The Urban Service Track
Schools of Medicine, Pharmacy, Dental Medicine, and Nursing
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http://publichealth.uconn.edu/aboutus_ust.php

ABSTRACT:
The Urban Service Track is a unique collaboration between the University of Connecticut (UConn) Schools of Medicine, Pharmacy, Nursing, and Dental Medicine and community practitioners. The main goal of the Urban Service Track is to develop a group of health care professionals dedicated to caring for Connecticut’s urban, underserved populations and who are knowledgeable about the value of interprofessional teamwork. Each year a group of students from the four professional schools are selected and admitted into the program via an admission process specific to each school. These Urban Health Scholars work as a team to learn to solve challenging issues of health care in urban areas, including providing direct patient care in free clinics, promoting health literacy and cultural competency, and participating in community education and other outreach initiatives. They also conduct quality improvement projects, community-based research, and participate in conferences and professional meetings focusing on health policy and advocacy activities affecting underserved populations. The Urban Service Track curriculum focuses on the following competencies:

- Cultural and Linguistic Differences
- Interprofessional Teamwork and Leadership
- Professional and Ethical Conduct
- Community Resources
- Multiple Constituencies
- Resource Constraints
- Population Health and Public Health
- Quality Improvement and Patient Safety
- Health Policy
- Advocacy
- Health Care Financing and Management

EDUCATIONAL METHODS OR APPROACHES USED:
The Urban Service Track (UST) is a two-year “add-on” program that runs concurrently with the main curriculum within the four schools and provides its Scholars with enhanced learning opportunities. Students admitted into the program are designated as Urban Health Scholars and complete the UST curriculum in addition to the main required curriculum for each respective school. Mastery of the 11 competencies described above is accomplished via community-based patient care, advocacy, and research activities as well as active participation at 8 quarterly learning retreats (4 per year). At each learning retreat, students are introduced to a different vulnerable patient population to enhance their knowledge and understanding of health care issues and barriers specific to that population. Populations covered include: children and youth, the elderly, the homeless, immigrants and refugees, HIV positive patients, those with substance abuse histories, and the incarcerated and ex-offenders. Scholars are also required to participate in at least 8-10 field activities, depending on the specific curricular requirement of each school. All field activities are community-based and are focused on clinical care (e.g., blood pressure and kidney disease screenings at health fairs or oral health screenings), education (e.g., nutrition education to seniors and children, oral health education, fall prevention awareness, community gardens, health careers awareness programs to K-16 students), or advocacy (e.g.,
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Field activities are developed by the UST director and faculty in conjunction with community-based agencies. A unique component of UST is the strong connection with community partners such as community health centers, Hartford Department of Health, and primary care organizations. Scholars participate in these community-based activities as small interprofessional teams with one to two Scholars serving as the team leader(s). The team leaders are responsible for organizing all aspects of the outreach activity, including running a clinical skills primer preparatory session for team members. The teams are supported by faculty and community preceptors. Scholars also have other professional development opportunities such as participation in research with community partner agencies and presentations at conferences and professional meetings.

PROJECT DESCRIPTION:

Impetus for initiating the project:

Prior to the implementation of UST there was no interprofessional initiative at UConn that embraced multiple health professions schools around the issue of medical management of vulnerable and underserved urban populations. Demographic changes occurring within the last two decades in Connecticut have led to the creation of two polarized communities - the haves and have nots. As a state, Connecticut has one of the highest per capita incomes nationally, yet the state's largest urban centers have significant poverty, chronic disease and low educational attainment.

Infrastructure of the program:

The Urban Service Track is housed in the Connecticut Area Health Education Center (AHEC), which is located within UConn's Center for Public Health and Health Policy. Each of the participating schools has at least one faculty member who serves as the mentor for student Scholars and also on the UST Steering Committee (i.e., the "core faculty"). The UST Director (who also serves as the Associate Director for Connecticut AHEC) provides overall program management, aided by the core faculty from each of the schools. Funding for the program is provided by CT AHEC, the UConn Center for Public Health and Health Policy, various grants, and in-kind and financial support from the participating schools.

