

Preparing Minority Pharmacy Students for International Health Service

Rosalyn C. King
Jewel Bazilio Bellegarde

SUMMARY. A nine-week internship in international health for a minority pharmacy student is reported. The internship was designed essentially to introduce the student to the WHO concepts of essential drugs and primary health care, to the interaction between primary health care and essential drugs and to explore the role a pharmacist can play in international health.

The internship experience afforded the pharmacy student the opportunity to (1) gather information on the literature of essential drugs and organizations which have programs that relate to essential drugs (2) articulate knowledge gained through the experience and (3) improve his ability to collect, assess and organize information.

This paper describes a nontraditional internship for a Pharmacy student: the International Health and Pharmaceutical Internship of the International Health Institute (IHI) of the Charles R. Drew University of Medicine and Science. The site for the internship was the Institute in Silver Spring, Maryland during the summer of 1990. This nine-week internship was developed in response to the IHI plan to expand the component of its program that related to the provision of essential drugs within its health care delivery projects in developing countries.

Rosalyn C. King, Pharm.D., M.P.H., is Director and Jewel Bazilio Bellegarde, M.A., is Training Coordinator at the International Health Institute, Charles R. Drew University of Medicine and Science. Inquires should be addressed to Dr. King at 915 South Belgrade Road, Silver Spring, MD 20902.

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The internship was designed to:

- introduce the student to the World Health Organization and its concepts regarding essential drugs and health care for all;
- permit student interaction with selected health agencies which undertake essential drugs activity within their health care delivery programs;
- enable the student to explore the configuration and interaction between primary health care and international health; and
- provide additional manpower and in the process to broaden the Intern's understanding of the role a pharmacist can play in international health service.

INTERNATIONAL HEALTH- POTENTIAL FOR PHARMACIST INVOLVEMENT

The concept of primary health care has been seen by many member nations of the World Health Organization as a means to achieve an end: *HEALTH CARE FOR ALL BY THE YEAR 2000*. At the International Conference on Primary Health Care held in Alma Ata, Russia, a definition of primary health care was proposed by the 134 governments in attendance to include, minimally:

1. education concerning prevailing health problems and methods of preventing and controlling them;
2. promotion of food supply and proper nutrition;
3. an adequate supply of safe water and basic sanitation;
4. maternal and child health care including family planning;
5. immunization against the major infectious diseases;
6. prevention and control of locally endemic diseases;
7. appropriate treatment of common diseases and injuries; and
8. provision of essential drugs (1).

Accordingly, many industrialized countries of the world have some or all these elements of primary health care in their assistance programs to developing countries.

In the United States, it is the Agency for International Development (A.I.D.) which is charged by Congress with providing development assistance from the United States to many countries abroad. The above elements comprise a significant portion of federally funded Health, Popula-

tion and Nutrition programs abroad. There are, in addition, many private nonprofit or religious groups which provide development assistance as well. However, the achievement of primary health care goals within the context of privately or publicly funded development assistance programs often requires the integration of several components of health care delivery. The provision of essential drugs is the basis of the pharmaceutical segment of primary health care delivery and this segment is essential to the therapeutic, financial and management success of many such health programs.

Many strategies are now developing which concentrate on the ways in which the pharmaceutical component of health service programs in developing countries can be strengthened. These strategies include:

- focusing on essential drugs (i.e., those basic drugs that are used within primary health care to address the main health problems of a community or country);
- increasing the cost-effectiveness and efficiency of drug procurement and use in health programs;
- expanding the supply and appropriate use of essential drugs to the community level through efficient program planning and management;
- indirectly improving the quantity and quality of pharmaceutical sector infrastructure resources; and
- increasing biomedical research in the pharmaceutical sciences within the context of developing country needs.

In all of these strategies, pharmacists can play a useful, exciting and mutually productive role. However, the content of international health as a discipline worthy of career objectives is not usually taught in our Schools of Pharmacy. For these reasons and others mentioned below, it seemed appropriate to initiate the consideration and exploration of international health as a career pathway.

An experience in international health assistance can:

- broaden a pharmacist's understandings of other countries and cultures as the world becomes a global village;
- provide an understanding of the issues in health care delivery services which must be faced by foreign student peers when they return home;

- yield an interesting comparison and contrast between health care delivery, internationally and domestically; and
- demonstrate additional ways a pharmacist can use his/her knowledge system.

PARTICULAR IMPLICATIONS FOR MINORITY STUDENTS

Minority students of today need to prepare for leadership tomorrow. According to population projections based on the U.S. Census of 1980, the United States, in the 2050s, could become a country in which minorities will approach half of the population (2). As minorities approach this new level, it would be useful if each minority group (and all Americans) could have a broader understanding of the context and cultures from which each "people group" come and of the health issues they bring. One way to obtain this understanding is to participate in development assistance activities abroad.

