

# (Re-)Learning to Care: Use of Service-Learning as an Early Professionalization Experience<sup>1</sup>

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Future health professionals must not only be competent to practice as clinicians, they must also be competent to practice as human beings in a complex health care system in relationship with local communities. The profession of pharmacy is also at a critical crossroads with regard to establishing its place as a patient- and relationship-centered profession. To address this need, a first professional year course on the social and behavioral aspects of the United States health care system was modified in 1991 to include opportunities for students to enter into Service-Learning relationships with homebound senior citizens who were clients of three local not-for-profit agencies. The course format consisted of a modified student-centered, problem-based approach whereby lectures were minimized and in-class discussions with small group exercises were maximized. Service-Learning opportunities involved students in pairs who served in a dyad as companions with these clients. Assignments related to the Service-Learning experiences included the following: three 2-3 page position papers on a relevant topic from a non-pharmacy journal such as the *New England Journal of Medicine*, *Social Science and Medicine*, or the *American Journal of Public Health*; reflective journals; biweekly reflection sessions with agency personnel; and a summative final report for the agency of record. Multiple course evaluation methods were also used to assess student impressions of their experiences and suggestions for course improvement. Results indicate that student response to the Service-Learning pedagogy of the course has been positive.

## INTRODUCTION

Future health professionals must not only be competent to practice as clinicians, they must also be competent to practice as human beings in a complex system of technologies, payers, cultures, health beliefs and individual relationships in local communities. In his landmark tome on "drug misadventuring"(1), Manasse noted that as many as 20 percent of all cases of drug adverse reactions resulted in death or hospitalization, yet "...the known risk in drug taking is perceived as diminished because of the expectation that the health professional or caregiver will prevent the patient from harm"(2). Further, Manasse commented that, "patient service orientation as a basic value of caregiving is not a strong feature of drug distribution outlets, regardless of setting, in the United States"(2). Although Hepler and Strand's definition of the concept of pharmaceutical care(3) has come to be adopted by many professional and educational institutions as the mission of the profession of pharmacy, little has progressed with educational methods and courses that actually help students to understand the meaning of caring for and about another human being(4).

In 1991, the American Association of Colleges of Pharmacy's (AACP) Commission to Implement Change in Pharmaceutical Education made a series of recommendations regarding the competencies that underlie performance as both a "professional person and citizen"(5). These competencies were further delineated and described by the AACP Focus Group on Liberalization of

the Professional Curriculum, specifically in the aspects of ability-based education such as thinking, communication, values and ethical principles, personal awareness and social responsibility, self-learning, and social interaction and citizenship(6,7). Specific curricular strategies were outlined as part of these reports to generate ideas for faculty looking for ways to integrate "caring" into a professional curriculum. More recently, the Commission to Implement Change in Pharmacy Education(8) reiterated its commitment to changing pharmacy education as quickly as possible while both the profession and higher education continue to struggle with declining resources. One area of focus by the Commission was experiential education. Specifically, Service-Learning was mentioned as one strategy of experiential education "to introduce the concept of caring as well as the social context of students' work into the curriculum"(8). Other authors have also commented on the role and importance of caring as an important emotional commitment to patients as part of a therapeutic alliance(9,10), although the concept of experiential education still appears to be largely focused on the development of clinical skills, not caring skills(11-13).

Over the years, pharmacy faculty have attempted to introduce liberal education in the humanities as a method of contributing to pharmacy student "development as human beings - as persons who choose values, and achieve personal philosophies"(14). Authors from other health professional educational programs have also commented on similar issues in their own disciplines(15-20). In 1995, another AACP Council of Faculties (COF) committee reported that in learning to "care" for patients, pharmacy students needed to learn not only "to do to" but also "to

<sup>1</sup>This course received an American Association of Colleges of Pharmacy Innovative Teaching Award in 1993.

be with”(21). In the larger scheme of a student’s education and ability to continue in a profession for a lifetime, faculty should take this admonition for educational change as very serious.

Over 30 years ago, Gardner described experiential education as critical to student assimilation of values and citizenship skills:

“Young people do not assimilate the values of their group by learning the words (truth, justice, etc.) and their definitions...They learn these in intensely personal interactions with their immediate family or associates...they do not learn ethical principles; they emulate ethical (or unethical) people. They do not analyze or list the attributes they wish to develop; they identify with people who seem to have these attributes. That is why young people need models, both in their imaginative life and in their environment, models of what—at their best—they can be”(22).

