

Selected Presentations

Early Pharmacy Education with Community Teachers (EPheCT): A Longitudinal Service-Learning Experience¹

Michael C. Brown, Patricia R. Lind and Todd D. Sorensen

College of Pharmacy, University of Minnesota, 3-130 Weaver-Densford Hall, 308 Harvard Street SE, Minneapolis MN 55455-0343

Early Pharmacy Education with Community Teachers (EPheCT) is a three-year service-learning experience in which students develop a relationship with a community teacher, learn from their community teacher's health and life experiences, and identify and meet their needs, including providing pharmaceutical care. EPheCT is structured in teams comprised of a community teacher, a first (PD-I), second (PD-II), and two third (PD-III) year students, and a faculty member. Students work with their community teacher during community-based visits, community outreach presentations, and the College-based Pharmaceutical Care Clinic. Through these components and subsequent assignments and reflection, students better understand a true patient's perspective while they gain experience applying their didactic learning in a unique early experiential environment. Community teachers gain a better understanding of the role pharmacists serve in health care while also being served through student activities and Clinic-based care. EPheCT continues to develop into an integral component of a patient-centered pharmacy curriculum.

INTRODUCTION

For a pharmaceutical care practitioner to effectively communicate with patients and identify, resolve and prevent drug therapy problems, the practitioner must possess a solid clinical knowledge base and strong problem solving skills. Additionally, they must recognize personal and social issues that affect medication use, value responsibility and trustworthiness, and display a caring spirit. As a result, practitioners-in-training need to learn not only the "science" primarily taught in the classroom, but also the personal and environmental issues that may be most effectively learned through the eyes of the people they will one day be helping.

Early Pharmacy Education with Community Teachers (EPheCT [pronounced 'effect']) was created to provide students with a learning opportunity where they can acquire the skills and perspective described above. This experience allows students to work with real people in the community early in their professional education, gaining initial insight into many health and life issues rooted in a social, economic or professional context.

Genesis of EPheCT

EPheCT was conceived after recognizing the limitations of simulated-patient and case-based teaching in allowing students to recognize the breadth of issues that relate to the delivery of patient-centered care. It was desired to immerse students in a rich, longitudinal learning environment that would challenge students early in their professional education while allowing them to appreciate the humanistic side of health care and the intricacies of patient care, team work, and relationship building.

One of the most significant factors behind the creation of EPheCT was the desire to improve students' ability to see how

health and drug therapy can affect a patient over time. Most simulated patient or case-based experiences address a brief portion of a patient's care and do not effectively allow students to see the outcomes of drug therapy decisions and the introduction of unforeseen health changes. Another factor contributing to the development of this experience was the most recent revision of the ACPE Accreditation Standard, specifying the importance of experiential education activities early in a college of pharmacy's curriculum(1).

Appreciating the value that service-learning could bring to pharmacy students(2,3), it was determined that this pedagogy provided an appropriate structure for an experience designed to address the limitations of existing learning activities.

DESCRIPTION OF EPheCT

The EPheCT experience is a large educational endeavor, currently involving 315 students working in 86 teams, each with one of 86 community volunteers. It also involves four community organizations, 15 faculty, and 10 preceptors. Students work to accomplish three primary goals: (i) build a relationship with a community member and their community; (ii) learn about the health and life experiences of a "patient;" and (iii) help address needs of a community member, both health and life-related. EPheCT's design consists of three unique but interconnected components, including Community-Based Visits, Pharmaceutical Care Clinic, and Community Outreach (Figure 1). One of the strengths of EPheCT is that these expe-

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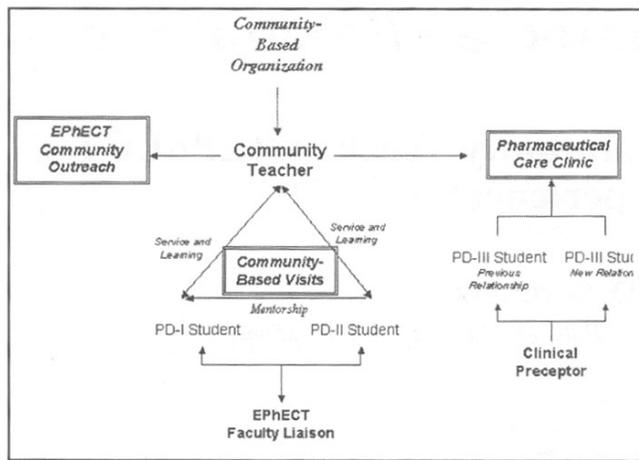


Fig 1. Structure of EPhECT.

periences are connected through the use of a single community member as the focal point of all activities throughout the entire learning and service experience. The roles and responsibilities of all participants and the specific requirements and activities associated with these components are described below.

