overview of service-learning; 2.) the nature of interprofessional practice; 3.) introduction to the targeted community; 4.) history, rationale and purpose of environmental audits; 5.) types of audits; 6.) steps in performing audits; 7.) feedback on experience in the community; and 8.) community-based participatory research methodology. We chose to emphasize the environmental audit as a way to structure the course, develop a skill useful to all professions and take advantage of the specific expertise of our faculty participant, Dr. Wendell Taylor. In addition to the seminar the students engaged in field experiences in the community. They met with the staff of an elementary school, participated in classroom activities in the 4th and 5th grades, attended meetings at the adjacent church, and conducted extensive environmental audits of barriers and facilitators for physical activity and healthy eating in the community. They collaborated to prepare a comprehensive written document that identifies the major health problems in the community, with a particular focus on school children. They presented their findings at a community meeting in December and solicited the community's input on strategies to

alleviate health problems. Students were required to complete a total of 105-112 hours for the 3 credit course. Those hours included time spent in seminar, field experiences, research and reading for the summary report, and group work to write the report. The course constituted the initial assessment phase of a projected community-based participatory research project that interprofessional faculty and students will carry out when funding is received. Drs. Marcus, Taylor and Walker and Pastor Thomas Walker were faculty for the course.

Important Decisions: We adjusted the time of the seminar several times to accommodate student schedules. The field experiences occurred on a flexible schedule as long as the students went in groups of two or more for safety. A faculty member, or the pastor consulting on the project, was available at all times when students were present in the community. We decided to require that students rehearse what they planned to present to community stakeholders. This session took the form of sensitivity training, how best to address difficult issues in such a setting, how to respect individuals living under difficult circumstances and how to emphasize the strengths of community members while engaging them in finding solutions to health issues. This decision, suggested by Dr. Taylor, was absolutely critical to the success of the final presentation in the community.

Lessons Learned: Community members have been invaluable resources in providing students and faculty with access to the setting and with data to inform the community assessment. Those individuals included the pastor of the church, an Americorp volunteer at the school, the school principal, civic leaders and members of the senior citizens group at the church. All of these individuals took an active interest in the project, providing important data, making suggestions for community problems, and cautioning the group about safety issues. The intensity of community involvement was an unanticipated outcome of the project. A second unanticipated outcome was the fact that our students not only represented interprofessional diversity but cultural diversity. Students were Kenyan, Nigerian, Chinese, African American, Hispanic and European American. They learned to view their project from the perspective of fellow students from other countries and to question the local way of resolving complex community health issues. The experience was a very valuable lesson for all. Finally, the students gained a greater appreciation of each other's professions. For example, a public health student did not know that there are several educational avenues available for individuals who enter nursing. She was encouraged by the nursing students to consider nursing in addition to public health. One of the nursing students had applied to medical school and received his acceptance during the semester. The acceptance to medical school provided the opportunity for discussion of the roles and responsibilities of the various professions.

Challenges: The major challenges have been associated with scheduling and with course credits. Our schools have various schedules so finding a time for the seminar was difficult. Secondly, group work, a major educational strategy for the course, had both positive and negative aspects. On the positive side, students noted that they learned to respect the opinions of others and to work with others to accomplish a common task. On the negative side, there was consternation about whether or not the amount of effort being expended was equal among the members. All were aware that the course grade was a group grade and there was some concern about the quality of members' contributions. This challenge was resolved by assuring the students that each individual contribution would be considered on its own merit and grades adjusted accordingly. Ultimately, all

students did well in the course. In the future, more training around group process, specifically as it relates to interprofessional groups, would be beneficial.

Evaluation: Attainment of our objectives was measured in several ways: (1) our ability to attract and retain students in the initiative; (2) student skills acquisition in performing environmental audits; (3) grade on the group project; and (5) analysis of students' reflective journals. We were able to attract and retain students, albeit a smaller number than we would have liked. This was probably a good outcome because we were able to work out some challenges before offering the course to a larger number. Students did acquire skills in doing environmental audits. Each student completed two audits which were included in the major project. The grade on the group project was an A. All information is compiled in a massive binder which represents the work of individuals and the group. This document can be used in future to obtain funding for a proposed youth program in the community. One of the most significant results of the project was the community meeting and the response of community members to the information presented by the students. As was noted by the pastor, the presentation "galvanized" the group to action on issues they could tackle, such as the quality of school lunches. Two possible approaches for after school youth programs were suggested by the students. Community members only asked "when can we start?" They were very engaged in the process and pleased to have the data with which they could confront officials and offer solutions. Finally, content analysis on the reflective journals revealed a number of positive aspects of the experience for the participants. Students were asked reflect on the experience and how it might influence future practice. Comments include: the experience was "very humbling", "a chance to work outside the hospital and do primary prevention", a chance to "learn teamwork", and a chance to "learn to respect others". "Pastor Walker is a one-man show. Too few role models, others need to work in the community". Given the nature of the community's problems, other professions should be involved such as "political scientists, theology students and city planners." "Everyone should have this experience." The student evaluation of course and faculty was very positive. This information is very useful and will be considered when we offer the course again.

Activities to Encourage Effective Team Work: Our faculty team had submitted an ROI to do community-based participatory research in this community. We learned that the grant would not be funded while the course was in progress. One of the comments on the grant review was that the service-learning component may be overly ambitious. We resubmitted the grant in July 2008 and were able to include the fact that we had conducted the course successfully during the months between grant submissions. This information adds strength to the overall application. We are also exploring foundation funding to continue to work together in the community. Moreover, the students who took the course have volunteered to work with the community in the future.

Curricular Impact: We anticipate continuing to offer the course in the future and expand the number of students and the professions. We have a dental school and a health informatics school. There is also a school of social work in the area. We have been approached by our Center for Translational Research to conduct a seminar on translating research to communities. This is an additional avenue for interprofessional learning, practice, and curricular impact.

Dissemination Plans: We disseminated the results of our project at a poster presentation at the APTR meeting in Austin in February 2008 (attached). We are also

planning to write a paper for publication on the process. Two unexpected avenues for dissemination of information about the experience have opened up. The UTHSC-H newspaper wrote an article on the project (attached). They interviewed Drs. Marcus, Taylor, and Hormann as well as Pastor Walker and several of the students. The St. Mary's United Methodist Church bulletin is planning to write about the project. These are excellent opportunities to inform the public about the project and interprofessional education.

Future Plans: A second team from our university attended the Institute this year so we are planning to create an interest group to keep interprofessional activities alive on the UTHSC-H campus. The experience has been a very positive one.

Drs. Marianne Marcus, Wendell Taylor and Mark Hormann.