INNOVATIONS IN TEACHING

A Course on Chronic Illness: Learning the Patient’s Perspective

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INTRODUCTION

Because of the nature of chronic illness, health care professionals need to envision a patient holistically and be aware of the patient’s concerns and the impact his lifestyle may have on treatment decisions. The goal of “Psychosocial Aspects of Chronic Illness” was to allow pharmacy students to learn about, investigate, and experience the “whys” of patient behavior. To attain this goal, a variety of teaching techniques, such as videos, live presentations, simulation exercises, and patient autobiographies and biographies, were used to help students learn about the patient’s perspective. In addition, students were expected to participate in the process of learning about patients by changing a health behavior, developing a teaching presentation on culture, and writing papers about their experiences in and out of the classroom.

As pharmacists and professors, we want to instill in our students the importance of pharmaceutical care and its impact on patient outcomes. However, one of the keys in providing successful pharmaceutical care is to establish rapport and build relationships with patients. Patient behaviors also are important to understand in treating a patient. It is essential that the student knows the correct therapy for the patient, but it is just as important to know how to facilitate behavior change. Part of this is learning about the patient and his experiences. This course was designed to help students learn about patients and their experiences in the health care system. A patient does not experience his illness in isolation. Instead, the illness impacts his family, finances, job, and friends. By teaching students about the patient experience, they are more likely to think about the patient first, rather than just the drug, when treating a patient.

Course Objectives

1. Identify and describe issues faced by patients with chronic illnesses and their families.
2. Understand and recognize how patients with chronic illnesses are different from acutely ill patients and how these differences impact treatment decisions.
3. Understand and recognize how patients with chronic illnesses may experience illness differently based on life stage, ethnicity, and gender.
4. Understand and recognize how health care practitioners can affect their patients’ outcomes.
5. Understand health behaviors and how they relate and can be applied in the treatment of patients with chronic illnesses.

Course topics included: introduction to chronic illness, diagnosis process, the experience of chronic illness by life stage (children, adolescents, adults, and elderly), health behavior models and their application, family issues and care giving, gender and cultural issues in chronic illness, alternative health care practices, health care system and health care practitioner relationships, and death, dying, and bereavement. Appendix 1 lists specific objectives for each topic area.

Point in Curriculum

This course is 1 of 4 different offerings for the fulfillment of Applied Social-Behavioral Sciences in Pharmaceutical Care, a third professional year requirement. At this point in the curriculum, third professional year students have completed an introductory social-behavioral sciences course. The applied social-behavioral sciences course is meant to expand on the in-

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Several different teaching methods were used during the course. For most classes, class discussion was predominantly used. To encourage discussion, students often were asked to write reflective paragraphs, which are quick, 5-10 minute writing assignments completed in class. Students usually wrote about a question posed by the professor based on readings or the topic for the day. In addition, students wrote reflections after finishing course material and exercises regarding what they had learned. After completing their paragraphs, they shared their writings with one another in pairs or small groups. Class discussion began after this peer-sharing session. Besides class discussion, lectures also were used for some course content. Patient cases/scenarios and other active learning exercises were incorporated throughout the semester to allow students to apply course material as well as practice newfound skills.

Course Activities

Experience of Chronic Illness. One of the main components of the course was identifying and discussing issues relevant to an individual’s experience of illness and the role society plays in this experience. This section was divided into 4 main areas regarding the experiences of: children, adolescents, adults, and the elderly.

Incorporated into this module was the book, Needles. Needles is an autobiographical account of Andie Dominic, a young woman who was diagnosed with diabetes at the age of 10 years. In this book, Andie recounts her experiences with diabetes at such a young age. Andie details her attitude toward her illness, especially during her teenage years and early adulthood. Through her experiences, the students are able to get an idea of the impact a chronic illness has on a child, a teenager, and a young woman. Using this book, students were asked to relate Andie’s experiences to content learned in class through lecture.

In addition to Needles, a guest speaker was invited to talk to the class. Lisa was diagnosed with multiple sclerosis in her late 20s. The students easily identified with Lisa since she was very open about her experiences with her disease. In addition, Lisa is a nurse so she was able to speak frankly about the medical aspects of her disease, of which the students knew very little. During her talk with the students, she related what it was like to live with what is sometimes an invisible disease and talked about people’s perceptions of such a disease. She recounted her experiences in recent years with the illness and its impact on her as a wife, mother, daughter, and sister, as well as the impact that the disease has had on her family. Following her talk, students wrote a reflective paragraph on what they learned from Lisa. Aspects of her talk that related to course content and the students’ reflective papers were discussed later in the class.