Roles, Responsibilities and Description of EPhECT Participants

Every EPhECT team includes a PD-I and PD-II student, a community teacher, a pair of PD-III students, and a Faculty Liaison.

Community Teachers. Community teachers are community members who volunteer to work with pharmacy students. In recruiting community teachers, four criteria are used to determine eligibility. They must: (i) be willing and able to share their life, health and medical stories with pharmacy students; (ii) have at least one chronic condition; (iii) take at least one medication; and (iv) be recommended to EPhECT by either a community organization, a student, or current community teacher. The name "community teacher" was chosen to clearly represent the volunteer's role in EPhECT. In addition to reflecting their "teaching" responsibility, it also helps deflect the potential for student participants to view this individual as a "patient" in the context of Community-Based Visits. Community teachers provide the critical link throughout the components of EPhECT, as they are the focal point in all three activities.

PD-I and PD-II Students. These individuals are in their first and second year of the College's curriculum (having at least two years of pre-pharmacy course work prior to entering the College). Their roles are similar in that they jointly meet with their community teacher and work together to learn from and help them. The PD-II student has the added responsibility of being a mentor for the PD-I student in their team.

Faculty Liaison. Each EPhECT team has a College of Pharmacy faculty member. This faculty member is responsible for providing feedback to PD-I and PD-II students regarding written reflection activities. The faculty liaison also helps students identify and meet health and non-health related needs and facilitates oral reflection.

Community Organizations. These organizations are the primary resource for community teacher recruitment. In addition to recruitment, these community-based organizations provide insight into community needs and resources.

PD-III Students. Students entering the third year of the College's curriculum take on a new responsibility within EPhECT compared to their previous responsibilities as a PD-I and PD-II student, moving away from the role of learner and beginning to take on the responsibility of a pharmaceutical care provider through their activities in the Clinic.

Pharmaceutical Care Clinic Preceptor. This individual is a pharmacist responsible for overseeing the care provided by PD-III students in the Clinic. They may be faculty, pharmacy practice residents, or post-baccalaureate PharmD learners completing a pharmaceutical care clerkship.

EPhECT Component - Community-Based Visits.

Each semester, PD-I and PD-II students participate in two community-based visits, each of which is followed by written reflection and a faculty-facilitated group discussion. In addition, each semester concludes with an in-class focus session. Each of these activities is described below.

Prior to participating in the first community-based visit of an academic year, PD-I and PD-II students complete an introductory reflection activity. In an essay format, this activity asks students to describe their expectations of EPhECT, the challenges and gains they anticipate, and the personal goals they have for their experience. This reflection is saved and used in focus sessions at the end of the fall semester (PD-II) or spring semester (PD-I).

PD-I and PD-II students are required to visit their community teacher twice per semester. Each visit is approximately one hour long and occurs in the community - usually in the community teacher's home, although any public location that is mutually agreed upon by the students and the community teacher is acceptable (restaurants, meeting room of an apartment building, etc.) There are three objectives for every visit, mirroring the primary goals of EPhECT described above.

To facilitate the students' ability to meet these objectives, students are given assignments for each visit. These assignments focus on developing interpersonal professional skills (*i.e.*, general survey, observing a person's non-verbal cues, communication and one's own non-verbal cues, techniques in asking questions/probing), and preventative medicine or general health and wellness topics (*i.e.*, fall risk prevention, adherence, health screening, immunizations).

These assignments provide a springboard for students to explore the health and life experiences of their community teacher and to explore creative ways in which they can be of service to their community teacher. It is recommended that students spend approximately one-third of their visit on the visit assignment, one-third focusing on developing the relationship, and one-third focusing on issues of concern or interest to all present. Students are encouraged to not let the assignment monopolize their time.

