

## INSTRUCTIONAL DESIGN AND ASSESSMENT

### My First Patient Program to Introduce First-Year Pharmacy Students to Health Promotion and Disease Prevention

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**Objectives.** To implement and assess the effectiveness of a program to teach pharmacy students the importance of taking personal responsibility for their health.

**Design.** The My First Patient Program was created and lectures were incorporated into an existing first-year course to introduce the concepts of health beliefs, behavior modification, stress management, substance abuse, and nutrition. Each student received a comprehensive health screening and health risk assessment which they used to develop a personal health portfolio and identify strategies to attain and/or maintain their personal health goals.

**Assessment.** Student learning was assessed through written assignments and student reflections, follow-up surveys, and course evaluations. Students' attainment of health goals and their ability to identify their personal health status illustrated the positive impact of the program.

**Conclusion.** This program serves as a model for colleges and schools of pharmacy and for other health professions in the instruction of health promotion, disease prevention, and behavior modification.

**Keywords:** health promotion, disease prevention, behavior change

## INTRODUCTION

Directly acknowledging the role of individual behaviors on personal health, *Healthy People 2010* emphasizes health promotion and disease prevention.<sup>1</sup> This includes promoting positive behaviors (such as the importance of regular exercise and eating a healthy diet) and preventing the start of negative behaviors (such as smoking or alcohol abuse). *Healthy People 2010* notes "Data indicate that risk assessment and counseling interventions are delivered less frequently than other preventive interventions. . ." *Healthy People 2010* set the objective to "Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes core competencies in health promotion and disease prevention."<sup>1</sup> In response to the *Healthy People 2010* objective of increasing the teaching of health promotion and disease prevention in health professions, the Healthy People Curriculum Task Force was formed in 2002.<sup>2</sup> The task force was convened by the Association of Academic Health Centers (AHEC) and the Association for Prevention

Teaching and Research (APTR).<sup>2</sup> The Healthy People Curriculum Task Force included representatives from medicine, pharmacy, nursing, and other allied health professions.<sup>2</sup> The Task Force developed the Clinical Prevention and Population Curriculum Framework, a content guideline for curriculum development for health professions.<sup>3</sup> In July 2004, the American Association of Colleges of Pharmacy (AACP) Board of Directors voted to endorse the Clinical Prevention and Population Curriculum Framework. Additionally, AACP's Center for the Advancement of Pharmaceutical Education (CAPE) 2004 Educational Outcomes and the Accreditation Council for Pharmacy Education (ACPE) Standards and Guidelines emphasize the importance of health promotion and disease prevention in pharmacy curricula.<sup>4,5</sup>

To accomplish the objectives of *Healthy People 2010* and comply with CAPE Outcomes, Butler University College of Pharmacy and Health Sciences (COPHS) established the My First Patient Program, an innovative curriculum developed to instruct first-year pharmacy students in the areas of health promotion, disease prevention, and behavior modification. The program also specifically addresses 2 components outlined in the Clinical Prevention and Population Curriculum Framework: Clinical Preventive Services-Health Promotion and Community Aspects of Practice.<sup>3</sup> The purpose of the My First Patient

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Program is to improve the pharmacy curriculum in the instruction of the core competencies of health promotion, disease prevention, and behavior change by teaching pharmacy students to take personal responsibility for their own health behaviors, serving as their own "first patient." This prepares them to become effective practitioners who can guide the improvement of health in their patients. This program represented a new approach to teaching students how to perform patient education in that it is an active-learning process in which the students must first learn and practice the skills of personal behavior modification to improve their own health. As Mahatma Gandhi said, "We must be the change we wish to see in the world."<sup>6</sup> From this quote, the faculty derived the following theme for the program: "In order to affect change in the health of the world, you must first take responsibility for your own health."