In addition to these experiences, students participated in simulation exercises so that they learn what it might be like to have certain disabilities. There are 4 simulations: mobility, hearing, vision, and fine motor. Exercises were based on those found in the Chronic Care Challenges handbook. Following each of these exercises, students wrote reflective papers. Students shared their reflective papers with one another and the experiences were discussed in class.

In the mobility simulation, students were asked to walk around the classroom and/or hallway: (1) with a bead in one shoe, (2) using a cane, and (3) correctly using a walker. In addition, students were asked to walk across an egg crate mattress and to use a wheelchair.

For the hearing simulation, a tape was used to simulate hearing deficits common in older adults, such as difficulty hearing pitches. In the hearing simulation, the students listened to taped conversations. Students were asked to respond at different points in the conversation. For example, one of the recorded conversations takes place in a restaurant as conveyed to the listener by appropriate background noises. An actor portraying a waitress on the tape asks the “customer” (the student sitting in the classroom) a question. The student, as the “customer,” is presented with 3 options, 1 of which is the appropriate response to the waitress. The student responds on paper using the options provided. The conversation/scenario continues on the tape. The student does not find out the correct response until the end of the scenario.

In the vision simulation, students were asked to wear a series of glasses that simulated different vision deficits. The simulation included glasses for glaucoma, cataracts, macular degeneration, retinopathy, hemiopia, and detached retina. While wearing these glasses, students were asked to perform certain activities. For example, when wearing the “cataracts” glasses, the student was to write his name and address on a line on his paper. In addition, the lights were dimmed, like one would experience in a theatre, at one point during the simulation.
Students taped their first finger and thumb together so that these fingers were immobile in order to simulate fine motor disability. After taping their fingers, students were asked to complete a series of activities: (1) write their name and address on a piece of paper; (2) pick up a coin from a table without sliding it off the table; (3) button and unbutton a shirt; (4) pick a yellow tablet (M&M) from the prescription bottle and put into a pill reminder container; (5) shuffle playing cards and deal them; (6) open a box of cereal; (7) open a sack of chips; (8) open a package of peanut butter crackers; and (9) open a granola bar.

Health Behavior Module. Health care professionals often ask (or tell) their patients to change health behaviors, such as to quit smoking, change dietary practices, begin an exercise program, and take medication. However, often little thought is given to the difficulty of complying with these requests or the best ways to help patients achieve their goals. Health professionals may become frustrated when patients do not follow their advice. In an attempt to develop empathy in pharmacy students toward patients, as well as understand patient behavior, the health behavior module was developed. This module was developed, in part, as a response to results reported by Lonie and Dolinsky regarding pharmacy students’ lay mental representations or explanations regarding their own and other’s health behaviors.

As a part of this module, students were asked to complete a health behavior exercise. In this exercise, students discontinued one of their “bad” health behaviors or practiced a “good” behavior for 2 weeks. Examples given to the students were: quitting smoking, starting an exercise program, beginning a low-fat diet, drinking 8 glasses of water a day, and stopping caffeine consumption.

After completing their behavior change, students learned about health behavior theories and models through readings, lecture, and class discussion. In addition, they learned how to help patients change behaviors using these theories. Patient scenarios were incorporated into class discussion so that students were able to practice their knowledge and, hopefully, learn how to implement it in a practice setting.

To assess the module, students wrote a health behavior paper describing their experiences and applied the health behavior theories to explain their success or failure in their attempts. In this paper, students included: a description of the behavior change attempted, a statement of whether the attempt in behavior change was successful, their impression of why the behavior change was or was not a success, application of at least one health behavior model discussed in class to the experience, and an honest appraisal on whether the experience was valuable and why. In addition, students completed a patient case prior to the module (pre-test) and at its completion (post-test) to evaluate the skills learned from the module.

Peer Teaching Project on Culture. Since society is becoming more diverse and since one of the most frequent requests from students was to include more information about culture and ethnicity, 4 class sessions were devoted to this topic. Instead of the instructor deciding what would be taught, students were required to become the professors for a half-hour teaching session. In part, this was to allow students to gain experience in designing a presentation and working within a group dynamic. In addition, the students determined the topics to be discussed. See Appendix 2 for a general overview of the peer teaching project and a list of presentation topics.

