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Cover Page Footnote

Dr. Mospan would like to thank Antonio Ciaccia, Director of Government & Political Affairs, Ohio Pharmacists Association for his knowledge and expertise in developing her as an advocate for the profession of pharmacy.

Developing Students as Advocates through a Pilot Advocacy Curricular Thread within a PharmD Curriculum

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Abstract

There is a need for education about and development of advocacy skills within student pharmacists. Pharmacy literature describes experiences incorporating advocacy education within curricula; however, these are often singular, limited experiences. To increase student pharmacists' awareness, knowledge, and skills, effective advocacy curricular threads are necessary within curricula. This paper provides rationale for the need for a greater emphasis on development of these skills within student pharmacists, evidence of curricular experiences surrounding advocacy from the literature, initial observations from a piloted curricular thread at one school, and implications for the academy.

Keywords: legislative education; advocacy; healthcare; pharmacy curricula

Introduction

Traditionally, legislative advocacy education has not been stressed or incorporated within pharmacy curricula, similar to many other healthcare professional programs. In 2009, a white paper was released by the American Association of Colleges of Pharmacy (AACP) for a Curricular Change Summit. It proposed important considerations and inclusions of competencies for curricula of the future. The authors called for the development of 5 required abilities, noting the potential for the most important competency to be related to "leadership, advocacy, entrepreneurship, and serving as a catalyst for positive change." Despite previous notions that legislative advocacy cannot be taught, the authors stressed the importance of both didactic and experiential curricular components in provision of opportunities for students to learn, practice, and receive feedback on these skills.¹ When evaluating challenges to legislative advocacy in pharmacy's past, it was noted that pharmacy student personalities have traditionally not been immensely proactive.²⁻⁴

With the release of the new CAPE (Center for the Advancement of Pharmacy Education) Educational Outcomes

in 2013, a new domain was introduced: Domain 4 (Personal and Professional Development).⁵ Since the release of the revised CAPE Outcomes, this new domain has also been incorporated into the ACPE (Accreditation Council for Pharmacy Education) "Standards 2016" as part of Standard 4.⁶ Many of these new domains connect with the development of advocacy knowledge and skills (i.e. 4.2 Leadership, 4.3 Innovation and Entrepreneurship, and 4.4 Professionalism). With current job markets and potential limitations to the expansion of the role of the pharmacist due to lack of provider status and reimbursement mechanisms, incorporation of legislative and advocacy topics within a PharmD curriculum can also connect to Domain 3 (Approach to Practice and Care) through 3.1 Problem Solving.

This article describes the importance of a curricular thread focused on legislative advocacy. Previous literature has provided a basis for strategies to integrate legislative advocacy into pharmacy curricula; however, these were often singular events or elective course opportunities. The purpose of this article is to describe an approach to legislative advocacy education, our experiences in developing innovative core curriculum exercises, how we move advocacy education forward with greater emphasis in curricula, and methods for inquiry into successful educational strategies and their impact.

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Existing Understanding of Advocacy Education

We first started with evaluating perceptions and definitions of advocacy within the profession of pharmacy and within pharmacy education. Bzowycyk and Janke developed a consensus definition for advocacy as follows: “An ongoing commitment to advancing the awareness of the value that a pharmacist provides to the health and wellbeing of society by actively supporting and communicating that vision concisely to opinion leaders, elected officials, decision makers, potential partners and any other audience in order to influence their perspective and ultimately have them speak and/or act on your behalf.”⁷

Multiple editorials have discussed the importance of pharmacist engagement within the legislative process,⁸⁻¹⁰ advocacy has even been titled the *essential competence*.⁸ Boyle has long been a voice for the critical need of pharmacy education to prepare students as effective advocates, just as we develop competency in pharmacy practice skills.^{8,9}