## **DESIGN**

### **Program Development**

Prior to developing the content of the My First Patient Program, faculty members conducted a baseline survey of first-, second-, and third-year pharmacy students to assess their perceived health status and identify current health behaviors. Items on the survey instrument included demographics; diet and nutrition; exercise habits; weight management; tobacco, alcohol, and illegal drug use; perceived level of stress and contributing stressors; safer sex practices; and health care utilization. Data gathered from the survey were used to target specific health issues to address in the My First Patient Program.<sup>7</sup> The topics identified were diet, nutrition and weight management, stress management, and substance/alcohol abuse. The program curriculum was then incorporated into the Introduction to Pharmaceutical Care I course, which is taught in the first semester of the first year of the pharmacy curriculum. The program was implemented in the first year of the PharmD program for 2 main reasons: to allow students to learn the effectiveness of behavior changes on improving and maintaining health before they were introduced to therapeutic options for disease management and to allow the impact of the program on students' health to be tracked over the entire professional program.

The learning outcomes for the program were to (1) identify current health behaviors; (2) know and understand personal health status and risk factors such as lipids, blood pressure, body mass index (BMI) and diabetes; (3) develop and implement an action plan to change a health behavior; (4) identify barriers to implementing behavior change; (5) describe how this program will help in assisting patients with implementing behavior change; and (6) improve performance in related pharmacy courses.

### **Program Design**

In the My First Patient Program, each student underwent a series of health screenings and developed his/her own personal health portfolio and action plan. A student's personal health portfolio contained the results of their health screenings and health assessments of their health behaviors and risks. The student reviewed these results and developed a personalized action plan to identify strategies targeted to improve and/or maintain their personal health goals. In addition to these assessments, faculty members presented lectures on defining health, exploring individual health beliefs, and understanding barriers to implementing behavior change; and led discussions on diet, nutrition, substance abuse, stress management, and cultural competency (Table 1). The My First Patient Program was introduced into the pharmacy curriculum in fall 2004.

The 3-credit hour Introduction to Pharmaceutical Care I course was taught during the fall semester of the first year of the professional pharmacy curriculum. This course consisted of two 50-minute sessions per week and a weekly 2-hour discussion session (recitation). Within the Introduction to Pharmaceutical Care I course, 8 didactic lectures and 1 group discussion session (recitation) were devoted to the My First Patient Program (Table 1). At the beginning of the course, the program was introduced to the students by a team of 3 faculty members. To emphasize the importance and relevance of the program in teaching health improvement, personal wellness, and disease prevention, the students were provided a copy of the Center for the Advancement of Pharmaceutical Education (CAPE) 2004 Educational Outcomes and a Program overview.<sup>4</sup> Health promotion, disease prevention, and behavior change were discussed, with an emphasis on personal responsibility. Following this introduction, the health screenings were discussed and the process for scheduling the screenings through the Health Education Center were reviewed with the students.

Each student in the course scheduled an appointment for a comprehensive health screening; all health screenings were completed before the Thanksgiving break. The health screening included the following: full fasting lipid panel, fasting blood glucose, blood pressure measurement, weight measurement, body composition, calculation of body mass index, and spirometry. The health screenings were performed by COPHS faculty and fourth-year pharmacy students as part of their advanced pharmacy practice experience (APPE) with the Health Education Center. Students could request that only a faculty member perform their health screening. During each student's health screening appointment, the results were reviewed and the student received a copy for his/her personal