Schultz(23) has contrasted pro’s and con’s of the traditional view of classroom-based civic education with purely experiential education and concluded that the best model integrates both approaches and accentuates the best of both methods. Jeavons has even gone as far as to suggest that a “marriage” of Service-Learning and liberal education may be the best method of attaining the goals of producing graduates who can “think synthetically as well as analytically, work cooperatively as well as independently, communicate effectively in public (as well as academic) discourse, and are likely to become active, responsible citizens in a free society...”(24).

In addition to “citizenship training” and its effects on practicing health professionals, students must also begin to understand the various meanings that people place on illness. Dossey, a cardiologist, noted that, “Much of society’s disillusionment with modern medicine lies in its failure to acknowledge the importance of meaning in their lives and illnesses...No matter how technologically effective modern medicine may be, if it does not honor the place of meaning in illness it may lose the allegiance of those it serves”(25). The Pew-Fetzer Task Force on Relationship-Centered Care(26) has outlined a series of recommendations, initially for medical education but with the caveat that all health professions educational programs should take notice and recognize the critical importance of relationships (with patients, other health professionals and the communities in which they live) in their daily practices. Influenced by such landmark studies as Spiegel’s study on women with metastatic breast cancer(27) and Ornish’s study on people living with severe coronary artery disease,(28) the Pew-Fetzer Task Force opined that, “Forming a relationship with a patient requires establishing a relationship with the patient’s community as well.”(26, p.31) Chewning(29) has advocated that a Client-Centered Model of pharmaceutical care be integrated within traditional academic pharmacy programs to address some of these issues.

The profession of pharmacy is at a critical crossroads with regard to establishing its place as a patient- and relationship-centered profession. To address this need, a three quarter credit first professional year course on the social and behavioral aspects of the United States health care

system was modified by the faculty member responsible for the course to include opportunities for students to enter into Service-Learning relationships with home-bound senior citizens who were clients of three local not-for-profit agencies. To prepare for the integration of Service-Learning as a new course pedagogy in 1991, the instructor began a Service-Learning Faculty Fellowship with the support of the B orchard Foundation and the Lowell Bennion Community Service Center (Bennion Center) of the University of Utah. Three additional faculty from the Communication Department, Mechanical Engineering Department, and the Special Education Department worked with the Bennion Center and an evaluator to assess whether it was possible to implement the pedagogy and practices of Service-Learning into diverse disciplines. Standard definitions for Service-Learning such as that described by Jacoby and colleagues(30) were followed. Jacoby has defined Service-Learning as, “...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”(30). In addition, the Bennion Center’s Faculty Advisory Committee began development of criteria to be used to assess whether courses could be designated as “Service-Learning emphasis” within the University of Utah. These criteria are listed in Appendix A and serve as fundamental underpinnings to assess in an on-going manner whether faculty consistently implement Service-Learning across the university. These criteria also serve as the basis for the Bennion Center’s evaluation of Service-Learning courses which will be discussed later. The remainder of this manuscript describes the course and experiences with the integration of Service-Learning as a method of providing an early professionalization experience.

## COURSE DESCRIPTION

### Learning Objectives and Outcomes

The course and its attendant content has been a required course for approximately 50 first professional year (P1) pharmacy students since 1987. Students have been told that the reason for including this course in the pharmacy curriculum is to provide them with the necessary background to understand the complexity of human, social, economic and political issues that exert a powerful influence on the pharmacy profession. At the completion of the course, students are expected to have: (i) acquired a working knowledge of the profession of pharmacy; (ii) developed an understanding of the forces of change that beset health care generally and pharmacy in particular; (iii) become familiar with a number of important policy issues as they relate to the profession at all levels of practice; (iv) expanded their conceptualization of pharmacy from its empirical “micro” foundations (e.g., medicinal chemistry, pharmaceuticals, pharmacology, etc.) to the “macro” level of social, political and economic applications; (v) an understanding of the social and behavioral factors associated with illness, and the expanded roles of the pharmacist in the clinical application of pharmaceutical knowledge; (vi) given serious consideration to their personal future goals given identifiable trends in the pro-

