ADVANCING STUDENTS' EDUCATIONAL EXPERIENCES WITH INTERDISCIPLINARY SERVICE-BASED LEARNING: IMPACTING SPECIAL NEEDS COMMUNITY

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ABSTRACT

The purpose of this reflective practice paper is to describe the Special Olympics Arizona MedFest partnership with Grand Canyon University (GCU) and the impact this has on athletes, students, and volunteers. MedFest events provide free physicals to Special Olympics athletes in need. By utilization of principles of service-based interdisciplinary education, undergraduate, and graduate students from GCU's College of Nursing and Healthcare Professions, had the opportunity to utilize skills learned in the classroom to make a positive impact on the community around them. This reflective practice paper will provide insights to the MedFest event, hurdles faced, recommendations for future MedFest events, and future research to occur.

STATEMENT OF PROBLEM

The purpose of the Special Olympics MedFest event was to provide sports physicals to Special Olympic athletes from Title 1 schools who might not be able to receive a physical screening otherwise. The MedFest events were developed by the Special Olympics in order to ensure that this vulnerable population of athletes was screened by a medical provider free of charge at least once every three years (Special Olympics, 2018). In the fall of 2018, 374 sports physicals were donated to athletes of the Special Olympics who came from Title 1 schools in Phoenix, Arizona by healthcare professionals and students from GCU in two separate events. While the Special Olympics provides an outline of what should be included in the physical screenings, how exactly these screening occur is up to the individual groups who are hosting the events. 2018 was the second year that this author had partnered with the Special Olympics to host the event, and the first year as the MedFest Clinical Director.

In 2017, 223 sports physicals were provided to

hree stage of the gymnasium by Nurse Practitioners (NPs) from GCU, NP students from GCU, and local Physicians from Phoenix Children's Hospital. The physicals were conducted in a draped-off area to provide a semi-private environment for the screenings. Results indicated due to the amount of people and noise that occurs in a gymnasium setting, the athletes were having trouble focusing and remaining calm, and the medical providers had difficulty completing comprehensive assessments due to the distractions and lack of privacy. In order to create a better environment for the

physicals to occur for the fall 2018 session, this author began in the spring of 2018 to investigate

athletes in a gymnasium at a facility in Phoenix,

Arizona that is designed for individuals with special

needs. Vital signs and vision screenings occurred

on the gymnasium floor, conducted by GCU

students who were in either the athletic training or

pre-licensure nursing programs and who have been

deemed competent to conduct these tests prior to

arrival. Physical screenings were completed on the

different locations to utilize for the physicals. Due to space constraints, physicals were not initially able to be conducted at GCU's campus. When the author went back to the facility, a secondary room was identified in addition to the gymnasium that could be utilized for the physicals. It was proposed for the fall 2018 MedFest screening event, the physicals would occur in a smaller secondary room with the use of the dividers and the vital signs screenings would be completed in the gymnasium along with a waiting area for the athletes before the screenings. What organizers did not anticipate was the number of athletes that would arrive for physicals to be conducted.

In the fall of 2017, 400 athletes were registered for the event and only 223 arrived to participate in the physical event. When organizers were planning for the fall of 2018, the enrollment was intentionally capped at 300 athletes, with the assumption that there would be a significant amount not show up. On the day of the event, there were over 400 athletes, and there were over 100 athletes turned away due to physical constraints of volunteers and facility. Since 70 of these athletes were from extreme poverty areas, a second day of physical screenings was organized. The second day of physical screenings occurred on the GCU campus in a newly constructed simulation space for the NP programs. This simulation space has nine private rooms, so athletes and providers were able to have privacy to complete comprehensive assessments.