Table 1. My First Patient Program Schedule and Learning Objectives

<b>Session</b>	<b>Topic (Instructor)</b>	<b>Learning Objectives</b>
Lecture 1	My First Patient Program Introduction	<ul style="list-style-type: none"> <li>● Identify the CAPE outcomes</li> </ul>
Lecture 2	Promoting Behavior Change	<ul style="list-style-type: none"> <li>● Understand the My First Program process and objectives</li> <li>● Discuss behavior theories and cognitive variables that affect one's health</li> <li>● Describe the importance and usefulness of evaluating attitudes and behaviors</li> <li>● Explain and apply various social science models/theories that help explain health behavior</li> </ul>
Lecture 3	Health Beliefs, Goal Setting & Action Plans	<ul style="list-style-type: none"> <li>● Apply behavioral theories and cognitive variables to affect behavior change</li> <li>● Identify both health and unhealthy behaviors</li> <li>● Develop an action plan to change one health behavior</li> </ul>
Lecture 4	Stress management	<ul style="list-style-type: none"> <li>● Define stress</li> <li>● Identify different types of stress</li> <li>● Discuss symptoms of stress</li> <li>● Describe methods to prevent and manage stress</li> <li>● Practice several stress reduction techniques</li> </ul>
Lecture 5	Substance Abuse	<ul style="list-style-type: none"> <li>● Recognize the signs and symptoms of intoxication and withdrawal for commonly abused substances</li> <li>● List the major acute toxicities associated with commonly abused substances</li> <li>● Identify "street names" and routes of administration of commonly abused substances</li> </ul>
Lecture 6	Diet and Nutrition	<ul style="list-style-type: none"> <li>● Discover the link between nutrition and pharmacy</li> <li>● Review the new food pyramid</li> <li>● Discuss what information is required on food labels</li> <li>● Determine the health importance of fats, fiber, sodium, water, calcium and potassium</li> </ul>
Lecture 7	Process of change	<ul style="list-style-type: none"> <li>● Review the My First Patient Program</li> <li>● Recall the stages of change</li> <li>● List and define nine process of change</li> <li>● Identify how these process of change can be utilized in the patient care setting</li> </ul>
Lecture 8	Cultural competency	<ul style="list-style-type: none"> <li>● Define culture, ethnicity, and race</li> <li>● Discuss factors that contribute to health disparities</li> <li>● Identify cultural determinants and the definition of cultural competency</li> <li>● Investigate biases, assumptions, and stereotypes</li> <li>● Define health beliefs and identify a family healing tradition</li> </ul>
Group Discussion (Recitations)	Personal Health Portfolio and Action Plan	<ul style="list-style-type: none"> <li>● Assess Action Plan assignment</li> <li>● Review health assessment results</li> <li>● Identify strategies targeted to improve and/or maintain their personal health goals</li> </ul>

health portfolio. In addition to the health screening, students completed a health risk assessment that was designed to identify specific health behaviors (eg, dietary

habits, physical activity) and health risks (eg, personal and family medical history). Utilizing information presented in course lectures and their personal health portfolio, the

students developed a personalized action plan, identifying strategies targeted to improve and/or maintain their personal health goals.

During the didactic portion of the course, the students attended lectures on health behaviors, behavior change, and goal setting. These class sessions introduced the Transtheoretical Model of Change as well as health beliefs and cognitive variables that affect a person's health.<sup>8,9</sup> During the second lecture, students were asked to identify both healthy and unhealthy behaviors that were currently part of their lifestyle (Table 2). Cognitive variables that affect health such as self-efficacy also were discussed and the students were asked to identify their level of confidence in changing or maintaining their health behaviors.<sup>9</sup> The students submitted a written assignment in response to 2 questions: one regarding an unhealthy behavior(s) that the student was not ready to change or did not feel confident about changing, and the other regarding a behavior the student was ready to change and felt confident about changing (Appendix 1).

Building on what was presented in the previous class session, the third lecture discussed how to set and obtain goals. The focus was learning the process of taking a long-term goal and developing intermediate and short-term goals to assist in achieving the desired endpoint. Students were asked to identify at least 1 unhealthy behavior they wanted to change and set a short-term goal toward making the desired change (Appendix 1). At the end of the class exercise and discussion, the students were given an assignment to implement a 4-week action plan to assist them in monitoring and modifying their progress towards their goal. The students reviewed and reflected on progress toward achieving their goals during the group discussion (recitation) session; this was done at the end of the semester after all the student health assessments were completed. During the group discussion session, the students

assessed their health screening and health assessment information. Each section of the health screening was reviewed individually by the student; using specific assessment questions (Appendix 1). Due to the personal nature of the health information, the students were instructed to share only information they were comfortable with and that participation in class discussions were optional.