Despite new emphasis on leadership and professional development skills within CAPE outcomes⁵ and ACPE standards⁶, legislative and advocacy topics are still a minimal part of PharmD curricula. Blake et al. noted that accreditation standards require students to learn the laws that govern pharmacy practice and regulatory issues, but they don't necessarily focus on educating students on methods to change them. Blake called for education that demonstrates the impact of involvement in pharmacy organizations to affect change in regulatory, policy, and legislative issues.¹¹ There is evidence of successful models for developing policy and advocacy skills within the PharmD curricula; however, this is primarily based within elective courses.^{11,12} Adams et al. have discussed a novel method for teaching and enhancing student advocacy through an in-person student advocacy training program hosted by the National Association of Chain Drug Stores (NACDS). The “Academy” was a two-day program hosted annually in Washington, D.C., combining didactic instruction on the legislative process, communication with policymakers, and current legislation, while incorporating active-learning through mock congressional visits.¹³ The event culminates with legislative visit. While this has proven to be an effective and valuable learning tool, it is not a feasible method for educating all student pharmacists.

Within the core curriculum of PharmD programs, little is known about incorporation of legislative and advocacy topics.¹¹ Smith et al. have described a successful project within a pharmacy law and ethics course where pharmacy students were required to propose changes in state laws regarding the practice of pharmacy. While learning about pharmacy practice regulations and the policy analysis process, student groups learned methods for positively affect change in pharmacy laws. Ultimately, student presentations

to the state board of pharmacy resulted in change in pharmacy law.¹⁴ These strategies provide successful snapshots of advocacy training, but are providing advocacy-related training for subsections of student pharmacist populations. The academy should move towards developing educational approaches to ensure all student pharmacists are prepared to advocate for their profession.

Pharmacy and the Legislature

A small proportion of our legislators have a medical background; even less have a pharmacy background. As such, these legislators rely on lobbyists, special interest groups, pharmacy organizations, constituents, and limited research to develop legislation and determine his/her vote on legislation. Membership of the 114th Congress included only 33 medical professionals: 18 physicians, three dentists, three veterinarians, three psychologists, one optometrist, four nurses, and one pharmacist.¹⁵ Comparatively, 33 medical professionals were also represented in the 112th and 113th Congress; however, neither of these congressional bodies, included pharmacist representation.^{16,17} Thus, every decision that affects our profession should be considered by pharmacists as a political decision, and should spur interest and involvement in the legislative process.¹⁰

Presence of a collective, cohesive voice within the profession of pharmacy is critical.^{10,18} Our healthcare system is dynamic, with constantly evolving legislation and regulations. By bringing expertise as medication experts into the legislative and regulatory process and negotiations, pharmacists can have substantial impact on decisions that promote safe, effective, and cost-saving healthcare.¹² It is commonly noted “if you're not at the table, you're on the table.” There has never been a more critical time for pharmacy to provide a strong, collective voice to our role on the healthcare team and the benefits we offer. When considering current advocacy education in the face of the legislative process and legislators' knowledge of the role of the pharmacist, the academy itself must recognize the critical importance of developing competent advocates just as we prepared competent clinicians.

Learning from other Healthcare Professionals

Several other health professions have called for a greater role of members in the policy and advocacy process, including medicine, nursing, and dental hygiene.¹⁹⁻²³ The profession of nursing has a long history of advocacy and may be the best example of politically aware and engaged health professional citizens. Maryland et al. recognized the knowledge, experience, and skills of nurses make them excellent and capable advocates. With their patient care experiences, they can impact public policy. When they engage in the advocacy process, they can create change to continue to improve healthcare access and quality. It should be a professional

obligation to strengthen policy and advocacy skills to influence policy to better serve patients.²³ We argue that this applies to the profession of pharmacy as well, and we must see the same level of engagement within the profession of pharmacy.

Educational interventions within a dental hygiene program developed familiarity with the legislative process, and students recognized the value of a political voice, while developing the skills necessary to be politically aware.¹⁶ Within this educational intervention, dental hygienists participated in a stepwise, layered legislative advocacy project. The stages included assessment, planning, implementation, and evaluation.¹⁶ Within the field of medicine, it has long been debated whether advocacy skills should be incorporated into undergraduate, graduate, or continuing medical education.^{17,18} Many have called for exposure to healthcare policy and advocacy within medical education, in order for medical graduates to share an ethical responsibility to shape policy during a time of immense change and flux within healthcare.^{17,18} Schools and colleges of pharmacy must create the same results within our student pharmacists.