Health Care Practitioners/Health Care System. Over the last several years, there has been research indicating the patient-practitioner relationship can influence patient outcomes. Due to the current state of pharmacy, such as the pharmacist shortage and increasing prescription volume, developing a rapport or relationship with the patient may be difficult. However, the intent of this section of the course was to show the students how health care practitioners do not always think of the patient, even when treating and counseling him. The patient may not be thought of as the patient, but instead as the woman with ovarian cancer, or the mother of the screaming kid with otitis, or the cranky old man who calls all the time. By showing students how a practitioner can be insensitive, as well as sensitive, to patients’ needs, it is hoped that they will become sensitive practitioners rather than insensitive ones.

To accomplish this task, students were asked to read 2 articles focused on patients’ perspectives of health care professionals and use of patient-centered care, as well as ways that health care practitioners could establish “common ground” in the patient-practitioner relationship. Lecture as well as patient scenarios were used to discuss and emphasize issues of importance in health care relationships.

After this discussion, the students watched Wit, a movie about a terminally ill patient with cancer and her experiences in the health care system. Students were asked to write reflective paragraphs after watching the movie. In addition, the movie was shown just prior to
the death and dying section of the course and served as an introduction to this course material.

Death, Dying and Bereavement. Although pharmacists work intimately with their patients and become quite close to them, little information on death, dying, and bereavement is given to pharmacy students. Students, at some point in their lives, will deal with this topic, whether with patients, family, or friends. The intent of this module was to allow students to discuss their feelings regarding this sensitive issue in a “safe” environment. By introducing this topic to the students, it is hoped that they will not be as frightened of dealing with their emotions and patients when addressing death in their lives.

Besides articles and a lecture, the book, *Tuesdays with Morrie*, was used for this section of the course. *Tuesdays with Morrie* describes the life and death of Morrie Schwartz, a man diagnosed with ALS. In addition to reading the book, students watched a series of interviews Ted Koppel conducted with Morrie on the "Nightline" television show. By watching the interviews, students could “experience” Morrie and watch his deterioration over time. After reading the book and watching the interviews, students were given discussion questions and were asked to write a reflective paper responding to one of the questions. Students shared their reflections in class and discussed death and bereavement.

In addition, a hospice worker was invited to talk to the students. Joel, a social worker, led the students through a simulation of their own death. They were instructed to write important aspects of their life (e.g., friends/family, hobbies) on separate pieces of paper. As he led them through the exercise, they were instructed to discard these papers at different points in the dying process. By discarding these papers, the students were eliminating these important relationships and things from their lives. Besides leading them through this exercise, the hospice worker also talked to the students about the philosophy of hospice, his work with patients and families, and how hospice operates in the community. At the conclusion of his presentation, students were asked to write a reflective paragraph about their experience during this class session.

Chronic Illness Paper. In an effort to have students apply course material to “real” life situations, they were required to interview 2 individuals with 1 or more chronic illnesses. After interviewing these individuals, they wrote a paper relating the interviews to course material. See Appendix 3 for paper assignment.

What Made the Course Innovative

The course is innovative in several ways. First, the main goal of the course is to help students understand and empathize with patients who have one or more chronic illnesses. Instead of focusing upon the disease, the course emphasizes the person. Sociological and psychological implications of living with a chronic illness are discussed. Students are encouraged to think about how the patient feels and how they can impact patient outcomes as health care professionals. Course assignments are geared to help students attain the main goal of the course.

In addition, a variety of teaching techniques are used to help the student learn about the patient’s perspective. Videos, guest speakers, simulation exercises, and autobiographies/biographies are incorporated and melded with course content. Class discussion, lecture, and patient scenarios/cases also are used. Students participated in the process—they tried to change a health behavior, developed a teaching presentation on culture, and wrote papers about their experiences. By using several techniques, it is hoped that the students remain engaged throughout the semester since each student should experience his/her desired learning process at least one time in the semester.

EVALUATION OF STUDENT LEARNING

The assessments of course goals (Table 1) and course evaluations (Table 2) were overwhelmingly positive. Looking at the averages, the students agreed that the course goals and objectives were met. They felt they were able to discuss the issues relevant to individuals with chronic illnesses. In addition, the students felt that they had developed more empathy toward these patients. Not only does the objective evidence indicate this, but the students’ comments (Table 3) also reinforce it. Students felt the combination of teaching techniques was effective in helping them develop an understanding of and empathy toward patients. The use of videos, books, speakers, simulations, and other teaching methods seemed to contribute to their overall learning.