During the Introduction to Pharmaceutical Care II course the spring semester after completion of the My First Patient Program, a 6-month follow-up was conducted with the students to discuss and assess their progress toward their health-related goals. The students received their written behavior change assignment (Appendix 1) from the fall semester and were asked to submit a written reflection assessing their progress in achieving the goals they developed and identify any barriers encountered, and identify any changes in health-related goals (Appendix 1). The reflective writing assignments are assessed and provided "assignment completion points" for the course.

## EVALUATION AND ASSESSMENT

### Written Assignments & Student Reflections

One hundred sixty-seven students completed the My First Patient Program in fall 2004. When evaluating the impact the program had on student learning, the behavior change and review of action plan assignments submitted in the fall semester, and the 6-month behavior change follow-up assignment submitted in the spring semester (see Appendix 1 for the actual assignments) provided strong evidence of student learning regarding their ability to change a health behavior (learning outcome 3). The student assignments illustrated the process of behavior change with their own experiences as the learning process. Students demonstrated the ability to identify their current health behaviors that needed to be modified, as well as to recognize behaviors that should be sustained (learning outcome 1). The variety of health-related behaviors that were identified by the students is additional evidence that materials presented in the program were effective. Examples of health behaviors the students identified as needing to be changed and discussed in their writing assignments included: increase physical activity (30%), eat healthier (25%), stress and time management (18%), obtain more rest (14%), decrease alcohol consumption (5%), increase calcium intake (5%), and lower blood pressure (3%). Additionally, at the end of the behavior change assignment, students were able to successfully identify barriers encountered and modify their action plans to overcome or mitigate these barriers (learning outcome 4). The most frequently encountered barriers

Table 2. Frequency of Barriers Identified From Behavior Change Assignment

<b>Barrier</b>	<b>Frequency (%)</b>
Schedule/Time Management (work, studying, exams)	99 (54)
Social Distractions (TV, Friends & Family, Computer)	31 (16)
Environmental (Bad Weather)	17 (10)
Lack of Motivation	14 (8)
Lack of Resources (no fresh fruits or vegetables, financial)	13 (7)
Late Night Eating	8 (4)
Lack of Skills (cooking)	2 (1)
Total Barriers	184 (100%)

included schedule/time management, social distractions, and environmental factors (Table 2).

The reflective writing assignments also identified the process of change the students went through. In the first assignment, a small percentage of students (5%) did not believe they had any “significant” health-related behaviors they needed to change. It became apparent in the 6-month behavior change follow-up assignment that the student’s original impression of their health-related behaviors had changed. Many writings provided clear demonstration of students moving through the process of change from precontemplation to contemplation, preparation to action, and maintenance to relapse. An example of this is illustrated in the following excerpts from a student’s written assignments. In their first writing assignment, the student stated:

I have identified 3 unhealthy behaviors I am not ready to change. I am not ready to change these because I am relatively young, not overweight, and have no medical problems.

In the 6-month behavior change follow-up assignment the same student stated:

I originally did not set any goals; I did not feel that I needed to. However, I am starting to realize that I need to exercise and eat healthier. Even though I am not overweight, I found out that I have low good cholesterol and high total cholesterol. After my health screening I found out that both of my parents have high cholesterol too.

The writing assignments from the students reflected the wide-ranging impact this program had on student learning. When reviewing the writing assignments, 15% of the students stated they achieved their goal(s) and had modified their original goal(s) based on their achievements. Sixty percent of students stated they were continuing to make significant progress towards meeting their goal(s). The writing assignments identified that 25% had not made progress towards their goal(s); however, all students identified the importance of reevaluating their initial plan to improve their future success of achieving their goal(s). The health-related goals the students were most successful in achieving or making progress towards included eating healthier, increasing physical activity, and obtaining more rest.

At the end of the program while completing the review of health screening results assignment (Appendix 1) all students were able to successfully identify their personal health status regarding lipids, blood glucose, blood pressure, and body mass index (learning outcome 2). Student reflections at the end of the behavior change assignment included discussions topics such as, realizing that change takes time, the importance of doing one new thing

at a time, “slips” will happen and are normal so “don’t give up,” and change can be “intimidating.”

