**The Interprofessional Service-Learning Project (ISLP)**

Scotty M. Buff, PhD  
**Medical University of South Carolina (MUSC)**  
Website is currently being created

**ABSTRACT:**
Inspired by MUSC’s Creating Collaborative Care Initiative (C3), the Interprofessional Service-Learning Project (ISLP) was created by a team of interprofessional faculty to teach obesity prevention and health promotion through elementary school-based activities that address nutrition and physical fitness. For the service-learning community project, C3 partnered with Junior Doctors of Health© (JDOH), a partnership between MUSC and underserved schools to address the concerns of teachers, parents, and the community about the alarming rise in childhood obesity in South Carolina. Interprofessional students learn team skills in planning sessions as they use the JDOH curriculum to develop, implement, and evaluate their prevention activities together. The SC Area Health Education Consortium (AHEC) health profession student (HPS) coordinators facilitate ISLP during MUSC student clinical rotations across the state.

**EDUCATIONAL METHODS OR APPROACHES USED:**
- **Web-based Learning Modules:** Modules are provided on an MUSC WebCT course-site developed for this project. Students are expected to study the modules prior to the first session and complete a short Pass/Fail quiz on Module One (An Introduction to Teamwork), Module Two (Community Health, including working in partnership with communities and community groups), Module Three (Sociocultural Issues in Health Care) and Module Four (Youth Obesity – Perspectives on Disease Prevention and Health Promotion).
- **Interprofessional Team Meetings:** Students discuss the learning modules and participate in team-building activities to acquaint them with each other and their disciplines. They also discuss contributions of the team to the on-going community project.
- **Community Service-Learning Project:** Students participate in on-going activities with Junior Doctors of Health© to educate students about wellness (obesity and disease prevention) and health professional careers.

**PROJECT DESCRIPTION:**
MUSC has embarked upon a major educational initiative, Creating Collaborative Care (C3), to provide curricular and co-curricular opportunities for all students. Through C3 activities, students develop necessary teamwork competencies to work collaboratively and effectively in a variety of health care delivery and research settings.

The interprofessional service-learning project (ISLP) represents a C3 activity, providing a structure for MUSC students from different disciples to form teams and teach through community service-learning projects focusing on reducing/preventing childhood obesity.

ISLP is integrated into the curriculum through faculty selection of students with discipline-specific criteria. Medical students are selected during their family medicine rotation to fulfill the community project requirement. Pharmacy students participate during their community pharmacy rotation. Physician Assistant students participate during their family medicine and pediatrics rotations. Physical Therapy students are selected by the program director and Master’s in Health Care Administration students volunteer. All students in the Dietetic Internship program participate.

The project is sustained by faculty involvement and enhanced by the University’s mission of interprofessional education for all students, reflected in each discipline’s commitment to integrating ISLP into its program’s curriculum.
ISLP is successful for several reasons. 1) The importance of interprofessional education has been endorsed by all MUSC colleges, so faculty members are committed to experiences that include ISLP. 2) Additionally, JDOH, the service-learning project for ISLP has existed as a volunteer program since 2004 and students enjoy teaching its dynamic curriculum. 3) Our collaboration with the SC-Area Health Education Consortium (AHEC) health profession student (HPS) coordinators provides facilitators for the didactic teamwork and planning sessions and is essential for ISLP participation across the state. 4) Our focus on obesity prevention is recognized as an important area for education by students and teachers. 5) start-up funding by ATPR and continued grant funding from The Duke Endowment provides supportive resources to teach the JDOH curriculum and foster obesity prevention (e.g. healthy snacks).

The program reflects a collaboration between the C3 program, colleges housed at MUSC (Health Professions (Physician Assistant, Master’s in Health Care Administration, Physical Therapy), Medicine (including the dietetic internship program), and Pharmacy), the JDOH program, and the SC-AHEC.

For the service-learning project, the elementary school curriculum for Junior Doctors of Health© (JDOH) is used. JDOH is a partnership between MUSC and community schools that was formed to address the concerns of teachers, parents, and the community about the alarming rise in childhood obesity in South Carolina. The goal of JDOH is to create and maintain relationships with elementary students through the 12th grade, encouraging them to focus on academics, make healthy decisions, and pursue careers in health care.

The Area Health Education Consortium (AHEC) has been centrally involved in development of ISLP, and AHEC health profession student (HPS) coordinators facilitate student training across SC, specifically in Greenville, Spartanburg, Seneca, Florence, Sumter, Chester and Lancaster.

The ISLP curriculum was created by the C3 program, college faculty, and AHEC HPS coordinators. Faculty recruit students for the project, SC-AHEC HPS coordinators facilitate the didactic sessions, and JDOH program staff provide orientations and supplies for the service-learning experience.

**HEALTHY PEOPLE OBJECTIVE ADDRESSED:**

This project ties to objective ECBP 3: Increase the proportion of elementary, middle, and senior high schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (high school, middle, elementary).