Reasons for success:

The four main reasons for the success and sustainability of the program are: 1) support of the program from the dean of each school; 2) committed faculty from each school who make up the core faculty of the program; 3) strong connections with community-based organizations and preceptors; and 4) enthusiasm and commitment from students admitted into the program, including alumni of the program.

Collaborations:

The Urban Service Track partners with a number of public agencies and community-based organizations, including the City of Hartford Department of Health and Human Services, the Connecticut Department of Public Health, the National Kidney Foundation, Hartford-area senior centers, UConn Migrant Farm Worker Clinics, South Park Inn Homeless Shelter, Covenant Soup Kitchen, Connecticut AHEC, and faith-based organizations, among others. UST faculty and Scholars work closely with these organizations to implement various joint outreach activities. Urban Health Scholars are mentored by both faculty and community-based practitioners and all learning retreats feature community clinicians, clients, and social service agency representatives. Scholars and faculty also collaborate with various organizations to conduct community-based research projects focusing on optimizing care of urban underserved...
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populations and public health. Finally, the program collaborates with faculty and students from the Quinnipiac University's Physician Assistant program (based in Connecticut).

HEALTHY PEOPLE OBJECTIVE ADDRESSED:
The Urban Service Track addresses objective ECBP-12-16 ("increase the inclusion of core clinical prevention and population health content in health professions education"). Integral to our curriculum is population health and public health, and it is specifically one of the program’s competencies. Health promotion and disease prevention and public health are essential parts of our educational, outreach, and clinical activities. UST Scholars and faculty work along side various community-based organizations to lead health promotion, disease screening, and nutrition education events. Additionally, the program has also helped to raise awareness of the importance of prevention and population health in the main curriculum among the participating schools and has opened up opportunities for all students to participate in prevention activities, not just those students admitted into UST. The program was also developed to provide Scholars with greater appreciation of primary care as a career path. This focus is also in line with ECBP-12-16.

PROGRAM OR COURSE GOALS:

Number of students enrolled/participating in 2010-2011 school year: 144

The program had 144 Scholars among the 4 schools and 21 alumni in AY 2010-2011. These numbers have increased each year and are expected to increase into the foreseeable future.

School-specific curriculum:

Each participating school has the autonomy to tweak UST programming to fit the needs and schedules of its Scholars. For example, Scholars in the School of Medicine have their 12 elective credits waived because of participation in UST. Pharmacy Urban Health Scholars, in particular, have a course developed specifically for them (PHRX 4054 Urban Service Track). This course serves several purposes. First, it provides academic credit (to be applied toward elective credits) for the activities in which Urban Health Scholars are required to participate. Second, course meeting times allow pharmacy Scholars to meet as a group with the pharmacy faculty advisor to discuss pharmacy-specific components of the UST curriculum, review learning retreats’ pre-readings, and share feedback from learning retreats and field activities. Discussions of the roles of pharmacists in helping underserved populations, and in primary care, are held. Scholars and faculty from the UConn School of Nursing and the Quinnipiac Physician Assistant program join pharmacy Scholars in some of these meetings to participate in various activities (e.g., case discussion, interprofessional communication role-playing, learning and teaching physical assessment skills).

In addition, pharmacy Scholars are also required to complete a community outreach project or community-based research project. They are also required to complete their advanced pharmacy practice experience (i.e., rotation) in ambulatory care at a site that provide care for underserved populations. The major goals of the pharmacy-specific components of the Urban Service Track curriculum are for pharmacy students to: 1) define the roles and contributions of pharmacists in primary care and with underserved patients; 2) develop communication and teamwork skills that enable effective collaboration with members of other health care professions; and 3) develop skills in drug therapy management and direct patient care as they apply to real-world practicalities when caring for underserved patients.

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

Initially, a series of meetings with the deans and designated faculty from the 4 schools was held to discuss the areas of need identified by each profession. To develop the curricular components of the
program, clinicians working at Connecticut’s federally-qualified community health centers were surveyed. They were asked about the skills that are essential for success in their role as health care providers for underserved patients. The skills and knowledge identified became the basis for the 11 competencies of the Urban Service Track program.