### **Follow-Up Survey at Six Months**

The 6-month follow-up survey instrument included a set of closed-ended questions with a dichotomous response (yes/no) to assess learning outcomes 2, 3, and 5. In addition, open-ended questions assessing the student’s satisfaction, perceived benefits, and suggestions for improvement of the program were also included.

The 6-month follow-up survey instrument was completed by 160 of the 167 students. Seventy-eight percent of the students were aware of their cholesterol and fasting blood glucose levels (learning outcome 2) and 54% had developed and implemented an action plan to change a health behavior (learning outcome 3). Almost the entire class (92%) stated that they understood how patient behaviors could be changed. This result is significant in that it reflects one of the primary learning outcomes of this program (learning outcome 5). The open-ended section of this survey instrument asked students what they liked about the program, what 3 things could be done to improve the program, and how they personally benefited from participating in the program. Student responses to these questions are summarized in Table 3.

### **Follow-Up Survey at 12-Months**

During the second year of the PharmD program, a similar set of questions were used to assess the sustainability of learning outcomes 2, 3 and 5. In addition, a set of closed-ended questions with yes/no responses were used

Table 3. Summary of Feedback From Six-Month Student Follow-Up Survey Regarding the My First Patient Program

The top 3 things students liked about the program:

- Individual objective measures of health status were determined
- Learned why behavior change is important
- Learned to develop strategies for changing behavior

The top 3 things that could be done to improve the program:

- Have students work as partners to track goals throughout the first year
- Increase the number of screenings offered, and offer them more than once a year (once a semester)
- Develop a method to follow-up more frequently (checklist each semester, more discussion throughout the year)

The top 3 benefits of participating in the program:

- Know their current health status
- Realize how difficult it is to change a behavior
- Understand how lifestyle choices now can affect health years later

to assess whether the program improved students' performance in second-year courses such as Self-Care and Health Promotion, Therapeutics I, and Clinical Case Conference (learning outcome 6).

The 12-month follow-up survey instrument was completed by 151 of the 160 students. The majority of the students (96%) had an understanding of how to change patient behaviors (learning outcome 5) and the majority of the students (91%) had a plan for changing 1 or more of their personal health behaviors (learning outcome 3). The students were also still aware of their health status. The majority knew their cholesterol levels (55%), blood glucose levels (55%), and body mass index (68%) (learning outcome 2). Thirty percent of the students indicated that completing the program had a beneficial impact on their work in the Self-Care and Health Promotion course, while 40% indicated a beneficial impact on their course work in Therapeutics I and Clinical Case Conference (learning outcome 6).

### **Course Evaluations**

The Introduction to Pharmaceutical care course (the course in which the My First Patient Program was incorporated) received positive course evaluations from students. Course evaluations were completed by 82 of the 167 students. The majority of students (87%) indicated that the type of teaching methods used were effective for the nature of the material presented in this course. Nearly 93% of the students felt that they were provided with opportunities to practice their learning that were applicable and relevant to their professional major and goal. Comparisons between course evaluations before and after the introduction of the My First Patient Program in the curriculum were not possible as the entire course evaluation format for the College was revised in the fall 2004, the semester in which the program was introduced.

### **DISCUSSION**

Five pharmacy classes (660 students) had participated in the My First Patient Program as of December 2008. The program outlines an innovative approach to teaching health promotion, disease prevention, and behavior change from a unique perspective, the student's personal experience. The program was successful in meeting the defined learning outcomes. Individual student health goal attainment and the students' ability to describe their personal health status illustrate the positive impact the program had on student learning. Additionally, the student's ability to identify common barriers encountered while implementing behavior change and identify examples of advice to help patients is a valuable learning

outcome. Student learning after program completion was apparent through the Six-Month Behavior Change Follow-up Assignment. The majority of students stated they achieved or continued to make progress towards their health related goals. Student acceptance of the program was evident by the positive course evaluations. The primary limitation of the program assessments was that the tools measured student-reported behavior change and student perceptions on improved performance in pharmacy-related courses.