**Table I. Outline of course topics**

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Course Introduction/Agency Introduction & Orientation
Insuring America's Health
Problems & Choices in the U.S. Health Care System
Issues in the Pharmaceutical Industry
Professionalization and Socialization as a Pharmacist
Pharmaceutical Care: Expanded Roles/Changing Practice
Psychosocial Dimensions of Healing
"Stress" as a Psychosocial Illness
Compliance and the Pharmacist
Aspects of Cross Cultural Healing
Complementary and Alternative Healing Systems
Quality of Life and Medical Care
Quality of Life and Medical Care (Bill Moyers video: Healing and the Mind)
Pharmacy and the Future

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fession; and (vii) developed critical thinking skills as they reflect on their future and the future of pharmacy. A list of topics studied in the course is included in Table I. Because the course is designated as "Writing-Intensive" by the University of Utah Writing Program, graded course assignments are based on the submission of three Position Papers (Appendix B), an in-depth research paper based on personal interest in a topic related to the course content (prior to 1991), and short answer quizzes on a bi-weekly basis. Measurable outcomes of course objectives are related to the course format and assignments intrinsic to both the academic and Service-Learning portions of the course; these are described in further detail in the following paragraphs.

### Course Format and Grading

The course was structured in a modified problem-based, student-centered format<sup>(31)</sup> that provided students with the maximum opportunity for in-class discussions and interactions with their peers. Part of this modified approach included the use of in-class mini-cases, intended to be discussed and "solved" by small groups of four-five students prior to a large group discussion. Bi-weekly short answer quizzes were given to students to assess knowledge and understanding of course content. Three Position Papers of two-three pages in length were assigned to further assess student understanding of course content and ability to develop arguments in favor of or opposed to author opinion on a topic related to the course. Position Papers were to be developed in response to editorials and articles identified by the instructor as published in non-pharmacy journals (such as the *New England Journal of Medicine*, *Social Science and Medicine*, or the *American Journal of Public Health*) of significance and import to the profession of pharmacy. Students were asked to follow the guidelines listed in Appendix B and learn to state their position, fortified by personal and professional knowledge of the subject matter contained in the editorial or article. Successful completion of this assignment was meant to help develop skills necessary to work with other health professionals in regard to medication and other professional information necessary as part of personal interactions in day-to-day pharmacy practice. Finally, prior to 1991, research papers of 8-10 pages in length were also required of students in order to improve library and literature citation skills, and to allow students to research a topic of interest related to the course content in a more in-

depth manner than that provided within the limits of the course. After 1991, students were invited to participate in Service-Learning opportunities geared toward providing them with a "human being-focused" (as opposed to "patient-focused") experience serving as a companion with a homebound senior citizen and another student from their class. These experiences were initially offered as an alternative to the traditional research paper; due to student disinterest in the research paper, the research paper option was officially dropped in 1994.

### Service-Learning Experiences and Related Assignments

Basic information for students on the Service-Learning experiences was provided in the course syllabus. For liability and safety reasons, students were asked to visit their companions as a dyad. Agencies (a private home health agency, a county-sponsored government agency for senior services, and a federal government-sponsored low income housing agency) were initially selected based on personal relationships between the instructor and agency personnel, in addition to previously existing agency-sponsored companionship programs for homebound senior clients with whom students could participate and interact. Service-Learning opportunities were offered in lieu of the traditionally required research paper and were considered to be "equivalent" (initially) to the volume and depth of work required to complete a research paper in the course. For risk management reasons, students were asked to identify a partner from their class to participate in home companionship visits with clients of the aforementioned agencies. Students were provided with one-page summaries of each agency's mission and companionship services needs; student assignment to agency was conducted by lottery. Efforts were made to accommodate student needs with regard to transportation and regional assignment. A two-hour agency orientation was conducted by participating agency personnel, during which time students were provided with specific information about each agency, signed up as volunteers of that particular agency and were oriented to specific issues related to each agency's purpose in the community and services provided to eligible clients. Student assignments to clients were also completed during this session, in addition to information on "how to get started" visiting with an agency's homebound client. Each agency expressed slightly different preferences with regard to how orientation sessions were held, and each had different requirements for volunteers to follow with their agency. For example, one agency required students to complete a criminal background check prior to client visits; another agency provided explicit rules regarding transportation of clients for liability reasons. The role of service with clients and the academic course content were also linked as part of a discussion on the meaning and intent of Service-Learning as part of the course. Students were asked to document their hours of service for the particular agency with which they served; course Service-Learning requirements based on Bennion Center guidelines related to number of course credits asked them to serve with clients for one to two hours per week. Grades for the Service-Learning opportunities portion of the course were based on the following assignments, not on the number of hours served or the type and quality of relationship with a client.