Further, minority students should be preparing to be represented in the resource pool from which A.I.D. and private groups will draw. The number of pharmacists in international health is small and it is likely that the number of minority pharmacists is minuscule. A survey of organizations and others who hire and train U.S. health professionals for work abroad identified less than 1% of working international health professionals as pharmacists (3). Minority students could make their professional contribution here as well as in other fields of endeavor within the profession of pharmacy. To this end, a mechanism to initiate consideration of international health service as a potential recipient of pharmacist knowledge and skills appeared to be in order.

COOPERATING ORGANIZATIONS

The internship was structured as a program of the International Health Institute of the Charles R. Drew University of Medicine and Science in which the Institute served as a cooperating agency with the Washington Center for Internships and Academic Seminars. Drew, whose main campus is in Los Angeles, California, is composed of a School of Medicine and a School of Allied Health and has as its mission:

to conduct medical education and research in the context of service to a defined population and to train persons to provide care with

competence and compassion to this and other underserved populations. (4)

Its School of Medicine is the only historically Black medical school west of the Mississippi River and is also one of the four predominantly Black medical schools in the United States.

The International Health Institute is the operational unit of the University which has the objective of implementing the mission of the University with respect to international service. Location of the Institute in the Metropolitan Washington area is a factor which facilitates the accomplishment of that objective. The part of Institute programming related to pharmaceuticals included, primarily, technical assistance within projects in support of structuring and implementing a drug supply system for the provision of essential drugs to rural communities as well as the implementation of a twelve week course to train health professionals from developing countries in selected aspects of pharmaceutical supply.

Since 1989, the International Health Institute has been privileged to serve as a cooperating agency and host for four Fellows of the Minority Leaders Fellowship Program during the experiential portion of the program as designed by the Washington Center. The Center is an organization which provides internship opportunities around the Metropolitan Washington area for college students. The Washington Center, founded in 1975, is the "largest independent, non-profit organization that enables students to earn college credit for internships and academic seminars in the Nation's capital" (5). Though the Center strives for at least 20% minority participation in its regular Summer Internship Programs, the Minority Leaders Fellowship Program was created and designed specifically for minority college students with the goals of:

- reversing the current trends among young minority men and women by encouraging them to complete their college educations, and
- preparing them to take leading roles in their schools, their communities and the nation at large.

To be accepted as a Fellow, a student must be nominated by their college, be a citizen of the United States, be a member of a minority group (African-American, Asian-American, Hispanic, Native-American, or Pacific Islander), be enrolled in a two- or four-year accredited institution of higher learning and be in good academic standing. Students who have demonstrated initiative and who were active in their community are especially encouraged to apply.

Applications must survive the rigorous scrutiny of a blue-ribbon panel of academic and professional leaders. Applications are scored for academic achievement, communication and analytical skills, demonstrated leadership or initiative and sense of purpose. Those applications with high scores are accepted. Fellows must then be sponsored by a corporate donor who will cover program and housing fees and a cooperating agency which will provide a practical experience and a stipend. The Center is responsible for matching the students with corporate donors and agencies. Of some 400 applications received in 1990, the Minority Fellows Program chose 57 applicants and this group was approximately 11% of the total number of students in programs of the Washington Center.

At Drew/IHI, a Fellow worked on research for a course geared to professionals from the developing world. Two Fellows researched issues in urban health both nationally and internationally. And, one Fellow explored the ways a Pharmacist can use his/her skills within the context of primary health care in the international setting.

INTERN SELECTION

IHI selected the only pharmacy student in the Washington Center program for this experience. However, we did review his background as presented by the Washington Center prior to his arrival at the Institute. The Pharmacy student selected was one of three minority student Interns who were hosted during the Summer of 1990 by the International Health Institute.

The person chosen was of Asian descent and a Junior from the St. John's University College of Pharmacy and Allied Health Professions. He was the first from St. John's and the first from its College of Pharmacy to be included in the program. The student was also the first Pharmacy student to be enrolled in the Minority Leaders Fellowship Program at the Washington Center.

Prior to the arrival of the Intern, IHI had made a decision to consider the expansion of its program efforts that related to the provision of pharmaceuticals within the international health, developing country arena. In order to expand, basic information was needed to assist in targeting opportunities and prioritizing our response. IHI wished to conduct inquiries of other agencies which had program efforts related to essential drugs. The inquiries to be made would require some understanding of the concept of essential drugs as promoted by the World Health Organization and the role of the pharmacist in primary health care.

THE INTERNSHIP EXPERIENCE

The internship experience was organized and managed in three segments: orientation, implementation and evaluation. During the first weeks of his program, the Intern was oriented to Washington, to the Center and to his program. At Drew, a one-day orientation consisted of an introduction to the University's philosophy, goals and purpose; to the IHI staff, the resource center and other logistical and administrative arrangements. The Intern was introduced to the literature resources on essential drugs and viewed a videotape produced by UNICEF (United Nations Children's Fund) on the topic. A major portion of the day was spent on reviewing the work the Intern was expected to accomplish along with the desired output. The Intern was expected to:

1. Update IHI literature resources on a range of topics related to essential drugs;
2. Make telephone calls or conduct visits to selected organizations in order to:
 - a. identify individuals involved in program efforts associated with the provision of drugs in developing countries and describe their efforts;
 - b. obtain written or other material produced by the organization visited;
3. With assistance, update IHI's data bank by including suitable pharmacy-related questions on the consultant registry forms;
4. Meet with the Director or her designee as requested;
5. Compile the following information into a report:
 - a. an annotated bibliography of materials collected during the internship;
 - b. a list of all organizations contacted along with key contacts, their title and a description of their efforts;
 - c. a mailing list of Schools of Pharmacy worldwide and Pharmacy associations within the United States; and
 - d. other documents produced during the internship.