Feedback from faculty members and students has been positive in regards to this program. Although not formally assessed, the faculty members involved in the program have responded favorably. Additionally, faculty members who teach second-year students have been able to integrate components of the program into their courses. Student acceptance of the program was evident by their willingness to share and contribute during the in-class discussions regarding their health behaviors (healthy and unhealthy), their experiences from the behavior change assignment, and the common barriers they encountered. These discussions often resulted in students coaching each other on strategies to improve their health behaviors and overcome barriers. Additionally, students were receptive to having fourth-year pharmacy students on APPEs participate in their health screenings and none of the first-year students requested that the APPE students not assist with their health screening.

Secondary to student feedback and program assessment, changes have been made to the program. The health assessments and screenings are now started at the beginning of the semester, instead of waiting until the didactic portion of the My First Patient Program starts in the middle of the semester. This allows more time to conduct the screenings, and all screenings are completed before the Thanksgiving break. Within the second year of the pharmacy curriculum students are required to take the Self-Care and Health Promotion I & II courses. Key concepts of the program have been integrated into both semesters of these courses, with an emphasis on lifestyle changes including re-introduction of the student's health behaviors goals and health screening follow-ups for individual students.

The My First Patient Program is transferable to any college or school of pharmacy. To meet the CAPE outcomes described, the college or school must provide similar content to that described in this paper in the curriculum. A new course does not need to be created to add the content of the program; it could be integrated into an existing course, as we did within the Introduction to Pharmaceutical Care course. Additionally, faculty members with the appropriate areas of expertise should be

available to implement the program. Consequently, in fall 2006, AACP formed a Joint Council of Faculties and Council of Deans Task Force for the Healthy Student Program. This Joint COF/COD task force was formed to facilitate the development of resources for colleges and schools to implement programs similar to the My First Patient Program.

Our faculty found that fourth-year students on APPEs were a critical resource for the success of the program. As described above, the health screenings were performed at the Health Education Center by COPHS faculty members and fourth-year pharmacy students on APPEs. All colleges or schools may not have a health education center; however, resources usually exist within most colleges and schools that could serve the same function, such as clinical community faculty members and practice sites, ambulatory care faculty members and practice sites, and professional student organizations.

## CONCLUSION

The My First Patient Program represents an innovative, student-focused approach to teaching future health care professionals the importance of personal responsibility for their own health behaviors. It is consistent with the direction proposed by both *Healthy People 2010* and the Healthy People Curriculum Task Force and it provides students with opportunities for early experiences that allow them to develop essential skills in health promotion and disease prevention. This approach provides a model for colleges and schools of pharmacy and other health professions to respond to the challenge of providing in-

struction in the core competencies of health promotion, disease prevention, and behavior modification. In addition, this program demonstrates the impact and importance of individual behaviors on personal health.

## REFERENCES

1. Healthy People 2010. Office of Disease Prevention and Health Promotion, US Department of Health and Human Services. Available at: <http://www.healthypeople.gov>. Accessed May 8, 2009.
2. Association for Prevention Teaching and Research (APTR). Healthy People Curriculum Task Force. Available at: <http://www.aptrweb.org/about/taskforce.html> Accessed May 8, 2009.
3. Allen JA, Barwick TA, Cashman S, et al. Clinical prevention and population health: curriculum framework for health professions, *Am J Prev Med*. 2004;27(5):417-22.
4. American Association of Colleges of Pharmacy. Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes. Available at: <http://www.aacp.org/resources/education/Documents/CAPE2004.pdf>
5. Accreditation Council for Pharmacy Education. Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. Available at: [http://www.acpeaccredit.org/pdf/ACPE\\_Revised\\_PharmD\\_Standards\\_Adopted\\_Jan152006.pdf](http://www.acpeaccredit.org/pdf/ACPE_Revised_PharmD_Standards_Adopted_Jan152006.pdf). Accessed May 8, 2009.
6. Secretan L. *Inspire! What Great Leaders Do*. Hoboken, NJ: John Wiley and Sons; 2004: 148.
7. Tuohy KM, Brown BK, Maffeo CM, Chase PA. Initial assessment of health and wellness attitudes of pharmacy students at Butler University College of Pharmacy and Health Sciences [Abstract]. *Am J Pharm Educ*. 2004;68(2):Article 54.
8. Prochaska JO, DiClemente CC. *The Transtheoretical Approach: Crossing Traditional Boundaries of Therapy*. Homewood, IL. Dow Jones Irwin; 1984.
9. Rosenstock IM, Strecher VJ, Becker MH. Social Learning Theory and the Health Belief Model. *Health Educ Q* 1988;15(2):175-83.