The goal of this author's participation in the MedFest event was not only to provide physicals to Special Olympics athletes in need, but also to create a transformative, interdisciplinary learning environment for healthcare students within to learn and grow. Service-based learning is a learning activity that combines community service and academic learning activities in one environment (Morin Farile et al., 2017). Service-based learning allows for the participants to be civically engaged and meet the needs of the population (Morin Farile et al., 2017). In this case, Special Olympics athletes from Title 1 schools, while learning more about their profession at the same time. The Special Olympics MedFest events also utilized interdisciplinary skills as students from NP programs, pre-licensure nursing, athletic training, and the university's health care career club participated in the screening process. Interdisciplinary education

is a collaborative learning environment in which students from two or more different healthcare programs work together in order to positively impact the population served, in this case Special Olympics athletes (Isibel et al., 2018; Jones, Li, Zomorodi, Broadhurst, & Weil, 2018; Kurowski-Burt, Evans, Baugh, & Utzman, 2017). The purpose of this reflective practice paper is to discuss how the use of the Special Olympics MedFest event created an interdisciplinary, collaborative learning environment for students in healthcare programs to serve athletes with special needs. This paper will also address unforeseen challenges that occurred and provide suggestions and recommendations for future MedFest events.

STATEMENT OF PURPOSE

This reflective practice paper is examined through the lenses of Knowles's Theory of Andragogy (Knowles, 1990) and Burns Theory of Transformational Leadership (Bass, 1999). Knowles's Theory of Andragogy (1990) is based on the following four premises: the adult learner must be actively involved in the learning process, the adult learner's experience provides the foundation for new knowledge, new knowledge must be relevant and impact the learner's lives, and the learning is problem centered. Through the utilization of service-based, interdisciplinary education, undergraduate and graduate healthcare career students from GCU were able to see how the skills they were learning in the classroom could be applied to serve the Special Olympics athletes. Additionally, undergraduate students had the opportunity to network with graduate students who are already working in the healthcare fields to have a better understanding of the careers that they are studying. Graduate students had the chance to practice their skills with instructors and professionals to provide feedback on ways to improve the assessment process. All students had the opportunity to serve and work with individuals who had conditions that are not typically seen in the clinical setting.

Burns' Theory of Transformational Leadership (Bass, 1999) refers to leadership that moves the follower beyond their immediate selfinterest through idealized influence, inspiration, intellectual stimulation, or individual consideration. Additionally, Transformational Leadership increases the follower's level of maturity and ideals, as well as concerns for achievement, self-actualization, and the well-being of others, the organization, and society (Bass, 1999). By organizing the Special Olympics MedFest event, this author wanted to transform the participants to see the bigger picture of what a career in healthcare is about. Participants were made aware of economic disparities that these athletes faced, in addition to their medical and emotional conditions. Participants were also made aware that the purpose of the MedFest event is to provide screenings to these athletes who might never see a provider outside of this event due to disparities. By understanding what other individuals face, the emotional maturity of the undergraduate students was increased while instilling in all participants the importance of serving the community around them.

Reflecting over the Special Olympics MedFest events through the lenses of Knowles' (1990) Theory of Andragogy and Burns' Theory of Transformational Leadership (Bass, 1999), will help to provide insight on the lived service-based learning experience for the participants. Also, by utilizing a transformative leadership approach to the evaluation of the MedFest event, leadership considerations for this event as well as future events will be discussed in this reflective practice paper.

ACTIVITY/PROJECT DESCRIPTION

The Special Olympics MedFest events are free events designed to provide sports physical screenings to Special Olympics athletes in need who might not otherwise be able to be seen by a medical provider (Special Olympics, 2018). This author's first partnership with the Special Olympics MedFest events started in 2017 when contacted about finding students and providers to help provide these screenings. In 2017, 223 physicals were donated to Special Olympics athletes in Phoenix, Arizona who came from Title 1 schools. GCU had undergraduate and graduate student volunteers present to help with the screenings, along with providing additional NPs to help. Phoenix Children's Hospital provided physicians to help donate physicals as well. In 2017, physicals were done in a gymnasium of an establishment for individuals with special needs. The vital sign screenings occurred on the gymnasium floor, and the physicals conducted on an elevated stage area that had cloth dividers utilized to create separate,

semi-private spaces for the physicals to occur. The logistics of the location were a problem, as the open nature of the gymnasium caused an environment of increased stimulation, causing difficulty for the athletes to focus. Additionally, providers had a difficult time trying to conduct comprehensive assessments on the patients due to lack of privacy and increased noise distractions.