Using the JDOH curriculum, ISLP participants measure the health status of the elementary students through students’ recording fruit and vegetable intake and physical activity (pedometer steps). The elementary students become “Junior Doctors of Health”, empowered to take control of their own health and to educate others on the importance of healthy eating and exercise. Students learn about a variety of health professions from the diverse group of ISLP participants and are encouraged to pursue future career choices in health care. In addition to teaching, ISLP participants record their own eating and physical activity habits, demonstrating the importance of role modeling in increasing healthy behavior awareness. Related to this objective, elementary students comprehend concepts related to health promotion and disease prevention (knowledge; ECBP–3.1 ), advocate for personal, family, and community health (skills; ECBP–3.2), practice health-enhancing behaviors and reducing health risks (skills; ECBP–3.5), use goal-setting and decision-making skills to enhance health (skills; ECBP–3.6), and use interpersonal communication skills to enhance health (skills; ECBP–3.7).
PROGRAM OR COURSE GOALS:

Number of students enrolled/participating in 2010-2011 school year: 65
- Medicine: 24
- Pharmacy: 4
- Health Professions MHA: 1
- Health Professions PA: 23
- Health Professions PT: 3
- Dietetic Internship: 10

Did you conduct a needs assessment as part of your planning process? □ Yes □ No

PROFESSIONS INVOLVED:

Faculty: Medicine, Pharmacy, Health Professions (Master’s in Health Care Administration, Physician Assistant, and Physical Therapy), Dietetic Internship

Students: Colleges of Medicine, Pharmacy, Health Professions (Master’s in Health Care Administration, Physician Assistant, and Physical Therapy) and the Dietetic Internship program.

LESSONS LEARNED/EVALUATION RESULTS:

During this project, we have learned that AHEC is an invaluable resource for local and statewide community-based interprofessional education. The students are very receptive to and enthusiastic about prevention education in an interprofessional setting. The collaboration of an interprofessional faculty team to create this educational activity provided program content expertise and philosophical harmony. Additionally, building upon existing infrastructure (i.e. working with Junior Doctors of Health©) is an effective way to create interprofessional learning.

Our greatest success is that our project started in Charleston and is now a statewide project. Also, student feedback about the experiences has been overwhelmingly positive. Over 90% of students “agreed” or “strongly agreed” that this experience increased their appreciation for interprofessional collaboration, improved their understanding of an underserved community and provided valuable information about preventing childhood obesity.

Our greatest challenge is coordinating the ISLP experience around the schedules of different disciplines, which has limited the total number of students participating and the disciplines included. To minimize this difficulty, ISLP faculty meet early in the year to plan the calendar. We continue to recruit faculty from additional disciplines and include them in planning experiences that can benefit more students. Across the state, our greatest challenge is the distance between students while on their rotations, which limits their ability to participate in an ISLP team.

Through a paper-based student evaluation, students have provided positive feedback about their experience in ISLP. Students report increases in their appreciation of interprofessional collaboration, knowledge about specific professions, and knowledge about their profession’s role in interprofessional work. Students believed their teamwork skills improved and found the activity worthwhile for their professional development. They overwhelmingly enjoyed learning with other professions. Additionally, they thought they acquired valuable information about preventing childhood obesity and that the
experience improved their understanding of an underserved community. Finally, they found the learning experience to be well organized and all students rated the effectiveness of their teamwork as “Good” or “Excellent”.

CONCLUSION:

1. Build upon existing infrastructure, where possible.
2. Use an interprofessional faculty team to create educational activities.
3. Partner with organizations that have a similar mission (e.g., interprofessional education) to extend opportunities.
4. Choose an activity that is relevant to all health professions.
5. Be patient and flexible in working across disciplines.

COMPANION MATERIALS: (Course syllabi, resource lists, tests, website, etc.)
ISLP Didactic Toolkit
JDOH© curriculum August 10, 2010 * Scotty Buff retains the JDOH curriculum copyright. Requests for use of the curriculum should be made to the author.

PUBLICATIONS:


SECONDARY AUTHOR(S):
Amy Blue, PhD; Debora Brown, PT, DPT, MTC; Jeff Cauthen, MS; Alexander Chessman, MD; Traci Coward, MPH, CTRS; Tina Fulton, BS; Julie Ghent; David Howell-Keith, MBA; Kelli Jenkins, BA; Kelley Martin, MPH, RD, LD; Kam Richardson, MA, LPC; Sarah Shrader, PharmD; Kimbley Stephens, BS, Med; Nanci Stover, MPH; Emily Warren, LMSW; Andrea White, MHA, PhD

CONTACT:
Scotty McGlothlin Buff
Director, Junior Doctors of Health
Instructor, Department of Library Science and Informatics and College of Nursing
45 Courtenay Drive, Suite SS540, MSC 175
Charleston, SC 29425
843-792-0860         morrowsm@musc.edu