The My First Patient Program
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ABSTRACT:
In 2004, the American Association of Colleges of Pharmacy, Center for the Advancement of Pharmaceutical Education (CAPE) updated their Educational Outcomes. Public Health was identified as a key area of focus: “Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of health care providers.” In 2008, the My First Patient Program was implemented at West Virginia University School of Pharmacy, based on a model from Butler University and further refined and expanded to meet the needs of our curriculum and students. This program provides students direct experience in health improvement, wellness, and disease prevention, as directed by the CAPE Educational Outcomes.

The My First Patient Program is parallel peer learning model for first (P1) and third (P3) professional year PharmD students focusing on health promotion and disease prevention. P1 students each undergo a health screening and commit to health behavior change over the course of two semesters, becoming their own “first patient.” P3 students conduct the health screenings and provide evidence based health education and counseling to the P1s, focusing on prevention of disease. This vertical integration of content in the first and third professional years allows students learn and experience disease prevention-related content from two different perspectives: as a patient and as a health professional.

EDUCATIONAL METHODS OR APPROACHES USED:
The objectives of the WVU My First Patient Program are

(1) To engage students to take responsibility for their own health

(2) To guide students in understanding the impact and process of behavior change and lifestyle modification

(3) To facilitate student recognition of their role as pharmacists in patient wellness and disease prevention.

Learning Outcomes

(1) Students will be able to evaluate the health habits, risk factors, and overall general health of a patient and effectively communicate this information at the level of both a patient and a health care professional

(2) Students will develop and implement realistic, achievable patient health goals and create comprehensive individualized plans aimed toward achieving these goals

(3) Students will use skills acquired to affect change in their own health behaviors, thereby understanding firsthand the personal efforts required change health outcomes.

The My First Patient program integrated a variety of teaching and learning methods. These include a didactic component, many active learning and experiential activities, and peer teaching and learning methods. The program involves students in the third professional year (P3) and first professional year (P1). P3 activities include classroom preparatory sessions, hands-on patient care provision to the P1s, group discussions, group presentation/activity, and web-based reflections. Through this program the P1 students participate as patients, and their activities include a self-assessment of health behaviors (web-
based reflection), undergoing a full health screening with counseling (conducted by the P3s), and commitment to a personal Major Health Goal to accomplish over the course of the academic year.

PROJECT DESCRIPTION:
In 2004, the American Association of Colleges of Pharmacy, Center for the Advancement of Pharmaceutical Education (CAPE) updated their Educational Outcomes. Public Health was identified as a key area of focus: “Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an interprofessional team of healthcare providers.” In 2008, the My First Patient Program was implemented at West Virginia University School of Pharmacy based on a model from Butler University and further refined and expanded to meet the needs of our curriculum and students. This program provides students direct experience in health improvement, wellness, and disease prevention, as directed by the CAPE Educational Outcomes.

The My First Patient Program is a longitudinal program and is fully integrated throughout the first and third professional years of the pharmacy curriculum. It is part of the required coursework in the professional curriculum. The program requirement was advocated by the Dean of the School and addresses public health area of focus recommended by the CAPE educational outcomes. For the P1 students, their experiences are integrated in the "Patient Health Education” course in the fall semester and the "Disease Prevention, Health Promotion” course in the spring. For the P3 students, their experiences are associated with the “Ambulatory Care Introductory Pharmacy Practice Experiences” over the course of both semesters. The My First Patient Program activities complement didactic content covered in the courses.

The design of the program is such that the P1 students serve as patients, thereby gaining first hand understanding of the patient's perspective in disease prevention and behavior change. The P3 students serve as student pharmacists and gain experience in the health professional role in prevention. Direct patient care activities of the program take place in the School of Pharmacy's Health Education Center (HEC). The HEC's primary mission is integration of wellness education and disease prevention activities into the PharmD program. It serves as a learning lab and extends its reach to provide direct patient care activities in the community.