Appendix 1. Assignments for My First Patient Program.

**Lecture 2- In Class Behavior Change Discussion and Assignment**

1. List and describe 3 healthy behaviors that are currently part of your lifestyle (ex: regular exercise, balanced diet, adequate rest):
2. List and describe 3 unhealthy behaviors that are part of your lifestyle (ex: smoking, lack of regular exercise, excessive use of alcohol or caffeine):
3. Check the statement that best applies:  
 I am ready to change one or more of the unhealthy behaviors I listed above.  
 I am not ready to change one or more of the unhealthy behaviors I listed above.
4. Check the statement that best applies:  
 I have confidence in my ability to change one of the unhealthy behaviors listed.  
 I do not have confidence in my ability to change one of the unhealthy behaviors listed.
5. Check the statement that best applies:  
 I have confidence in my ability to maintain the healthy behaviors listed above.  
 I do not have confidence in my ability to maintain the healthy behaviors listed.

Written Assignment:

6. If you listed (an) unhealthy behavior(s) that you were not ready to change or did not feel confident about changing, answer the following:
  - a. What would it take for you to feel ready to change or confident about changing the behavior?
  - b. What would you, as a pharmacist, tell a patient in this same situation?
7. If you listed (an) unhealthy behavior(s) that you feel you are ready and confident about changing, please answer the following:
  - a. Discuss strategies that will assist with implementing this/these change(s).
  - b. Outline a plan, including your behavioral change goal(s) to implement this/these change(s).
  - c. Identify potential barriers that may prevent you from achieving your goal(s) and provide a plan for relapse.

**Review of Action Plan for Behavior Change Assignment during Group Discussion Sessions**

1. How successful have you been in obtaining your goal(s)?
2. What barriers did you experience while working towards your goal(s)?
3. What changes or modifications have you made to your long-term or intermediate goal(s)?
4. What strategies/techniques have you learned about setting and obtaining personal goals?
5. What have you learned from this experience and how will this help you in the future personally?
6. How will this help you in the future when working with patients?

**Review of Health Screening Results Assignment during Group Discussion Sessions**

Cholesterol and Blood Glucose Results:

1. Are you at your desired lipid goals?
2. If not, what do you need to do or have done to meet your lipid goals?
3. Do you have a normal fasting blood glucose (<100 mg/dl)?
4. If not, what do you need to do or have done to improve your blood glucose result?

Blood Pressure Results:

1. How is your blood pressure classified: normal, pre-hypertension, or hypertension?
2. If not normal, what do you need to do or have done to improve your blood pressure?

Body Composition Results:

1. Are you at a healthy Body Mass Index (BMI)?
2. If not, what do you need to do or have done to improve your BMI?
3. Are you at a healthy percent body fat percentage?
4. If not, what do you need to do or have done to improve your body fat percentage?

**Six Month Behavior Change Follow-Up Assignment**

1. Have you made progress towards your goals or what you wanted to change?
2. If yes, how have you made progress? If no, identify 1-2 reasons/barriers that prevented you from making progress.
3. Are your personal health goals different from last semester? If so, what changed your goals?