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Service-Learning: Best-practices to cultivate engagement between learners and communities - experiences from two regional medical campuses

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Service-Learning: Best-practices to cultivate engagement between learners and communities - experiences from two regional medical campuses

Heather Cassidy, MD; Erik Wallace, MD; Amy Smith, PhD

Topic:

Although the Liaison Committee on Medical Education (LCME) now lists a specific standard for service-learning, only 15-25% of American medical schools reported having service-learning components in their curriculum in 2015. Evidence suggests that when students engage in service-learning curricula in partnership with community organizations there are benefits to students, partner organizations, and the well-being of the community. Students develop a more nuanced view of physician leadership, sustain higher levels of civism including commitment to underserved populations and serving in leadership and/or collaborative capacities in their future communities, and may have lower levels of burnout. Partner organizations and communities can recognize economic benefits, increased productivity, and intercultural exchange. Well-designed service-learning aligned with community interests can be a curricular tool that cultivates engagement between learners and their communities. Regional medical campuses (RMCs) are uniquely positioned to implement impactful service-learning opportunities for students; however, RMCs face different opportunities and challenges for implementation and success based on their different resources and curricular structures.

Short Description:

We will summarize the new LCME standard for service-learning including the definition of service-learning as service to the community in activities responding to community-identified concerns and involving both student preparation and reflection. A review of the literature on service-learning in undergraduate medical education with an emphasis on best-practices will be presented. We will then provide detailed outlines of two service-learning curricula developed and deployed at two different regional medical campuses which employ a block model and a longitudinal integrated clerkship model during the clinical years. Participants will use the provided curricular models as a lens for analyzing the strengths, opportunities, and obstacles to implementing or optimizing service-learning at their own regional medical campus. Participants will develop an action plan to identify next steps at their regional medical campus.

Four questions that were posed to/considered by session participants:

- 1) What are the most compelling opportunities to develop service-learning curricula at your institution?
- 2) If you have a service-learning curriculum, what obstacles have you encountered? If you do not yet have a service-learning curriculum, what obstacles do you anticipate in developing a service-learning curriculum at your institution?
- 3) What are your obstacles and opportunities for assessing learner outcomes in your current or future service-learning curriculum?
- 4) How could you go about assessing outcomes for your community-based service-learning partners?

Three take home points from our session:

- 1) A new LCME standard encourages integration of service-learning curricula in medical education. Service-learning is an educational experience involving medical students' service to the community in activities responding to community-identified concerns and involving student preparation and reflection.
- 2) Service-learning is distinct from community-service and volunteerism in that it is anchored in curricular goals and objectives and mandates learner assessment.
- 3) Appropriate learner assessment and assessment of meaningful outcomes for community partners requires future consideration and investigation.

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