P1 Student Perspective: P1 students undergo a health screening that includes basic health history, measurement of blood pressure, pulse, respirations, body composition, and point of care testing of full lipid panel, fasting blood glucose, and hemoglobin A1C. (Most of the chosen screenings reflect modifiable risk factors identified in the HP2020 goal focusing on heart disease and stroke.) The P1 student then attends follow up appointment during which s/he discusses his/her health screening results with a P3 student pharmacist. After these appointments, the P1 students complete a written self-assessment of health behaviors and health risks. At this time, they commit to one positive health behavior change for the academic year, and create an action plan to meet the goal (Major Health Goal).

P1 students then attend one wellness-related, interactive, group education session hosted by the P3 students. They are encouraged to attend a session that relates to their Major Health Goal if possible. At midpoint, P1 students complete a written reflection on their personal progress thus far in working toward their Major Health Goal, challenges encountered, lessons learned, and modifications to the Goal if applicable. After 4 months, the P1 students undergo retesting of measurements from initial health screening and attend another follow up appointment with a P3 student pharmacy to discuss testing results, any change from the initial health screening, and the impact of chosen behavior change over the previous 4 months. At the end of the program, P1 students complete a written final reflection of their overall experience including progress toward achieving health behavior change over the course of the
year, challenges encountered, how challenges were overcome, and impact of the My First Patient program on their perspective on disease prevention and the role of the pharmacist in wellness.

P3 Student Perspective: In the My First Patient Program, the P3 students provide direct patient care to the P1 students under supervision of pharmacy practice faculty or pharmacy practice residents with additional facilitation by P4 students. The P3s have received the necessary background knowledge of cardiovascular disease and diabetes risk through the didactic pharmacotherapeutics course. In preparation for the patient encounters, P3 students receive training on compliance with the OSHA blood borne pathogens standard, basic physical exam, use of point of care testing devices, and patient communication.

For the health screenings, teams of 5-6 P3 students conduct all aspects of the appointment for P1 student patients. After the health screenings, each P3 student is responsible for reviewing health screening results of two P1 patients and creating a written assessment and plan. The P3 student verbally reviews patient assessments and plans with a faculty preceptor among a group of peers prior to the patient follow up appointment (information is identified for the written plan and oral presentation). This allows an opportunity for feedback from the preceptor and peers prior to meeting with the patient. Feedback focuses on accuracy of content and how one might convey the information and appropriate health education to the patient.

The P3 students then conduct a follow up appointment with each of their assigned P1 patients to discuss health screening results and related health behaviors. In addition, each team of 5-6 P3 students develops and conducts a wellness-related, interactive, group education session (focused on topics identified through P1 general health behaviors survey). 4 months after the initial health screenings, teams of 5-6 P3 students conduct retesting of health measures for P1 students. Again, each P3 student is responsible for reviewing health screening results of two P1 patients, creating an assessment and plan, and discussing patients with a faculty preceptor and peers prior to patient follow up appointment. The P3 students conduct another follow up appointment with their assigned P1 patients to discuss health screen results and changes in results or health behaviors from the initial health screening. At the end of the program, P3 students complete a written reflection of their experiences.

The active patient care components (i.e. health screening, follow up appointments) are supervised by pharmacy practice faculty or pharmacy practice residents with the assistance of fourth professional year (P4) students. Reflections and P3 written and oral assessments and plans are reviewed by pharmacy practice faculty. Reflections are reviewed to collect general feedback, whereas the written assessment and plan is evaluated for accuracy and the oral presentation for communication skills.

In regard to sustainability, facilities and equipment necessary for the program are provided in-house through the School of Pharmacy’s Health Education Center. The Director of the Health Education Center is a full time faculty member who teaches within all the courses in which the My First Patient Program is integrated, thereby maintaining the curricular structure of the program across both the P1 and P3 years. Finanically, it is supported through a minimal fee from student tuition and fees that reflects the cost of materials used for each student's health screening.