Given that the physicals were on an elevated stage, there were problems with moving athletes who had physical impairments to their designated areas, which lead to some physicals completed in a non-private setting (athletes were never subjected to anything that would be deemed inappropriate and were completely clothed for the entire assessment). Additionally, any athlete that had physicals performed by GCU NPs had to have GCU parental consent signed confirming ability to treat (this is the same consent to treat that is used at the GCU Canyon Health and Wellness Clinic for students under the age of 18). The consent to treat was to ensure that parents were providing consent for the screenings to occur. Medical histories were to be completed by parents before the day of the event to ensure that histories were accurate. During the 2017 event, it became apparent that changes were going to need to be made for future events to ensure success for all participants involved.

In 2018, this author became a MedFest Clinical Director in order to establish a firm foundation for future events. By becoming the MedFest Clinical Director, the Phoenix, Arizona events were allowed to have grant funding allocated to them from Special Olympics nationally. This funding allowed for the purchase of folding massage tables to be used as examination beds, (in the previous year there were no exam tables—only chairs were used), lunches and water for volunteers, as well as the purchase of additional games, T-shirts, and disposable materials needed to conduct the physical assessments. The grant funding also covered liability insurance for the providers who conducted sports physicals for the athletes on the day of the event.

In addition to funding, in 2018 volunteer coordination was increased. This author utilized the website Sign-Up Genius to have volunteers pre-register for the event. Two categories were created for volunteers to enlist under a provider category (for NP and Physician Assistants [PAs]) and vital sign screening (for undergraduate and graduate healthcare students and GCU faculty who were not advanced practice registered nurses). In each category, the individual would list their name, availability, and skill set. If the individual did not have skills in vital sign screenings, the individual identified this as well. Volunteers who had experience with event organization and project management were utilized to organize the sign-in tables to ensure that all required forms were filled out completely and consents were signed before access to the event was granted. If a form was missing, the sign-in desks would staple a red colored paper to let the providers know something was missing from the packet. This reduced any confusion about how medical histories were obtained and if consent to treat was given. Additionally, the providers were able to make informed decisions on ability to treat the athletes that were to be seen. At the registration table, volunteers confirmed with participating schools how many athletes were brought.

Special Olympics contacted Title 1 schools who had sports teams in August to inform them about the upcoming MedFest screening event. At this initial point of contact, the schools would list if they were interested and how many athletes they planned to bring to the event. Before contacting the schools, it was decided to cap enrollment at 300 athletes. The reason 300 athletes were chosen as a cap, was that in 2017, 400 athletes registered but only 223 arrived for physicals. Both this author and leadership from Special Olympics predicted a significant number of participants to not show up to the event. One week before event, Special Olympics staff contacted participating schools to confirm registration and athlete numbers to keep the event capped at 300 participants. Each school was given a staggered arrival time to ensure the flow of participants during the event. At the day of the event, registration staff noticed that schools brought a significant amount more of athletes than they had initially registered and were not arriving at the designated time slots. Due to this increase in participant numbers, approximately 100 athletes were turned away at the event, and a second day was scheduled for 70 athletes from an area of extreme poverty near the GCU Phoenix, Arizona campus.

Undergraduate healthcare students and faculty were in the gymnasium conducting vital signs and vision screenings for the participants. Undergraduate faculty were instructed to be a resource for any of the students that may need help, but to allow a bulk of the event to be conducted by the students in order to foster interdisciplinary relationships. Graduate Nurse Practitioner (GNP) students initially acted as a resource for the vision and vital signs screenings but were also informed they would be able to help with physical assessments once the event started and the undergraduate students were comfortable with the tasks to be completed. During the first event of 2018, GNP students worked one-on-one, side-by-side with NPs and PA's to provide the physical exams. Day two of the event occurred on GCU campus grounds in the NP clinic simulation space that provided nine private patient rooms to be utilized for the event. Due to the different location for day two of the event, GNP students who were in clinical placements performed assessments of patients like they occur in the clinical setting and reported their findings to NP faculty and volunteers to confirm findings. Through the supervision of FNP and PA providers, GNP students were able to refine and understand their physical assessment and diagnosis skills. This allowed for the GNP students to understand the full scope of the NP role.