Experience Creating a Curricular Thread of Legislative Advocacy Education

Since its publication in 1956,²⁴ the Taxonomy of Educational Objectives by Bloom et al. has provided educators a system to classify goals and objectives under major categories in the cognitive domain. In 2001, the original taxonomy was revised by Anderson et al.²⁵ to include 6 terms, allowing for overlap and the ability to build upon on each other. These are designed to show the six levels of the cognitive process and include remember, understand, apply, analyze, evaluate and create.²⁶

During a period of curricular revision, three courses were identified as opportunities to include legislative and advocacy training. These courses were Pharmacy Law and Ethics during the second professional year, Contemporary Practice of Pharmacy (CPOP) during the third professional year, and Integrated Environment for Applied Learning and Skills course (IDEALS), also during the third professional year. Each of these courses are quite different in course focus and teaching methodology and therefore allowed for various student experiences to be incorporated, as well as various methods of instruction to be utilized. This collection of courses permitted the design of progression through the steps of cognitive learning, in an effort to develop our students into advocates with a strong understand of the policy process and the need for their involvement.

Remember and Understand

Within Pharmacy Law and Ethics, a one and half hour lecture was delivered covering basic principles of civics, history of pharmacists' involvement in public policy, common legislative terms and procedures, and a short discussion of current pharmacy-related state and federal legislation. This served as an introduction to professional policy and advocacy, primarily focusing on the process of ideas becoming policy or legislation and the effect on pharmacists, patients, and the healthcare system.

Apply and Analyze

Contemporary Practice of Pharmacy (CPOP) is a course that runs throughout the entire curriculum and is designed to focus on the practice of pharmacy, promoting the ideals of the profession, and student self-discovery of the attitudes, values, and habits that form the foundation of the profession of pharmacy. During the third year, the course is designed to facilitate the student's consideration of his/her future practice setting. Some areas of focus for this course include professionalism, career exploration, management and business skills, and health systems. During the third professional year, the focus of the course is management: practice management, health-systems management, career management and finally professional management. Principles of advocacy are included in the professional management portion of the course.

Prior to coming to class, students were required to post on a discussion board their thoughts or experiences, good or bad, with the Patient Protection and Affordable Care Act of 2010. In addition, they were required to reply to one classmate's post, in hopes of stimulating thoughtful reflection, interaction, and discussion. This encouraged students to develop an opinion regarding a well-known piece of legislation. Faculty selected this act due to its history of stimulating strong personal views of healthcare, ability to illustrate key legislative concepts (i.e. additional of smaller legislation in larger bills that are likely to pass), and to demonstrate the importance of political engagement due to the impact these laws have on pharmacists personally and professionally. During the class, faculty discussed several posts to fuel discussion; highlighting popular thoughts and opinions, unique viewpoints, and well-presented arguments. Discussion during this experience moved the focus from principles of policy and advocacy covered during the Pharmacy Law and Ethics course to application of those principles and real legislative issues during CPOP. Students were pressed to question the effects of proposed legislation on patients, pharmacists, other healthcare providers and the healthcare system. The effect professional organizations and other interest groups have on the legislative process was also examined. Finally, student were introduced to opportunities for advocacy, including professional organizations, but also

individual advocacy opportunities via personal relationships, letter writing, and legislative visits.

Evaluate and Create

The third and final experience was in the Integrated Environment for Applied Learning and Skills (IDEALS) course. The focus of this course is hands-on application of knowledge and development of skills. This two-hour experience was designed to meet four objectives. By the end of the experience, students were expected to be able to: (1) describe the legislative process, (2) construct an effective legislative ask, (3) compose an elevator speech, and (4) examine various methods of legislative advocacy to create an effective message. In 2013, Gohlke and colleagues published a primer in the *Journal of Pharmacy Practice* that walks through “igniting the fire for political advocacy” and becoming involved.²⁷ While designed for practicing pharmacists, many of the insights and tools provided were easily transferrable to student pharmacists. The lecture and discussion portion of the laboratory experience integrated key concepts discussed in this primer to assist students in learning to affect change in their profession, community, and healthcare system collectively.