The remaining assignments for the course were directly related to linking course content with Service-Learning experiences, an integral part of creating sound service and learning (Service-Learning) experiences. As Jacoby(30) has noted, personal reflection is a key aspect of connecting academic course content with service experiences. Reflective journals, reflection sessions and final reports were all utilized to encourage students to develop reflective and critical thinking skills, although each type of assignment had a different outcome intention.

Each student was asked to maintain a reflective journal of their experiences, beginning with the orientation session and ending with a summative conclusion of what they felt they learned from the companionship visits. Instructions for reflective journals from the course syllabus are included in Appendix C. A "how to" reference on Service-Learning journals was made available to students(32). Journals were evaluated on a pass/fail basis twice during the course with emphasis on improving students' reflective skills. Students were told in orientation that the reason for teaching them to maintain a journal was not only to cause them to pause and reflect on what was happening with their client and student partner, but also to get them into the habit of thinking about the need for documenting what they were doing(33). As a health professional, they will be required to perform various documentation activities and it seemed logical to start them off as PI students with the idea that documentation would become a critical part of their careers. Since reflective journals were also meant to be the private and personal property of each student, differences were also explained with regard to maintaining a personal journal versus documentation in a patient record.

Reflection sessions were held on a bi-weekly basis according to agency of record. The purpose of the reflection sessions was to allow students to come into a safe, small group setting to discuss successes and challenges related to their client assignment. Sessions were led by agency representatives associated with the companionship programs and intended to provide an opportunity for students to discuss issues of common interest to the group, such as hearing and bodily function loss with aging, establishing a relationship with a stranger, relation to course academic material, and other issues as raised by the students or the agency representative. In order to learn to facilitate reflection sessions, all agency representatives had been previously invited to participate in a "Faculty and Teaching Assistant Service-Learning Training Program" provided by the Bennion Center. If the agency representative was unavailable, sessions were led by either the teaching assistant for the course (a student who had previously successfully completed the course) or the instructor.

Instructions from the syllabus for the final reports are described in Appendix D. The purpose of these reports was two-fold: (i) to provide students with a final reflective opportunity to encapsulate their experiences, and (ii) to provide professionally-written feedback from students on their experiences for the agencies and the instructor as a quality improvement mechanism. Agency personnel were provided with a blinded copy of the report at the conclusion of the course. At some time prior to teaching the course again, the instructor and the agency representa-

tives meet to compare notes and suggestions for improvement on the Service-Learning portion of the course. As an example of the effectiveness of these reports, reflection sessions were developed as the result of student suggestions in the first set of final reports (1991) regarding student interest in hearing what was happening with classmates in addition to having a mechanism for receiving help and feedback on their experiences from agency representatives and the instructor.

## COURSE EVALUATION

### Types of Evaluation Used and Evaluative Data

At the end of the course, students were asked to complete two evaluations, one of which was used by the instructor and college to evaluate student satisfaction with the course and whether course objectives were perceived to be met. The second evaluation was specifically geared toward the Service-Learning portion of the course and was conducted by the Bennion Center. Similar to the college evaluation, forms were distributed to students, collected by a student who was a member of the Student Advisory Committee that participates in faculty and teaching evaluation for the college and returned to the appropriate office (Dean's office or Bennion Center) for tallying of results. Blinded copies of the evaluation results were provided to instructors at a later date. As mentioned previously, final reports were also used as an evaluative tool to enable the instructor and agency personnel to receive feedback on the Service-Learning experiences of students. Table II contains a summary of Service-Learning course evaluations for this course from 1993 through 1998. As indicated in Table II, the evaluation instrument used by the Bennion Center was modified in 1996 to more accurately reflect those characteristics defined by the nine Bennion Center criteria for designation as a Service-Learning course (Appendix A).