Day two of the event occurred at GCU in a newly developed clinic simulation space that was designed to represent a primary care office. There were nine private rooms that providers and students were able to utilize to provide physicals for the athletes. Registration was at the entryway to the building, and a study room was converted into an area for the athletes to color and play tabletop games. In the hallways of the building, height and weight were obtained, and once the athletes were brought to the room for the physical, vital signs were obtained and the FNPs or GNP students would enter the room to conduct the physical. GNP students would report their findings to an FNP for confirmation. By utilizing private rooms to perform physicals, athletes felt comfortable, and providers were able to provide a more in-depth assessment of the athlete. Day two was limited to the athletes who were turned away from day one, and a total of 77 physicals were completed. Before the event, this author sent a Loom video to the schools who were participating, showing where the event was to occur and providing detailed instructions on how to get to the location. GCU events had signs placed the day of event to further provide clarification of location. Because of signs present on campus, students and

point to come to the event and provide support and encouragement for the event.

REASONS FOR PROBLEM

MedFest events were designed to ensure the vulnerable population subset of Special Olympics athletes who came from limited funds, were provided medical screenings at minimum once every three years (Special Olympics, 2018). Without the MedFest events, some of these athletes might not have seen a medical provider due to limitations either with funds or transportation. The purpose of the MedFest event is to ensure the physical health of these athletes and to bring attention items that need to be addressed (Special Olympics, 2018). While Special Olympics provides the physical form, how these events are run is ultimately up to the organization and volunteers. After the 2017 event, this author wanted to ensure that privacy was maintained and stimulation was reduced, which is why in 2018 the first event occurred in two separate areas. By utilizing a separate space for physicals to be performed, the athletes had privacy and reduced stimulation.

Additionally, volunteers ensured a limited number of athletes to come to the physical area to ensure privacy. The second event occurred in private clinic rooms, which was ideal for both providers and athletes. The private rooms allowed for providers to hear and conduct assessments in a manner to ensure all findings found were accurate (i.e., murmurs). Additionally, the private rooms allowed the athletes to be comfortable in the assessment process.

The number of athlete participants. In 2017, over 400 athletes were registered for physicals. However, only 223 showed up the day of the event. Due to this, in 2018 the decision was made to cap athlete participation to 300 with the assumption that 100 athletes would not show. The day of the event, 374 physicals were completed and over 100 athletes were turned away. Seventy-seven athletes from the most economically challenged areas were given physicals on a second day. It was discovered that schools participating did not provide SOAZ with the actual number of athletes they were bringing. Additionally, other schools found out about the event and arrived without registration. The schools that registered had different time slots, but on the

day of the event, schools arrived at different times, not necessarily the times that they were scheduled. This created a problem in participant flow, provider availability, and quality of the experience.

DECISION

Special Olympics MedFest events provide physicals to low-income athletes who might not otherwise have this health screening. Based on the experience from 2017, this author and Special Olympics Arizona (SOAZ) leadership wanted to provide an enjoyable experience for all participants. The decision was made to have physicals occur in a separate space than the pre-screening area to reduce stimulation for the athletes. By having separate spaces, this allowed for a decrease in stimulation, which improved the experience for participants this year. However, due to the utilization of cloth dividers to create rooms, there was still noise stimulation in this area. Additionally, for part two of the event, use of GCU's NP simulation space was crucial for ensuring that the participants had private rooms. Using GCU's NP simulation space was the ideal scenario as the private rooms allowed for provides to conduct a more in-depth assessment and for the athletes to have a reduced stimulation environment.