In order for student pharmacists, and pharmacists, to be effective agents of change, they must know: (1) what they are asking for and why they are asking for it, (2) how a legislator's constituents would benefit from that ask, (3) how to provide evidence to support why their ask is needed, and (4) how to provide a specific ask that can result in an action item. Our curriculum was designed to develop these four skills. To be successful in legislative advocacy, one does not need to be an expert of the legislative process. Student pharmacists must know legislative decision points and be able to identify members of key health committees. There are two key concepts for successful legislative advocacy: (1) strategic thinking and (2) relationship building.²⁸ Our discussion focused on those strategies. The purpose, components, and development process of creating a white paper, an elevator speech, and a legislative letter were reviewed. Advocacy elevator speeches are short summaries of a person's perspective, designed to be delivered concisely to a decision maker in any setting. Ideally, the message should be delivered in the time it takes to ride in an elevator, 30 seconds. Speeches should include who you are and what you do as a pharmacist, what you are interested in doing, and how you can be a resource to patients/constituents. Students then selected a current piece of proposed healthcare legislation and wrote a legislative letter or script for an elevator speech focusing on that particular bill.

A rubric was developed to assess student preparation of an elevator speech or letter. Students were asked to: know the issue, make a position clear, provide a personal

story/anecdote, advocate for themselves as an important viewpoint/perspective, discuss impact on general constituents and provide a specific ask. In addition, students were required to research their selected bill and identify their legislator, in order to effectively complete the assignment. Each completed assignment was reviewed, graded, and feedback was provided. Additionally, students were encouraged to send their letters or schedule a visit with their legislator's office to incorporate their elevator speech into a legislative visit. Overall, this exercise allowed for students to begin grasping key concepts of communicating with legislators. There were mixed responses to the course evaluation's statement: “enhanced my understanding of the legislative process and how to effectively interact with my representation (31.4% strongly agreed, 28.6% agreed).” However, students performed well on the assessment with an average score of 93.79%. There were a few outliers, these may represent disengaged students who have assumed negative perceptions of this topic coming into curricular experiences.

Insights and Implications for Advocacy Education within a PharmD Curriculum

Impact of Advocacy-Related Skills

Our curricular efforts were not robustly assessed for development of student competency, student perception, or effects on professional activities/action. Further efforts should be made both at our institution and in the academy to evaluate the impact of various advocacy-related experiences, whether they are state legislative advocacy days, core curricular experiences, or elective course experiences. Are student perceptions changed? Do they practice advocacy regularly? Is this maintained as they transition from student to practitioner? Do these effort result in greater professional and legislative leadership? We certainly respect this as a limitation of our work to date; none of these questions are answered. By creating a curricular thread with increasing cognitive levels, the goal was to ensure student pharmacists were able to develop necessary skills to be an effective advocate. The academy must work at institutional and national levels to create a body of evidence to determine the return on investment of these curricular experiences, which are most effective, and best practices for implementation.

Thirty-five of 83 students (42%) completed the course evaluation. When asked if the legislative ask lab enhanced their understanding of the legislative process and how to engage with representation, students were nearly evenly distributed between neutral (28.6%), agree (28.6%), and strongly agree (31.4%). Three students reported strongly disagree (8.6%) and one disagree (2.9%). Unfortunately, faculty were not given the opportunity in other course evaluations for assessment of the advocacy activities. Several students approached the faculty after class asking how to

register to vote, how to send their letter, and thanking faculty for this lecture. In addition, several students even forwarded faculty correspondence with their legislator. In the future, faculty need to make individual assessment efforts for each curricular experience within each course to assess for strengths, weaknesses, and student perceptions.

Within the year of implementation, three students performed visits to US Congress and five students visited the Tennessee state legislators to lobby for pharmacist-related issues. Additionally, there has been an increase in students pursuing and obtaining state and national leadership positions within professional organizations that place a strong focus on advocating for the pharmacy profession. Again, these observations are limited and anecdotal, but provide initial indications of students' perceived preparedness and interest.