Results from the Bennion Center evaluations indicated that a majority of students believe that the Service-Learning portion of the course enabled them to analyze issues related to the course content and citizenship, social responsibility, and community involvement. Most students also reported a greater interest at the end of the course in participating in local community organizations and a felt personal responsibility toward their community, certainly a hallmark of participatory democracy and civic responsibility. In addition, the Service-Learning experiences appeared to enable students to "connect" in-class discussions and learnings with community "real world" experiences in a way that complemented learning in both arenas. A "random" sampling of written comments from various years of Bennion Center evaluations also indicates the same student impressions: "I think merging service & learning in classes could help to produce more compassionate, humanistic college graduates instead of robots that are stuffed full of facts and figures" (1993). "It was a valuable experience to get into people's homes & see how they felt about their lives & health care. I enjoyed visiting & felt it helped me better understand what we are learning in class" (1995). "An eye-opening experience to the way some people live in this community" (1998).

Negative comments about the course seemed, for the most part, to center on structural issues related to taking students out of the "convenient" classroom environment

**Table II. Results of Bennion Center evaluation 1993-98<sup>a</sup>**

Statement	Percent strongly agree /agree				
	1993 N = 28	1994 N = 39	1995 <sup>b</sup> N = 31	1997 N = 41	1998 N = 46
The service I did through this class helped me to see how the subject matter I learned in this class can be used in everyday life.	96.4	95.9	100	—	—
The service I did in this class provided a needed service to individuals, organizations, schools, or other entities in the community.	96.4	94.9	90.3	100	84.8
Structured activities in the class provided me with a way to analyze issues about citizenship, social responsibility, or personal responsibility in my community.	—	—	—	92.7	84.8
I developed a greater sense of personal responsibility towards my community in this course.	—	—	—	95.2	76.1
This service helped me understand the basic concepts and theories of the subject.	89.3	89.6	90.3	97.6	82.6
This course contributed to my ability to get involved with community organizations on my own.	—	—	—	85.0	71.7
I would have learned more from this class if there had been more time spent in the classroom instead of doing service in the community.	3.6	7.7	3.2	2.4	13.0
The service activities I performed in this class made me more interested in attending class.	—	—	—	80.0	41.3
This class helped me become more aware of community problems.	—	—	—	97.5	91.3
The service activities I performed in this class made me more interested in studying harder.	—	—	—	43.9	34.8
This class helped me become more interested in helping to solve community problems.	78.6	84.7	77.4	87.8	73.9
The course helped me bring the lessons I learned in the community back into the classroom.	—	—	—	95.2	80.4
The course helped me understand the experience I had as a volunteer.	—	—	—	97.6	76.0
Through the course I had the opportunity to share the experiences I had and the lessons I learned in the community with other students.	—	—	—	100	82.6

<sup>a</sup>Form and content of survey changed in 1996; hence, only data from comparable questions are included in results.

<sup>b</sup>Data unavailable for 1996.

where predictability and precision in learning are expected and achieved (1998). The ability to maintain a continuous quality improvement attitude between instructor and agency personnel is critical with respect to this issue, especially when agency staff turnover can be problematic. It is not often possible to “solve” the unpredictability issue with regard to homebound senior citizens, especially where ability to function independently has deteriorated. In certain respects, this may have been the initial reason for the senior’s entry into a program that provides companionship services. In other respects, the very reason for their entry into a companionship services program creates other barriers to allowing companions into the home. The skills and knowledge of the agency personnel with regard to their clients is critical in terms of working with students who are entering the homes of strangers with a variety of psychosocial, physical and mental impairments. In consideration of these issues, students need to be actively supported by the instructor and agency personnel, but students also need to realize the capacities and limitations of each individual client with whom they are paired. As one of the agency personnel from a state-funded home health care agency quipped early on in the program in response to student “convenience” concerns, “Welcome to home health care!” Perhaps this issue is one of the greatest teachings for pharmacy students not knowingly headed for

a career in this particular discipline: when we see “patients” on our “turf” in “our pharmacies,” we as professionals have the privilege of “calling the shots” in terms of how and when our time is spent with “patients.” When a “professional” enters the home of another human being, these professional differences rapidly dissolve, and some discomfort may be created simply by the need to learn (re-learn) to care as another human being, willing to “be with” rather than simply “to do to.”