For the 2018 event, the decision was made to cap participation at 300 athletes with the assumption that 100 athletes would not show, based on 2017 data. However, 2018 had over 300 completed physicals and the need for a second day. Because of the number of athletes that arrived at the event, tough decisions were made. Schools that did not register, brought more than expected, or arrived late were turned away. On the day of the event over 100 athletes were turned away due to time limitations. There were not enough volunteers and providers to handle the increased expected demand. The number of participants was a factor that needed to be evaluated during the event due to the complications this posed.

In 2018, this author had GCU representatives at the sign-in table to ensure all documentation was completed before arrival. If documentation was missing, the person at the sign-in table stapled a red paper to the front of the papers. This red paper allowed the providers to know that something was missing from the documentation and gave them the personal freedom to choose if they were going to sign off on the physicals or not. The consent to treat form was most commonly forgotten. By utilizing the practice of color-coding athlete records, it allowed for a faster decision to treat.

REFLECTIVE CRITIQUE

Reflection allows for the individual to understand what went well in a process and where to improve. By having two different days in 2018, this author and SOAZ have decided that future events will occur on two different days. The two different days allowed for smaller numbers and a controlled setting. Additionally, more volunteers had the opportunity to participate than would initially have. By offering a second day, this allowed leadership to investigate different ideas for future events. With the second day occurring at GCU in the NP simulation space, this allowed for GCU students, faculty, and NPs to volunteer as their schedules allowed them, which created an ideal volunteer situation.

Having separate areas for students to wait while getting their physicals reduced the environmental stimulation. The separate spaces caused a better experience for all participants in 2018. The NP simulation space created an ideal environment as it gave private rooms for the participants, so an indepth physical was able to be obtained. In future events, it would be ideal to conduct this event on the GCU campus again for privacy and volunteer availability. The utilization of an additional classroom would be encouraged so the athletes can have a waiting area that is not in the hallway to reduce potential disruptions to faculty and students who are not participating in the event.

Volunteer and athlete sign up. Future volunteer sign-up would continue with Sign-up Genius. Sign-up Genius allowed for facilitators to be able to see who would be volunteering and their exact availability. Additionally, communication to volunteers was convenient as Sign-up Genius allowed users to send mass emails to participants. Athlete registration was a complicated process in both 2017 and 2018. The schools did not provide accurate numbers of their participants either year, which caused difficulties for staffing both years. For 2019, it is being discussed to have two smaller events (100-150 athletes total for each event) hosted on the GCU campus where schools provide the individual participant's names before arrival to ensure a number of total participants. Schools will be informed that if they bring people who are not individually registered, they will not receive the physicals. Registration of individual athletes will occur with SOAZ before the event and confirmed the day of event. Schools will be registered in staggered arrival slots to allow for time for screenings to occur. With GCU NP simulation space having nine rooms, utilization of nine providers would allow for up to 16 athlete physicals to occur per provider. With a limitation of 150 athletes, an event creates an achievable pace for the providers and volunteer staff to work with, compared to the over 300 athletes screened in 2018.

Future recommendations would include the impact that this experience has on the student volunteers, both graduate and undergraduate, leading to several questions. After completing a service-based learning project, do the student participants have a better understanding of interdisciplinary education? Do the student participants feel increased confidence in the skills they are learning? Finally, how does service-based learning experiences impact the participants? There is limited research about interdisciplinary service-based learning and the effects it has on the participants. This author recommends that future research address this gap.

CONCLUSION

Special Olympics MedFest events provide physicals to Special Olympics athletes in need. By creating a service-based learning experience, GCU and SOAZ were able to meet the needs of the athletes and students who participated in these events donating over 600 physicals in two years of official partnership. By reflecting on the experiences of 2017 and 2018, steps have been taken to make future events even more successful for all participants. It is recommended that the future research is conducted to evaluate the effects the SOAZ MedFest has on the student participants in hopes to show how both the students and athletes benefit from this service-based learning activity.

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