Planned Modifications

Although, in general, the course was considered a success, there was one activity that did not meet the intended goal. The peer-teaching project did not achieve its desired outcomes. Although the students chose their own topics, interest seemed to wane close to the presentations. According to comments from the students to the professor and in course evaluations, the presentations did not seem to help them understand how culture and ethnicity impacts the individual’s experience of...
Table 1. Student Agreement With Statements Assessing the Achievement of Course Goals and Objectives (N=29)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean (SD)</th>
</tr>
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<tbody>
<tr>
<td>I can identify issues faced by chronically ill patients and their families</td>
<td>1.34 (0.48)</td>
</tr>
<tr>
<td>I can describe issues faced by chronically ill patients and their families</td>
<td>1.59 (0.50)</td>
</tr>
<tr>
<td>I can explain how chronically ill patients are different from acutely ill patients</td>
<td>1.14 (0.35)</td>
</tr>
<tr>
<td>I can explain how differences between chronically and acutely ill patients impact treatment decisions.</td>
<td>1.45 (0.51)</td>
</tr>
<tr>
<td>I can explain how chronically ill patients may experience illness differently based upon their life stage.</td>
<td>1.38 (0.56)</td>
</tr>
<tr>
<td>I can explain how chronically ill patients may experience illness differently based upon ethnicity.</td>
<td>1.93 (0.59)</td>
</tr>
<tr>
<td>I can explain how chronically ill patients may experience illness differently based upon gender.</td>
<td>1.76 (0.58)</td>
</tr>
<tr>
<td>I can explain how health practitioners can affect their patients’ outcomes.</td>
<td>1.41 (0.57)</td>
</tr>
<tr>
<td>I understand health behaviors and how they relate in the treatment of chronically ill patients.</td>
<td>1.59 (0.63)</td>
</tr>
<tr>
<td>I can apply health behavior models in the treatment of chronically ill patients.</td>
<td>1.69 (0.60)</td>
</tr>
<tr>
<td>I have more empathy toward chronically ill patients in comparison to the beginning of the semester.</td>
<td>1.31 (0.47)</td>
</tr>
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* A Likert scale was used for responses with 1=Strongly agree, 2=Agree, 3=Neutral/No opinion, 4=Disagree, 5=Strongly Disagree

Table 2. Student Responses on Course Evaluations (N=28)*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading Needles contributed to my learning about patient issues in chronic illness.</td>
<td>1.39 (0.57)</td>
</tr>
<tr>
<td>Reading Tuesdays with Morrie contributed to learning of course content.</td>
<td>1.18 (0.48)</td>
</tr>
<tr>
<td>The health behavior project contributed to learning.</td>
<td>1.79 (0.63)</td>
</tr>
<tr>
<td>The health behavior project was a good way to learn how to apply health behavior models.</td>
<td>1.82 (0.61)</td>
</tr>
<tr>
<td>The chronic illness paper contributed to learning.</td>
<td>2.00 (0.77)</td>
</tr>
<tr>
<td>The chronic illness paper was a good way to apply course content to “real” life situations.</td>
<td>1.75 (0.84)</td>
</tr>
<tr>
<td>The peer-teaching project on culture contributed to learning.</td>
<td>2.29 (0.98)</td>
</tr>
<tr>
<td>The peer-teaching project was a good way to learn how to develop a teaching presentation.</td>
<td>2.07 (0.98)</td>
</tr>
<tr>
<td>The peer-teaching project was a good way to learn about different cultures.</td>
<td>2.21 (0.96)</td>
</tr>
<tr>
<td>The problems or examples included in the lecture/discussions or assignments contributed to learning.</td>
<td>1.39 (0.50)</td>
</tr>
<tr>
<td>Class discussions contributed to learning.</td>
<td>1.50 (0.79)</td>
</tr>
<tr>
<td>Writing assignments contributed to learning.</td>
<td>1.89 (1.01)</td>
</tr>
</tbody>
</table>

* A Likert scale was used for responses with 1=Strongly agree, 2=Agree, 3=Neutral/No opinion, 4=Disagree, 5=Strongly Disagree

chronic illness. The student presenters learned about their topic, but may not have learned much beyond that. It probably did not help that the topics did not seem to have a theme and that there was no orientation to cultural issues to connect the presentations to one another. In addition, students were “grouped” out at this
Table 3. Selected Student Reflections

- I believe that I have a better understanding of the different ways chronic illness can affect a person and his/her life. I understand the trials they must endure and can find ways to provide support or find help when and if they need or want. I especially understand the importance of maintaining normalcy in their life.