#### DISCUSSION AND PERSONAL REFLECTIONS

The impact on the instructor and students of using Service-Learning as part of the pedagogy for the course has been multifold. Relative to writing (on the students’ parts) and reading (on the instructor’s part) research papers as part of the course assignments, both parties appeared to enjoy “living” learning situations with regard to the unpredictability of serving as a companion with another human being. Both students and the instructor have been transformed in these experiences, some of which are due to struggles related to issues of poverty, social instability, and social justice. Especially for the instructor who in the beginning (1991) was looking for a more active and participative method of teaching the content of the course, the pedagogy of the course has improved teaching skills, allowed entry into a new area of

scholarly activity, and most importantly, allowed participation in local community affairs relative to health and social issues. As Bill Shore, Executive Director of Share Our Strength(34) has so aptly described:

“If we are going to create lasting change, it will be because we change the way people think about themselves and their responsibilities and their opportunities to contribute to the greater good of their community...The answer lies in the only thing we haven’t tried: a massive, nationwide commitment of talented, compassionate, and creative people in our society, a commitment not only to support worthwhile programs and projects financially, but rather to deploy skills and special talents on behalf of people in need, personally. The effort must be focused, sophisticated, organized, and directed toward the toughest tasks, rather than the tasks that are simply the most suitable for untrained but well-meaning volunteers. Just as we can’t buy our way out of poverty, we can’t volunteer our way out, either. Communities will be transformed only when people in and around them are transformed....”

This change in the instructor’s approach from creating “sites” for student placement to creating “relationship-based care” has ultimately resulted in a permanent change in how the instructor views the “local community” and students in individual courses, bringing to mind more serious and contemplative issues relative to the purpose of modern universities. Other faculty have indirectly commented on these same issues(35,36).

Finally, experimentation with the methods and practices in this and one other professional program course for third professional year students led to curricular change as part of a university-wide transition to semesters and a college-wide transition to an entry-level Doctor of Pharmacy curriculum that began during Fall 1998. During previous years, as many as 10-15 percent of students continued relationships with homebound seniors formed as part of this class. With entry into the new curriculum, early experience program Service-Learning companionship experiences will continue for the entire academic year, not just as part of a single course, in addition to other changes that will link these first and third year professional program courses with Service-Learning opportunities. This change in the first professional year course has required the development of relationships with seven additional community agencies, thereby decreasing the total number of students assigned to work with each agency but providing for more diversity among ages and types of clients with whom students serve as companions. Long-term monitoring and evaluation of the program will require assessment of the extent of reciprocity between the college and participating community agencies. Finally, the long-term impact of these courses on student attitudes and practice patterns will also need to be assessed in the future.

Although pharmacy education is in the midst of rapid change, especially with the conversion to entry-level Doctor of Pharmacy programs, educational practitioners must not lose sight of why pharmacy education exists(37). Part of the successful survival of professional educational

programs will require some creativeness on the part of faculty to be willing to explore new methods of providing experience for students outside of the traditional classroom environment(38). But foremost is a growing recognition by practitioners that what has meaning and value for practitioners in the long run is an ability to hold onto the human side of the practice of pharmacy(39) in spite of current demands in the marketplace to decrease services and increase productivity. Reminding students of their own humanity, as well as that of their future “patients,” is one way of healing an imperfect system one person at a time.

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## APPENDIX A: BENNION CENTER CRITERIA FOR DESIGNATION OF SERVICE-LEARNING CLASSES

In order to be approved as a Service-Learning class by the Bennion Center Faculty Advisory Committee, faculty must demonstrate that their course meets the following criteria:

- 1) Students in the class provide a needed service to individuals, organizations, schools of other entities in the community
  - 2) The service experience relates to the subject matter of the course.
  - 3) Activities in the class provide a method or methods for students to think about what they learned through the service experience and how these learnings relate to the subject of the class.
  - 4) The course offers a method to assess the learning derived from the service. Credit is given for the learning and its relation to the course, not for the service alone.
  - 5) Service interactions in the community recognize the needs of service recipients, and offer an opportunity for recipients to be involved in the evaluation of the service.
  - 6) The service opportunities are aimed at the development of the civic education of students even though they may also be focused on career preparation.
  - 7) Knowledge from the discipline informs the service experiences with which the students are involved.
  - 8) The class offers a way to learn from other class members as well as from the instructor.
  - 9) Course options ensure that no student is required to participate in a service placement that creates a religious, political and/or moral conflict for the student.
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## APPENDIX B: REPRESENTATIVE POSITION PAPER ASSIGNMENT

### Instructions for Position Papers

Over the quarter, you will be asked to write 3 position papers on current and relevant articles which pertain to classroom discussion and events that affect the practice of pharmacy. The purpose of requiring you to write about your beliefs and your position on a particular issue is to encourage you to incorporate information from the lecture and service portions of this class into your personal data base on how the world functions.