After each visit, students are encouraged to reflect individually. Within 48 hours of the visit, each student must record a post-visit reflection in the web-based chart. This "chart note" includes the date of visit, narrative, assessment of learning, plan for future learning, assessment of community teacher needs, goals for meeting needs, plan for meeting needs, and follow-up. The post-visit reflection documentation is organized to provide students with the opportunity to separately explore the service and learning components of EPhECT. In addition, by separating assessment, goals, and plan, it reinforces a documentation structure commonly utilized in clinical settings.

All entries are stored on a secure, web-based chart system

Within the system, the faculty liaison is able to review the health record and evaluate the post-visit reflection note using a standardized template. Each section of the post-visit reflection documentation is rated as "very good," "satisfactory," or "needs improvement" and provides opportunities for faculty to include written comments.

After each community teacher visit, the faculty liaison and two groups of students meet for 30 to 45 minutes. At this meeting, each group: (i) raises any concerns or problems encountered at the visit; (ii) shares their experiences with the other group and the faculty liaison; (iii) verbally reflects upon their experience; and (iv) discusses their plan for service described in their post-visit reflection note, revising this plan if necessary.

Near the end of each semester, PD-I and PD-II students meet in small groups of 7-14 students, all in their respective class year, to share the experiences of the semester. These sessions are important in that they provide an opportunity for students to compare and contrast their EPhECT team experiences with those of other teams.

The process described above for each semester occurs four times for each student (twice in each of their PD-I and PD-II years). By the end of the second year of the curriculum, students have had the opportunity to work with their community teacher at eight visits over two years, witnessing and learning from the chronic conditions, acute events and life situations that shape who their future patients will be.

EPhECT Component - Pharmaceutical Care Clinic.

Upon entering the third year of the College's curriculum, students take on a different role - providing pharmaceutical care (under the supervision of a Clinic Preceptor). The Pharmaceutical Care Clinic is the venue for this activity.

Each fall, community teachers are invited to make appointments at the College for the purpose of a comprehensive medication assessment completed by PD-III student. For each appointment, two PD-III students are present but only one of the students is assigned the responsibility of conducting the patient assessment (a student who has not had a previous relationship with the community teacher). The assessment usually takes 45 minutes to one hour and includes a comprehensive health history, evaluation of current medical conditions and therapies, review of systems and an opportunity for the patient to express any questions or concerns they may have regarding their health. The second student observes this interaction and is provided an opportunity to ask additional questions once the first student has completed their interview. A pharmacist-preceptor is present for this assessment, takes notes and completes an evaluation of the student's performance.

Following the assessment, student pairs work to create a care plan. The initial presentation of the care plan occurs during the delivery of a case presentation to their clinic preceptor and other PD-III students. The preceptor evaluates the style and content of the presentation. Feedback regarding the care plan is communicated so that revisions may be made. In addition, if follow-up with the patient is required, a plan for accomplishing this is discussed.

Students then work to prepare two documents - a written care plan and a provider summary letter. The care plan is written in lay language, as it will be sent to the patient, outlining the students' assessment and providing any recommendations or education. The provider summary letter is written in professional language and is intended for the patient's primary care

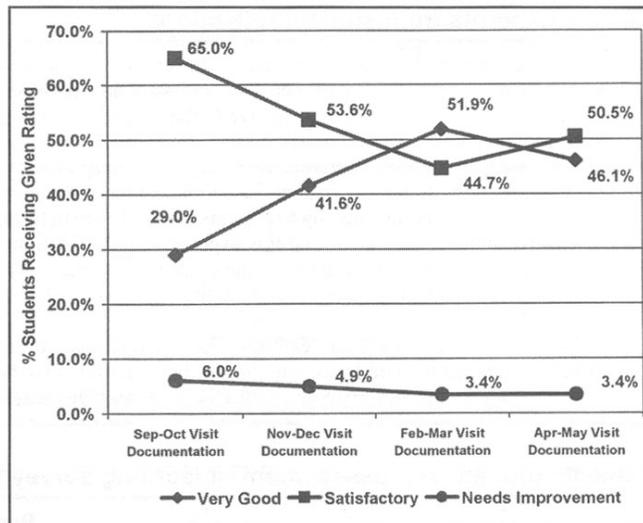


Fig 2. Student performance on post-visit reflection documentation during the 2001-2002 academic year.

provider. It includes a description of the information upon which their assessment is based followed by an "impression" and "proposed plan." All documents are reviewed and approved by the clinic preceptor prior to delivery to the patient. Copies of these documents are made available to the PD-I and PD-II students working with this individual as a Community Teacher. While not responsible for managing drug therapy outcomes, these students are encouraged to note the goals and interventions described in these documents in order to recognize the outcomes of the PD-III students' work.