In addition to seeking initial input from academic and community clinicians on the core competencies necessary for optimal care of underserved patients, continual programmatic assessment is occurring through formal and informal written and verbal evaluations from Scholars, preceptors, and community partners. More than 4 years of data have been collected and quantitative and qualitative data analyses are ongoing.

**PROFESSIONS INVOLVED:**
Since inception, the program has been comprised of faculty and students from the Schools of Pharmacy, Medicine, Dental Medicine, and Nursing. We also have pharmacy and medical residents participating in the program. In academic year 2011-2012, we will add faculty and students from the UConn School of Social Work and the Quinnipiac University’s Physician Assistant program.

**LESSONS LEARNED/EVALUATION RESULTS:**
One of our greatest success is how quickly the program has grown in the few years the program has been in existence. The UST program officially began in the fall 2007 semester with the intent to admit 3-4 Scholars from each school. Even in that first academic year, we already exceeded expectation by enrolling a total of 24 Scholars. With each subsequent academic year, interest in the program grew tremendously and the number of applicants grew exponentially. The number of community-based field activities has also grown exponentially to accommodate the number of Scholars and their interests.

Another success is the incredible energy of our Scholars. For example, they have actively taken the lead to develop a number of community-based outreach activities: Hispanic Senior Center health promotion activities, Smiling Seniors oral health education, Spring Forward-Don’t Fall Back fall prevention education, Pathway Sendaros teen pregnancy prevention program, community garden initiative, etc. In academic year 2010-2011 alone, Urban Service Track Scholars and faculty provided over 4,000 person-hours of outreach activities to the local communities.

Participation in UST has also had ripple effects in the main curriculum for some of the schools involved. For example, pharmacy UST Scholars serve as team-leaders for health fairs conducted during National Primary Care Week, but all P3s are eligible to participate as team members. Affiliation with the UST program has also allowed the entire class of P3s to be eligible to participate in migrant farm worker clinics and homeless shelter clinics, which helps these students meet their required Introductory Pharmacy Practice Experience (IPPE) hours.

The biggest challenge we are facing is having enough resources to manage such a rapidly-expanding program. The program operates with a very small number of staff, core faculty, and budget. Thus far, we have been able to overcome some of these challenges by utilizing community connections such as volunteer clinicians and facilities, calling on alumni Scholars, and diversifying funding sources. Another major challenge is coordinating schedules and activities of 4 schools that are located on 2 different campuses approximately 40 miles apart. (The Schools of Pharmacy and Nursing are at the Storrs campus, while the Schools of Dental Medicine and Medicine are at the Farmington campus.) We addressed this challenge by holding learning retreats in the late afternoon on Fridays at central community-based locations, and the majority of outreach activities in the evenings and weekends.
CONCLUSION:
The Urban Service Track is an innovative educational program that integrates interprofessional education and service learning to address prevention, population and public health issues in Connecticut’s urban centers. Relatively young, the program has enrolled five cohorts of health professions students from the Schools of Dental Medicine, Medicine, Nursing and Pharmacy. In the fall 2011 semester, two more schools will be added (Social Work and Physician Assistant) making the program both interprofessional and intraprofessional.

Programmatic recommendations going forward for the Urban Service Track are to:
1. Expand the “core” faculty within each school to ensure a broad base of clinical support,
2. Secure additional funding for program expansion and infrastructure building,
3. Find funding for a dedicated assessment expert to strengthen evaluation components currently within the program,
4. Develop financial incentives for educational and community partners to invest in the program, and
5. Strengthen community partner input in the development of public service activities to address perceived needs at the community level

COMPANION MATERIALS: (Course syllabi, resource lists, tests, website, etc.)
Urban Service Track AY 2011-2012 Overview.pdf
Agenda for 2-18-11 Learning Retreat.pdf
November 2007 Learning Retreat Faculty Guide.pdf
November 2007 Learning Retreat PBL Template.pdf

PUBLICATIONS:
Urban Service Track Article in Connecticut Medicine-January 2010.pdf

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