- I said I strongly agree [to the development of more empathy over the semester] because of all that I’ve learned throughout the semester regarding chronically ill patients. We did an exercise where we tried to live like chronically ill patients. Using a walker, putting beads in our shoes to walk with it, using a cane and even a wheelchair. It was a very emotional experience as I tried to use the equipment, but could not. We also watched a video about cancer patients, a dying person (Morrie), and other discussions.

- Having the MS speaker speak to the class provided me with a better understanding of what it is like to have a chronic illness. I gained a better understanding from the speaker, the reading didn’t have the same impact on me. Learning about the experience from a real person makes things more real.

- I never knew how more of an emotional aspect a chronically ill patient deals with than one with an acute disorder. I have a lot more empathy towards the chronically [ill] now, because this class was an eye-opener, sort of an “enlightening” experience. I’m serious, no *#!&#. I try now to envision myself having a chronic disease when I get mad and *#!&# at work, this really helps.

- I have had always had empathy toward chronically ill patients because of my own experience with chronic illness. Now I think I understand myself and other people with chronic illnesses better after learning about the many facets of life chronic illness affects. I think I have a more complete picture now, than before taking this course.

- When in contact with people with a chronic disease, I do think about class material. Therefore, I believe that I do have a better grasp on what someone is feeling compared to how I reacted in the beginning of the semester.

- Before I just sort of felt like chronically ill patients just had to take more medicines and make a few lifestyle changes. Now I realize that being chronically ill can have a much greater impact on their life, family, possibly friends, work, etc.

- It is important to look at the individual as a whole person, not as someone with a ‘disease.’ To do this, it is important to listen to the patient and hear not only what they say but also what is implied or any concerns they may have. This class has helped me to understand and feel comfortable with doing these things.
Table 3 continued

- The simulation exercises help to show me how difficult a debilitating disease may be. Also, it improved the way in which I interact with ill patients (chronic or acute).
- Reading the books and articles among other activities just overall gave me more insight into situations these patients face that are incredibly difficult and frustrating and struggle to cope. I can see how these frustrations build up.
- I think prior to this class, it wasn’t an issue to me like it is now. I didn’t really focus on the illness/patient, it was more the patient/drug.
- We don’t want to have to think about being chronically ill so it is hard for us to talk about it. For this reason, I think it was hard to talk to patients who were/are chronically ill. This class allowed me to understand why people are they way they are and how I should respond in addition to what I can do for that patient. The speakers, books, and movies helped me to gain added insight to empathy.
- I now understand that this is something that will impact the rest of their lives more than just taking a pill everyday. Also, there are some CIs where no one quite understands what is going on with the patient’s body or allows them the time to feel better or get relief, especially one’s life MS or CFS…

point in the curriculum and they also had presentations with similar goals in other courses. When the course is taught again, this section will be modified. Group presentations will be eliminated since it appeared the students were getting this experience in other classes. The presentation in the course seemed to be more of a burden than a learning experience. Instead of presentations, a culture module will be developed with the goal of orienting students to the impact culture can have on an illness. In addition, active learning exercises will be incorporated into this module with the hopes of discussing various cultures.

CONCLUSION

Overall, the course goals and objectives were achieved: students were better able to understand and empathize with patients. A variety of teaching methods was used to meet these objectives. It seemed the variety of techniques had an impact on the students’ learning. Many of them mentioned the simulations, books, and videos as helping them in understanding patients with chronic illnesses. In addition, when reading their reflective paragraphs, there was a sense that they were thinking about the patient as they never had before.

References

2. Simulation Training [teaching kit]. Wichita, KS: Chronic Care Challenges, Inc., P.O. Box 47632, Wichita, KS 67201-7632; 1-888-242-9124.
Appendix 1. Topic Objectives

Introduction to Chronic Illness
1. Define chronic illness.
2. Compare and contrast acute and chronic illnesses.
3. Identify factors that influence a patient’s response to chronic illness.
4. Define and describe illness trajectories.
5. Define and describe time phases of illness.
6. Differentiate types of chronic illnesses using illness trajectories and time phases of illness.
7. Identify and explain the factors that influence the impact chronic illness will have on society and the health care system.
8. Explain Parson’s sick role model.
9. Apply Parson’s sick role model to acute and chronic illnesses.