Perception of Advocacy

Many people have negative connotations of political advocacy, thinking of lobbyists, large corporations, and a bureaucratic process. However, as a profession, we must embrace that political advocacy is a form of education.²⁹ Advocacy is a critical tool in showing our value to the healthcare system, our fellow healthcare practitioners, and our patients.^{29,30} In its most basic form, advocacy is simply promotion. The profession of pharmacy must embrace promoting our skills and services to patients, policy makers, community members, and our fellow healthcare practitioners alike. Grassroots advocacy by front-line pharmacists from all practice settings (i.e. hospital, community, ambulatory care, etc.) will be key to driving our profession forward.³⁰ A layered, curricular thread utilizing cognitive levels was developed as a way to attempt to increase confidence with repeated exposure and experience throughout the curriculum. Like our fellow colleagues (such as nurse practitioners), pharmacists must embrace and be prepared for political advocacy. Political advocacy has been an effective strategy for nurse practitioners to change health care policy and their scope of practice.³⁰

In our first cycle of implementation, pre-conceived attitudes towards advocacy were the greatest challenge encountered. Some students appeared disengaged or annoyed, especially during the legislative ask lab. Comments were noted about the lab being inappropriate for the course and not enhancing students' skills as a future pharmacist. Faculty must work to enhance students' understanding of advocacy as a clinical skill.³⁰ We cannot reach optimal clinical capacity as practitioners without reaching optimal operational capacity (i.e. optimizing workflow and establishing practice acts and reimbursement mechanisms for these services), within which advocacy is needed. Another negative concept that emerged seemed to be lack of ability to overcome students' negative perceptions of Congress and the legislative process. This is

the biggest area we have identified to be an area for future work. What are the perceptions of student pharmacists and pharmacists about the legislative process? How many are registered to vote and have voted in the last election? There are assumptions that are often made about lack of engagement, but we need to better understand student perceptions and create effective tools to show opportunities to for impact in the legislative process.

Greatest acceptance of advocacy-related topics was seen in the Affordable Care Act analysis. Students were very active on the course discussion board, beyond the required engagement for participation credit in the discussion surrounding the Patient Protection and Affordable Care Act (ACA). Many had strong thoughts and welcomed debate with their peers. Faculty should further investigate active-learning strategies, such as these, for effectiveness as tools to teach about advocacy and the legislative process. Based on our experiences, we would recommend a similar intervention as a starting base for faculty with limited experience teaching legislative advocacy or limited opportunities in curricula. At times, students seemed to forget that they were learning about the legislative process, due to their strong opinions surrounding the ACA and their personal connection to the impact its passage had on their lives.

Curricular Improvement

In 2012, Deloatch et al. published a study evaluating development of student pharmacist professional political advocacy (SPPA) at six schools and colleges of pharmacy. From their research, the goal of "prepar[ing] students for professional political advocacy" was found at most schools and colleges of pharmacy though implication from leadership and citizenship objectives versus explicit statements. Efforts to provide SPPA were primarily through elective courses, elective Advanced Pharmacy Practice Experiences (APPEs), legislative days, and student organizations (i.e. APhA-ASP SPAN [American Pharmacists Association-Academy of Student Pharmacists Student Political Advocacy Network]). Critical concepts and skills identified as necessary to be effective professional advocates included awareness and understanding of the political process, understanding appropriate etiquette for interacting with decision makers, communication skills, and personal and professional responsibility.³¹

Our paper describes an innovative educational approach to meet the concepts and skills identified by Deloatch et al. within our institution's core curriculum, culminating with an applications-based laboratory experience. Deloatch et al. identified common barriers as a lack of time; scheduling challenges; lack of faculty/student awareness, interest, confidence, and commitment; travel, and cost.³¹ While our innovation does not remedy all of those barriers, it does

provide strategies to address student awareness issues (e.g. three touches at various points in the curriculum), while also eliminating travel and cost to teach these skills. A brief and not exhaustive list of resources that can assist faculty and colleges and schools of pharmacy who desire to integrate advocacy within the curriculum is provided in Table 1. Further, the authors are happy to share educational resources developed in our curriculum with those who are interested.

While we were excited to see some positive anecdotal feedback and some student pharmacist interest in legislative advocacy-related student organization efforts, there is still room for improvement. While sequencing was successful, one challenge identified during implementation was timing of experiences. The second and third experiences were scheduled within the same semester, which shortened the longitudinal component of the curricular innovation. Ideally, the experiences would be spread evenly throughout the required curriculum. This would allow for better reinforcement of concepts and skills as well. Further, these two experiences, due to scheduling restraints, were only one month apart. In course evaluations, students noted feeling advocacy was discussed “far too much”, that the short separation was overbearing or the topic was excessively stressed. More even and distant spread could allow for less negative perceptions of the topic, especially for students who are not naturally inclined to this topic by occasional vs. intense curricular experiences in timing.