EPhECT Component - Community Outreach.

The recommendation of the Pew-Fetzer Task Force on Relationship-Centered care states, "Forming a relationship with a patient requires establishing a relationship with the patient's community as well."⁴ As a result, the Community Outreach component of EPhECT was developed to extend students' relationships beyond their community teachers and into the teacher's community. In addition, Community Outreach was created to help students recognize the responsibility of pharmaceutical care practitioners in public health awareness. This component will be implemented during the fall semester of 2002.

It was important to tie this learning activity to EPhECT, utilizing community teacher's as a resource, because community members know their communities' needs better than individuals from outside that community. PDI and PDII students work with their community teachers and the partnering community organizations to identify and assess the health needs of their community relative to disease prevention, detection, or other health awareness issues. Students research the identified awareness issues, select an appropriate educational strategy and deliver the strategy within the respective community. Two EPhECT teams will work together on a specific health project with faculty advisors assisting with the development and presentation.

EVIDENCE OF STUDENT LEARNING

In EPhECT, evidence of learning for PD-I and PD-II students is found in students' reflection activities and self-assessment surveys as well as liaison faculty's surveys. Evidence of the

Table I. Excerpts from student reflections

- "We have learned about our community teacher's experiences with a mental illness, how she copes with her illness, and some of her medications she uses to treat her illness. This information and experience will be helpful in our future interactions with individuals with mental illness. We will be much more sensitive to the struggles a person must endure with mental illness and how, as pharmacists, we can serve as a support for them."
- "I will never forget this experience with [my community teacher]. She inspires me to think about what it feels like to be the patient. I plan to continue trying to see my patients as people, so that I can think of the whole person, not just the disease or illness." "I plan to work more on listening to patients now rather than trying to solve all their problems right away. Sometimes I seem to want to "jump in" with a solution right away and this experience has helped me learn to sit and listen." "It is important to keep in mind what the goals of the patient are."
- "I think the biggest value is in developing the therapeutic relationship. I feel this is an art, not a science, and it can only be improved through practice."
- "I learned that patients are not textbook cases. Everyone is different and you can't treat the condition you have to treat the person." "I have gained an incredible amount knowledge regarding diabetes, gout, and post traumatic stress disorder. I have a better understanding of WWII veterans. I didn't expect to gain this much knowledge in one semester."

Table II. Student self-assessment of learning survey responses

Statement to which students were asked to respond	Percent Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
"Through working in EPhECT, I learned about a patient's perspective regarding their chronic condition(s)."	0.7	0.7	6.3	53.5	38.9
"Through working in EPhECT, I have improved my listening skills."	0.7	4.2	16.0	60.4	18.8
"Through working in EPhECT, I have improved my ability to communicate with others."	1.4	2.8	19.4	64.6	11.8
"Through working in EPhECT, I have improved my ability to discuss sensitive or difficult issues."	0.7	5.6	20.8	52.1	20.8
"This experience has prompted me to re-think some of my opinions and to be more cautious when judging situations related to patients and health care."	0.7	2.8	15.4	54.6	26.6
"This experience prompted me to think more critically about healthcare and/or life issues than I would have in a simulated lab exercise."	1.4	3.5	7.7	51.8	35.7
"This experience helped me better understand information taught in lab and in other College of Pharmacy courses."	1.4	9.2	31.9	44.0	13.5

PD-III students' learning is found in their pharmaceutical care documentation and assessment summary letters.

PD-I and PD-II Post-visit Reflection Documentation

The web-based documentation system tracked faculty's evaluations of PD-I and PD-II students' four post-visit reflection documentation activities during the 2001-2002 academic year. Figure 2 summarizes students' performance. Overall, students improved their documentation ratings. The percent of students receiving 'very good' ratings increased by 59.0 percent from 29.0 to 46.1 percent when comparing the last documentation activity to the first, while the percent of students receiving 'needs improvement' ratings fell by 43.3 percent from 6 percent to 3.4 percent. More importantly, students' individual reflections frequently included specific evidence of learning. Some excerpts of these reflections are shown in Table I. These reflections provide some of the strongest evidence of learning in EPhECT as they provide direct insight into the students' gains and challenges in the learning experience.