You will be presented with new and sometimes conflicting ideas in order to challenge your current view of the health care system and its players. I do not expect you to agree with me; in fact, I would hope that you disagree on at least some points. You should be able to carry out a logical argument explaining why you believe what you do, based on whatever facts, assumptions and biases you are able to use to explain your position.

My secondary interest in having you write the position papers is to encourage you to write, hopefully in proper English. As health professionals, you may be asked by newspapers, consumer magazines or your own professional journals to write a readable article or paragraph about some area of pharmacy practice. In order to accomplish this task, practice is required. For this reason, half of the grade on each paper will be based on grammar and syntax - basically, how well you can communicate in the English language.

Assignments will be given 2 weeks in advance. Papers will

be returned to you the following week. Grading will be based on grammar (5 points) and your ability to develop a logical argument to explain your position (5 points). The following questions should be answered in your discussion (based on 2-3 pages, typed, double-spaced): 1) What is the issue or problem as described by the author(s)? 2) What is your position? (*i.e.*, do you support what the authors are saying?) 3) Why? (justify your position)

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## APPENDIX C: INSTRUCTIONS FOR SERVICE-LEARNING JOURNALS

### Journal Objectives

- 1) Journals should begin with a brief entry that describes the name and purpose of the organization for which you are volunteering (*i.e.*, who is served, how does the organization regularly provide service, how are volunteers utilized within the organization to reach its goals, etc.). Please record your initial impressions of what you believe you will be learning from the experience.
  - 2) Each day that you volunteer, a journal entry should be made describing that day's experience (*i.e.*, What did you learn about either the organization or its clientele? What problems do you see? How might you approach "fixing" these problems? What is done well at that organization?, etc.).
  - 3) Journals should end with a brief summary of your experience (*i.e.*, Overall, how was the experience? Did you have or were you provided with the information you needed to get the job done? Briefly, what have you learned from this experience? How have your thoughts changed since the beginning of the quarter?, Did having a partner make the experience easier?, etc.)
  - 4) For your convenience, you have been provided with a short article on "How To Do Service-Learning journals" as part of the course syllabus ("Reflecting on What You're Learning" from the National Society for Experiential Education). If you are having trouble deciding how to get started or what to write, these will be extremely valuable to you.
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## APPENDIX D: INSTRUCTIONS FOR SERVICE-LEARNING FINAL REPORTS

### Final Report Objectives

Final reports should be 3-5 double-spaced, typewritten pages or it will be returned to you. On the copy you are turning in for a grade, please type a cover page separate from the text of the report that includes the title of your report, the agency for which you volunteered, your name, the course number and date. Please turn in two (2) additional copies of your report with only the title of your report and agency name on the cover page. These will be used for blinded evaluations by the agencies. Your report should cover the following points:

- 1) A brief description of the organization for which you volunteered (Similar to your journal, who do they serve? How do they accomplish their goals? Where did you fit in?).
- 2) A brief critique of the organization (How well do they accomplish their goals? How might things be done better? Is the organization adequately able to serve their intended target? Are resources adequate to achieve their goals? Where might the organization turn for additional resources - money, volunteers, etc.?).
- 3) What have you learned about volunteering? Has this experience reinforced or changed any of your ideas about volunteering? What are your current thoughts and feelings regarding volunteering again, either in this or another capacity?
- 4) Imagine that instead of participating in the Service-Learning Opportunity, you had selected a term paper topic relevant/similar to some aspect of the group served by your organization. How would your experience have been different if you had researched the topic in the library and completed a term paper, rather than volunteering on a weekly basis? Be sure to adequately cover the pro's and con's of your opinion of both methods of learning.
- 5) From a student's perspective, what was the best part of the experience? What was the worst part of the experience? Would you recommend that the Service-Learning Opportunities be continued? For future classes of students, how might the experience be improved? As your instructor, is there a way that I can better facilitate a positive experience? How do you believe this experience has changed your academic experience at the University of Utah?