In general, the Intern was expected to apply and articulate knowledge gained through the educational experience as well as improve his/her ability to collect, assess and organize information.

At the beginning of June, Fellows arrived in Washington for an inten-

sive, ten-week educational program which was both theoretical and experiential, and which exposed him/her to national leaders in many sectors. The theoretical component, one week, preceded the nine-week experience and began with a seminar on leadership theory and skill development. This component continued with nine, weekly seminars which encouraged each participant to develop and recognize his leadership style as well as to discuss the history and culture of minorities in America.

The experiential component consisted of a nine-week, full-time internship at Drew/IHI, which was the cooperating agency. During the first two weeks of his internship at IHI, the Fellow developed, in conjunction with the Institute's Director and Training Coordinator, a Learning Contract which incorporated all of the elements of the detailed scope of work he received from Drew as well as personal objectives which he set for himself. The Intern was also encouraged to attend evening and breakfast lecture/speaker series sponsored by the Center. He was required to participate in an academic course (offered by the Center) one evening per week during the entire ten-week period. The Pharmacy student chose to take a Public Speaking course.

One of the unplanned experiences during the internship was the Intern's attendance at the National Council for International Health annual conference. Several sessions and workshops dealt with issues associated with the provision of essential drugs to populations in developing countries.

The internship experience was managed by the Director of the Institute, a public health pharmacist. The Training Coordinator maintained day-to-day supervision. The Fellow was given desk space within IHI offices and participated in staff meetings. General personal/logistical support, however, was managed by the Center. This included housing and other backing such as career planning service, guidance and counseling. These were available, as needed, from the Center through a staff liaison who organized student life activities, tours and field trips.

INTERNSHIP EVALUATION

There were three assessments during the internship. The first was the development of a learning contract which outlined the goals, objectives and ground rules of the internship. This exercise gave an early indication of the Fellow's assimilation of the content of the concepts emanating from the orientation and early discussions at Drew/IHI. The student documented his understanding of Drew as a University and IHI as one of its

components, listed the substantive knowledge he would gain from the experience, indicated the duties he would perform while at IHI and who would supervise and evaluate his performance. This contract was agreed upon by the Fellow, Drew and the Center.

A mid-point evaluation, designed to review the Intern's progress in fulfilling the learning contract, was carried out using a structured format. The areas examined were the internship environment at Drew/IHI, the general growth of the intern and the perceived increase in his level of skills and application of knowledge. In each area, the rater, on a scale of 1 to 5, specified whether or not there was improvement needed (scale of 1), progress was satisfactory or progress exceeded expectations (scale of 5). The evaluator could also make general comments regarding productivity.

There were three parts to the final evaluation: the Drew/IHI evaluation, the site visit of the Faculty Advisor who served as the Dean of St. John's University College of Pharmacy and Allied Health Professions and the overall evaluation by the Washington Center. Drew/IHI Fellows were required to make an oral presentation to the staff of the Institute and to submit a report along with supporting documentation as detailed in the original scope of work. Drew combined the site visit of the Dean with the requirement for an oral presentation. Drew's ending assessment centered largely on the extent to which the goals and objectives, as detailed by the student in his learning contract and by Drew in the scope of work, were documented and achieved. The Director of the Institute was asked by the Washington Center to recommend a grade to the Intern's faculty advisor.

CONCLUSION

It was evident that the Fellow had a positive view of the total experience. He stated in his departing reflections that "I have gained a greater understanding of Pharmacy and International Health. It is hard to consider that three-fourths of the world's population belong to the developing world yet international health is considered a small field in the health care professions" (6).

There has been an important introduction and exposure to ways in which he can use his professional skills to serve, if he wishes, with competence and compassion, to underserved populations wherever they may be. International service can now be viewed as a viable career option. This view can be shared by the Intern with his peers and others within

his educational and community environment as he moves to continue his leadership role.

Having hosted the Minority Leaders Fellowship Program over the past two years, The Charles R. Drew University of Medicine and Science is further along in expanding the pool of minority leaders who serve the underserved wherever they are encountered. Unfortunately, plans for program expansion using the data derived from the internship were curtailed due to a lack of funding. It may be continued once adequate funding is identified.

It is hoped that this paper serves to nudge the profession of Pharmacy to take a closer look at International health as a potential career option for pharmacy graduates whose personal and professional interests meet at the juncture of the professions of pharmacy and public health.

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