PD-I and PD-II Student Surveys

At the end of each academic year of EPhECT, students complete a survey designed to assess how well EPhECT is meeting its educational objectives. The results of the survey are shown in Table II. Ninety-two percent of students reported that

EPhECT improved their understanding of a patient's perspective, 81.2 percent felt that it prompted them to re-consider some of their opinions and judgments related to patients and healthcare, and 72.9 percent felt EPhECT improved their ability to discuss sensitive or difficult issues. These results are consistent with the strength of the specific student reflections described above. Furthermore, 87.5 percent of students reported that EPhECT prompted them to think more critically about healthcare and life issues than they would have in a simulated patient activity, and 57.5 percent of the students felt that their EPhECT experience helped them better understand other College course material.

Faculty Survey

Faculty were surveyed to assess whether their experience with their PD-I and PD-II students demonstrated learning. All 12 responding faculty reported that EPhECT had improved their students' understanding of the patient's perspective in healthcare as well as their understanding of a patient's personal, psychological, social and environmental issues and how they alter their health and use of health care resources. In addition, 91.6 percent of the faculty liaisons felt that EPhECT's hybrid learning environment was more valuable than a traditional learning environment for teaching a patient's perspective in healthcare and the social and psychological issues that effect

Table III. Faculty survey responses

Statement to which students were asked to respond	Percent Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
"EPhECT has improved my students' understanding of the personal, psychological, social and environmental issues of an individual and how this alters their health and use of health care resources."	0.0	0.0	0.0	167.	83.3
"EPhECT has improved my students' understanding of the patient's perspective in health care."	0.0	0.0	0.0	41.7	58.3

Table IV. Services provided during community-based visits by PD-I and PD-II student groups (n=72)

Service reported (categorized short answer)	Percent
Provided companionship	62.5
Provided general health and medication information	33.3
Encouraged/empowered community teacher to increase contact with health care provider(s)	29.2
Provided an opportunity to participate in education of students	20.8
Assisted in improving adherence	18.1
Listened about health concerns	18.1
Directly facilitated access to health care (outside Pharmaceutical Care Clinic)	5.6
Other	4.1

healthcare use, while the other 8.4 percent felt it was an equivalently useful educational environment.

PD-III Learning Assessment - Pharmaceutical Care Clinic

Evaluation of student learning within the Pharmaceutical Care Clinic experience has traditionally been conducted via direct observation of student performance by clinic preceptors. Patient assessments are evaluated via a standardized performance checklist completed by the preceptor and care plans are evaluated via verbal case presentations as well as assessment summary letters prepared for the patient's primary care provider. While this is somewhat subjective, it should be noted that this experience represents the first opportunity for students to prepare comprehensive care plans and summary letters for primary care providers. In addition, care plans and summary letters must be revised until they are acceptable in form and content for delivery to patients and providers. Experience has demonstrated that most students require at least two revisions in order to finalize these documents, indicating a substantial learning opportunity.

EVIDENCE OF SERVICE TO COMMUNITY TEACHERS

PD-I/PD-II Service through Community-Based Visits

Evidence of service to community teachers participating in EPhECT comes from surveys of both students and community teachers. PD-I/PD-II student groups were asked to report the service(s) they felt they provided to their community teacher throughout the year. The question was designed for a short answer response so that it would only capture those things that the students thought of as being particularly pertinent to their group and community teacher. This format was also used to avoid a bias introduced by providing students with a list of services to select. Student responses were categorized and are reported in Table III. The most frequent service reported was companionship (62.5 percent), followed by providing general health and medication information (33.3 percent) and encouraging/empowering their community teacher to increase

contact with health care providers (29.2 percent). The average number of services reported per community teacher/student group was 1.9 (range 0-4) and 70 of the 72 responding groups (97.2 percent) reported at least one service.

Community teachers were not specifically asked what services were provided to them by the PD-I and PD-II students, but they were asked to respond to the statement "Working with [my PD-I and PD-II] students was a valuable experience for me." Of those responding, 53.7 percent strongly agreed with the statement, 42.6 percent agreed, and 3.7 percent were neutral. No responding community teachers disagreed with the statement.