How the Academy Can Respond

In 2013, a national task force surveyed schools and colleges of pharmacy to identify characteristics and indicators of quality of best practices regarding advocacy development PharmD curricula. This survey found that only 53% of the 54 institutions who responded included advocacy in their strategic plan. Thirty-three of those 54 institutions (61%) reported significant advocacy experiences, primarily involving legislative days. Many respondents noted not having any noteworthy experiences, but recognize this as an area of importance that was in progress. As a result, this task force recommended AACP supporting the inclusion of “advocates” or “advocacy” in ACPE accreditation standards.³² While the new standards incorporate topics with a connection to legislative advocacy, the academy still must move towards recognizing advocacy as a core competency.

The Task Force also made recommendations regarding curricula of schools and colleges of pharmacy, calling for inclusion of advocacy development in the curricula through a curricular thread, with co-curricular opportunities, and extracurricular opportunities.³² Our experiences provide a foundation for the academy to embrace this call. A foundational model with initial observations of successes and

weaknesses is discussed, allowing for replication, partnership, and outcomes evaluation through a collaboration of multiple institutions if interested. Further, the Task Force called for AACP to expand resources for faculty in advocacy development, as well as a change in culture of schools and colleges of pharmacy surrounding advocacy. Specific calls included inclusion of advocacy goals in strategic planning documents, support of faculty members who are effective in advocacy efforts, and pursuit of partnership and collaboration for advocacy development.³² Our experiences support these recommendations. We found initial success in our educational efforts, but implications are limited due to lack of robust assessment and singular experiences at one college. Faculty should develop partnerships across schools and colleges of pharmacy to share effective models, enhance the robustness of assessment, and to build momentum for the academy to fully embrace advocacy as a core competency.

Summary

Curricular experiences described within the literature are limited to singular events or elective coursework, risking that most student pharmacists are not adequately exposed to advocacy skills to be an effective advocate in their communities. Given the lack of healthcare expertise, especially relating to pharmacy experience, pharmacist engagement in the legislative process is critical. This paper describes an initial pilot of an advocacy curricular thread as a method to attempt to develop a baseline advocacy competency. There is a need for further work to describe additional curricular innovations centering on legislative advocacy. Faculty must be future-minded in their design of innovations and corresponding identification of impact and success. Interested and experienced faculty within this curricular area should establish a task force to establish, assess, and advocate for effective curricular models to create awareness of the legislative process and advocacy skills within student pharmacists.

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| Table 1. Legislative Advocacy Resources for Faculty | |
|---|---|
| References for Use in Legislative and Policy Curriculum | |
| Organization | Reference |
| Center for Health and Gender Equity | The Lobbying Process: Basics and How-To Guide Available at: http://www.genderhealth.org/get_involved/tools_for_advocacy/ |
| Center for Lobbying in the Public Interest | "Ten Reasons to Lobby for Your Cause" within <i>Strategies for Nonprofit Engagement in Legislative Advocacy</i> |
| Alliance for Justice | What is Advocacy? Definitions and Examples |
| A Psychologist's Guide to Federal Advocacy | Legislative Process 101 |
| Congress.gov | The Legislative Process- Get Engage{d}. Available at: http://congress.org/advocacy-101/the-legislative-process/ |
| Many state websites follow a standard URL: http://www.state.(abbreviation).us (i.e. http://www.state.NC.us) | Select professional organization resources sites: www.pharmacist.com/advocate www.ashp.org/menu/advocate https://www.accp.com/govt/advocacyResources.aspx www.ncpanet.org/advocacy |
| Pharmacy Library | <i>Leadership for Pharmacy and Advocacy, 2e</i> (Boyle et al.) Available at: www.pharmacylibrary.com |
| Amy Handlin | <i>Be Your Own Lobbyist: Give Your Small Business Big Clout with State and Local Government</i> |