Diagnosis Phase of Chronic Illness
1. Define illness behavior.
2. Identify and describe the Stages of Seeking Medical Care. Explain how it relates to various chronic and acute illnesses. Compare and contrast it with Parson’s sick role model.
3. Identify and describe factors that influence symptom appraisal/experience.
4. Define and explain professional legitimization. Explain how it impacts the patient and his/her relationships with others.
5. Identify and describe the stages/phases that a M.S. patient may experience in seeking a diagnosis. Compare this process to Parson’s sick role model and stages of seeking medical care.
6. Identify factors that influence the sick role of individuals with chronic illness.
7. Explain the impaired role model and contrast it with the Parson’s sick role model.
8. When given a patient scenario, be able to apply the Parson’s sick role model, stages of seeking care, and the impaired role model.

Children and Adolescents’ Experience of Chronic Illness
1. Identify and explain factors that influence children’s experiences of illness and the impact on their lives.
2. Explain the normalization process of a child with a chronic illness.
3. Identify and explain factors that influence adolescents’ experiences of illness and the impact on their lives.
4. Describe the interactions Andie had with health care practitioners. Identify and explain ways in which these interactions could have been improved (i.e., explain how a health care professional should interact with an adolescent).
5. Identify factors that can support or hinder compliance in adolescents.
6. Given a scenario about children or adolescents with chronic illness, identify and explain attributes that may influence the experience and response to illness as well as its treatment.

Adults’ Experience of Chronic Illness
1. Explain the process or behavioral changes in adults coping with chronic illness.
2. Identify and explain fears of the chronically ill.
3. Identify and explain losses experienced by individuals with chronic illness.
4. Identify and describe the Kubler-Ross Stages of Grief.
5. Define and explain biographical disruption and its relation to the coping process.
6. Define coping with change in relation to chronic illness.
7. Define adaptation to change in relation to chronic illness.
8. Define and explain biographical work and its relation to the coping process.
9. Identify and explain factors that influence how adults respond to chronic illness.

Health Behaviors
1. Identify and explain the components of Locus of Control.
2. Identify and explain the components of the Health Belief Model.
3. Identify and explain the problems with the Health Belief Model.
4. Define and describe self-efficacy.
5. Define outcome and efficacy expectations.
6. Identify and explain factors that influence efficacy expectations.
7. Identify and explain the components of the Theory of Reasoned Action.
8. Identify and explain the components of the Theory of Planned Behavior.
9. Identify and explain the components of the Transtheoretical Model.
10. Identify and explain the processes of change and their use in the specific changes of the Transtheoretical Model.
11. Identify and explain the intermediate/outcome measures and their relationship to the specific stages of the Transtheoretical Model.
12. Using the models listed in the above objectives, identify and explain patient attitudes and behavior when given a scenario.

Changing Health Behaviors
1. Identify components of self-care.
2. Identify and explain problems in the traditional medical model of patient care.
3. Identify and explain components to optimize patient behavior change.
4. Identify and explain interventions to help health care professionals facilitate patient health behavior change.
5. Identify the appropriate interventions to be used to help facilitate patient behavior when given a scenario.
6. Identify and explain the components of collaborative management.
7. Develop an approach to facilitate behavior change and indicate your rationale for the selected approach when given a patient case.

Caregiving/Family Issues
1. Identify and explain the difficulties faced by caregivers and the care recipient. Be able to relate these difficulties by the type of caregiving relationship and age of the caregiver/care recipient.
2. Identify and explain strategies used by caregivers and care recipients in managing care.
3. Identify and explain the differences between informal and formal services.
4. Identify and explain the difficulties in using formal services.
5. Identify and explain the trends in caregiving.

Alternative Health Care Practices
1. Compare and contrast complementary/alternative medicine and parochial unconventional medicine.
2. Identify and explain various unconventional health practices.
3. Identify and explain factors that researchers hypothesize might influence the decision to use alternative medicine.
4. Identify and explain the significant predictors of alternative health care.
5. Compare and contrast those individuals who rely primarily on alternative health care to those who do not.
Health Care Practitioners/Health Care System
   1. Identify and explain the models of the practitioner-patient relationship.
   2. Explain how practitioners control a patient’s empowerment in health care.
   3. Identify and explain the five levels to finding common ground.
   4. Given a scenario, be able to apply the models, control issues, and five levels discussed in class.