PD-III Service through the Pharmaceutical Care Clinic

Approximately two months after participating in the Pharmaceutical Care Clinic, community teachers completed a survey designed to determine the quality and usefulness of their Clinic experience. Ninety-two percent of community teachers responded that they received information that was useful during their in-Clinic interaction with PD-III student(s) while the other eight percent of respondents were undecided. Seventy-four percent reported that the written care plan contained information and/or recommendations that benefited their overall health, while 26 percent were undecided. No respondents indicated that the Clinic interaction or the written information lacked benefit. Less than two months after their Pharmaceutical Care Clinic visits, 18 percent of the community teachers had delivered their provider summary letters to their doctor or other primary healthcare provider, while another 60 percent anticipated delivering this letter at their next scheduled visit. Only 22 percent of respondents reported that they did not plan on taking the letter to their primary care provider.

Other Service from EPhECT

One of the long-term goals of EPhECT is to improve the community's understanding of the profession of pharmacy and improve individual's use of their pharmacist as a healthcare

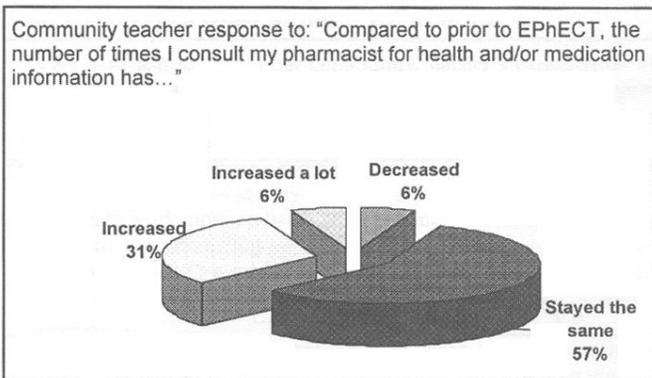


Fig 3. Service from EPhECT: Promoting use of pharmacist as a healthcare resource.

resource. At the end of the first two years of EPhECT, community teachers were asked to respond to the statement "Compared to prior to EPhECT, the number of times I consult my pharmacist for health and/or medication information has..." using a five-point Likert-like scale anchored at 'increased a lot' and 'decreased a lot.' The results are shown in Figure 3. More than one-third of community teachers report an increase in the use of their pharmacist. The community teachers reporting a decrease in the use of their pharmacist (6 percent) also commented that their use decreased as a result of using their students rather than their pharmacist as their source for drug information.

CHALLENGES

During the first two years of this program, significant understanding and appreciation of the intricacies of service-learning and the challenges associated with a unique experience such as EPhECT have been gained. The primary challenges of EPhECT are common to the service-learning pedagogy and include: (i) procurement of resources and administrative management of the experience; (ii) learning how to effectively teach and learn in a service-learning environment; and (iii) developing strong, symbiotic relationships with community organizations.

Developing and implementing a service-learning experience requires more resources compared a similar activity in a traditional learning experience. EPhECT requires coordination of more than 440 individuals, including the students, community teachers, community organizations and their respective representatives, faculty liaisons, preceptors, and part-time support staff. Scheduling continues to be a time-consuming administrative aspect of EPhECT. Students handle much of this themselves as they schedule all of the community-based visits and community outreach sessions. Faculty and staff handle scheduling for all faculty-student meetings, orientations, and the Pharmaceutical Care Clinic as well as any necessary impromptu problem-solving sessions. Managing the documents generated from this experience is also a daunting task. The development and use of a web-based documentation and evaluation system has contributed significantly to the efficient management of the more than 1,500 documents that are created each semester by the program.

The second challenge, effectively teaching and learning in a service-learning environment, requires that all participants have a conceptual understanding of service-learning. In addition, all participants must have a clear understanding of their respective roles and responsibilities. Strong faculty and student

orientations are essential to help build participants' understanding and expectations, setting the stage for success throughout the year. Orientations to the community organizations as well as with the community teachers and college faculty help maintain a consistent educational experience between groups.

