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

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**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 to 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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