The continued success and growth of the My First Patient Program is attributable to the value of the experiences it brings into the curriculum. P1 and P3 students consistently give positive feedback about the program and student reflections demonstrate enhanced understanding of disease prevention. Every year, P3 students are surprised that their young adult patients have abnormal screening results; many P1 student patients are surprised to find that they are already at increased risk for cardiovascular disease or diabetes at a relatively young age. Experiencing this first hand has a lasting impact for the students that cannot be conveyed through didactic lectures alone. Often, before participating in the My
First Patient Program, students have a false impression that young age inherently confers good health; however, through this program, students gain a clearer understanding of how health behaviors impact long term health and the importance of prevention.

Prior to implementation of the My First Patient program, public health content was taught mostly in the required disease prevention, health promotion course in the first professional year (in which the program is currently integrated). Various other public health concepts were taught throughout the didactic pharmacotherapeutics course. In addition, the second professional year of the curriculum has required Introductory Pharmacy Practice Experiences that are service learning projects tied to Healthy People 2020 objectives.

HEALTHY PEOPLE OBJECTIVE ADDRESSED:
This program integrated core principles of clinical prevention into the PharmD curriculum, tying directly to "ECBP-12-16: Increase the inclusion of core clinical prevention and population health content in health professions education."

PROGRAM OR COURSE GOALS:
Number of students enrolled/participating in 2010-2011 school year: 160

Program Goals:

(1) To engage students to take responsibility for their own health

(2) To guide students in understanding the impact and process of behavior change and lifestyle modification

(3) To facilitate student recognition of their role as pharmacists in patient wellness and disease prevention.

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

PROFESSIONS INVOLVED:
Individuals involved included Faculty from the Department of Clinical Pharmacy; first (P1) and third (P3) professional year PharmD students; PGY-1 Pharmacy Practice Residents and fourth professional year students (P4) as available

LESSONS LEARNED/EVALUATION RESULTS:
Successes: Our program is fortunate to have a collaborative faculty atmosphere committed to incorporation of these topics. Curricular support for preventive care content that existed as we were developing the program includes a standalone Disease Prevention Health Promotion Course and a Service Learning Program modeled on Health People 2010/2020. Integration of the My First Patient program in the curriculum successfully fulfilled the needs of the P1 and P3 curricula in regard to active learning related to health promotion and disease prevention, especially in creating foundational Ambulatory Care Introductory Pharmacy Practice Experiences for the P3s.

Challenges: Most of the experiential activities legally require oversight by licensed pharmacists. One challenge with incorporation of the My First Patient Program and other activities is significant time commitment from the core faculty members who coordinate the activities. This program typically requires over 250 total contact hours for our P1 and P3 classes (80 - 90 students per class). To overcome this, other faculty from outside the course have been invited to serve as facilitators/preceptors. Also,
Healthy People 2020 and Education For Health
Successful Practices for Clinical Health Professions

the School of Pharmacy has an affiliation with West Virginia University Hospitals Pharmacy Residency Program, and pharmacy practice residents are also invited to participate as facilitators/preceptors.

Lessons learned: Creation of this program was greatly facilitated by incorporation of related health promotion and disease prevention content and activities into the existing curricular structure. Prevention, population health, and public health content often integrate well into content taught in health professions schools. Integration of these topics throughout a curriculum may also be more impactful than a standalone course because it provides students a continued perspective of how the content relates to various aspects of practice.

CONCLUSION:
The My First Patient program teaches health promotion and disease prevention in an interactive manner that engages the students at a personal and professional level. When integrating this program in other health professionals curricula, specific curricular needs and available resources of the program should be taken into consideration and the program can be modified to meet these. For programs that do not have sufficient didactic content existing in curricula, the timeline and structure of the program would allow for creation of didactic content that progresses parallel to the activities.

COMPANION MATERIALS: (Course syllabi, resource lists, tests, website, etc.)
My First Patient Program Summary

PUBLICATIONS:
None associated with this project

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