Finally, development of strong relationships with community organizations is another significant challenge. The development of these relationships is paramount to the success of service learning. Relationships were developed early between three community organizations and the College of Pharmacy and initial enthusiasm was strong. However, these somewhat superficial associations required time, service, and experience to develop into responsible, symbiotic relationships. In some instances, unpredictable organizational changes and staff turnover delayed the development of some relationships.

SUCCESSES AND INNOVATIONS

When re-examining its three primary goals and the evidence of learning and service, EPhECT has been a success. Through this program, the College and the community have built a strong personal and therapeutic relationship. The community and its members have served the College, teaching students a firsthand patient perspective and providing them with opportunities to apply their didactic training in "real world" situations. Likewise, the College has served the community and its members, providing them with a range of services including an increased awareness and use of pharmacists and pharmacy services, the encouragement to utilize other existing health care resources, general preventive health information, and specific therapeutic recommendations. Service-learning has proven to be an appropriate pedagogy for such an experience, providing a framework for service and learning for both the College and the community, thus creating a truly synergistic experience.

Part of the success of EPhECT comes from innovative teaching approaches. The most important of these innovations is the use of a community member as a teacher, not just a patient. The use of community members as patients is not unique, but giving community members the opportunity to assume teaching roles and recognizing them as vital instructors in a professional program is a novel approach to pharmacy education. Another innovative aspect of EPhECT is the utilization of a hybrid-learning environment that includes the community, a professional environment (Pharmaceutical Care Clinic), and the classroom in a single learning experience. EPhECT could be undertaken as separate learning experiences that do not require the use of three environments; however, in dividing the learning experiences, the connectivity and three-year longitudinal aspects of the program would be lost. Finally, the structured learning activities and Community Outreach components of EPhECT allow coordinators to introduce topics of local and timely interest, allowing EPhECT to grow and adapt in a manner that ensures an ability to meet student and community needs.

PRACTICALITY AND TRANSFERABILITY

Through the development, implementation, and modification of EPhECT, there is a clear understanding of the resources and attributes required to make an experience like this flourish (Table V). If another College of Pharmacy (or other health professions' school) possessed these features, it is likely that they could successfully implement an experience similar to EPhECT.

Table V. Resources and attributes necessary to develop and implement a service-learning experience similar to EPhECT

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- Two or three faculty coordinators who:
 - Are passionate about the importance of providing a unique learning environment that can truly teach the patient's perspective on health
 - Want to build personal connections between community organizations, community members, and the University
 - Are willing to adopt a learning environment in which they control few of the "scenarios" because they recognize that the riches outweigh the pitfalls
 - Collegiate support staff willing and able to adopt the coordinator's level of passion towards the experience.
 - Collegiate administration highly supportive of such an experience, both politically and financially
 - Collegiate faculty willing to
 - Spend the time working with students in small groups
 - Foster a student's professionalization to a pharmaceutical care practitioner
 - Nurture a student's ability to think and reflect
 - A community with organizations which:
 - Desire to build a relationship with the University that seeks benefit to both the organizations' constituents and the University's learners
 - Are willing to share resources and expertise as they are able
 - A community with community members interested in:
 - Sharing their health and life experiences
 - Helping promote the professional growth of future pharmacists
 - Pharmacy students willing to:
 - Try something new
 - Accept the responsibility to recognize opportunities for learning in a non-traditional, often self-directed learning environment
 - Facilities to accommodate small group sessions and private patient assessments
 - Resources to improve administrative efficiency (central chart location, chart manager, community teacher manager, electronic documentation and feedback system, etc)
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Assuming that the EPhECT experience is a prototypical example, development would take approximately 6 months. Most of the initial time would be devoted to establishing quality relationships with community organizations and their respective staffs. The first year of the experience should include a transition period for participant acclimation, as students, community teachers, and faculty would all need to become comfortable with their respective roles and responsibilities. Finally, two more years would have to elapse before the experience would be truly established, as only after three years would a single "class" of students progress through the entire experience.

CONCLUSION

In its first two years, EPhECT has established itself as an innovative learning experience, utilizing novel teachers in novel learning environments. It has built a symbiotic relationship between the College and the community, providing service and learning opportunities for all participants. Given that EPhECT

has not yet been in existence for one complete three-year student rotation, it is likely that its full potential has not yet been realized. Through its continued development, the manner in which EPhECT bridges didactic and early experiential learning will mature, further establishing the experience as an integral part of the College's curriculum.

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