Death, Dying and Bereavement
   1. Identify and explain the Kubler-Ross Stages of Grief.
   2. Identify and explain factors that influence the experience of dying and grieving.
   3. Identify and explain the task-based model of coping with dying.
   4. Identify and explain aspects of a “good” death.
   5. Identify and explain the phases of mourning.
   6. Explain anticipatory grief and disenfranchised grief.
   7. Given a scenario, be able to apply the objectives listed above.
Appendix 2. Peer Teaching Project

1. Students will work in groups of four or three.
2. Time limit for presentations will be 30 minutes per group.
3. Groups will be asked to turn in assignments before the project occurs. These assignments include:
   a. Learning objectives (September 27)
   b. Literature search (September 27)
   c. Outline of presentation (October 23)
   d. Class/presentation exercises (October 23)
   e. Articles to be read by peers prior to presentation should be given to the professor no later than 1 week before the scheduled presentation. For example, if the presentation is scheduled for Tuesday, November 6, the article should be given to the professor Tuesday, October 30.
   f. If handouts or overheads are needed for the presentation, they must be given to the professor by 10am the day before the scheduled presentation so that they can be prepared by the following day. For example, if the presentation is scheduled for Tuesday, November 6, the handouts/overheads need to be given to the professor by 10am on Monday, November 5.
4. Groups will meet with the professor two times before the formal presentation to receive guidance and feedback on the planning of the teaching presentation. Groups will sign up for meeting times the week of September 17 and October 22.
5. At the end of the presentation, groups need to give the professor:
   a. Components of the presentation (i.e., learning objectives, handout (if used), outline, class exercises, etc.)
   b. Peer evaluations *(Developed by the students at the beginning of the course)*
   c. Self-evaluations *(Developed by the students at the beginning of the course)*
   d. Five potential test questions based on presentation
   e. References
6. Projects will be graded based on the:
   a. 70% Quality and completeness of the presentation and finished components
   b. 10% Participation in the project process (i.e., meeting with professor, assignments given to professor in a timely manner)
   c. 20% Peer/self evaluations—Peer evaluations will remain anonymous
7. A resource guide will be provided to help students with assignment.

Presentation Titles:
Puerto Rican Americans and Health Seeking Attitudes and Behaviors
Women and Chronic Illness
Religious Beliefs in Chronic Illnesses: Jehovah’s Witness and Christian Scientists
Cultural Beliefs of Asian, Hispanic, and Anglo-Americans on the Care of the Chronically Ill Elderly
Cultural Differences and the Recognition of Depression
Amish, Hutterites, and Mennonites and Their Health Beliefs in Seeking Care and Chronic Illness
Native American Medicine
Culture and Children with Chronic Illness
Appendix 3. Chronic Illness Paper Assignment

The student will interview two individuals with one or more chronic diseases. After interviewing the individuals, the student will write a paper integrating the topics and concepts discussed in class with the interviewees’ responses.

Individuals to be interviewed can be other students, relatives, co-workers, or patients/customers of the student’s pharmacy. If the student has a chronic disease, they may use his/her own information to add depth to the paper, but cannot use himself/herself as the subject of the paper. The interviews must be face-to-face—i.e., no telephone interviews. It is strongly suggested that you take detailed notes during your interviews (or tape record with permission). If the interview is falsified (i.e., no interview took place), the student will receive a failing grade for the class.

The paper should be at least 4-5 pages in length (no longer than 6 pages) and should be written to an audience of fellow students. All papers are to be typed (at least 12 point font), 1½ or double-spaced, with one inch margins; the student’s name should only appear on the title page.

The paper should have the following elements: 1) introduction, 2) a brief paragraph describing your interviewees (i.e., age group, occupation, gender, etc., but NO NAMES), 3) body of the report (should summarize the interview), 4) interpretation/analysis of the interview, and 5) conclusion. In the interpretation/analysis section, at least three links to course material should be identified. In addition, there should be an indication whether the findings are consistent/inconsistent with the topics presented in class.

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1 Based in part on the Purdue University Consumer Assignment