
CERTIFICATE OF DISTINCTION

SERVICE OF COMMUNITY (SC)

Leah Hillier, MD
Director, Service Learning
University of Arizona, College of Medicine – Phoenix

The University of Arizona College of Medicine – Phoenix recognizes the value of providing ample service learning opportunities within the curriculum to facilitate the development of professional, community - responsive physicians.

According to the LCME, service learning is defined as a structured learning experience that combines community service with preparation and reflection. Medical students engaged in service learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals (standard IS-14-A).

Several studies have linked higher levels of service learning participation and community service with higher class rank and better USMLE Step 2 scores, even after controlling for premedical school performance.¹ Though there is no direct evidence that students who participate in formal service learning programs are more likely to be involved in service later in their careers, curriculum-based service learning opportunities have been linked to improved leadership skills.²

This curriculum will focus on the many different aspects of providing care for populations that typically experience worse-than-average health outcomes. Nearly 50 million Americans (and 18% of Arizonans) are uninsured, and another 30 million Americans are underinsured.³ Patients without health insurance are less likely to receive care in all settings except the emergency department.⁴ They are less likely to receive recommended preventive services, adequate chronic disease management, appropriate medications for chronic conditions, and potentially life-saving diagnostic and therapeutic interventions.⁵ Irrespective of insurance status, patterns of difference in health care access and health outcomes persist between patients of different backgrounds.⁶ With this in mind, it seems prudent to offer early opportunities in service learning to provide our future physicians with the skills and tools essential to improving patient care through individual and systems-based approaches. The program focuses on advocating for and humbly serving those in our community with the greatest needs in order to improve health outcomes.

Goals

- Identify and support students with a passion for service to the community.
- Increase student and university involvement within our community.
- Encourage self-directed learning by providing appropriate service-related experiences.
- Increase exposure to and familiarity with populations who typically experience worse-than-average health outcomes.
- Maximize learning about community needs through student participation and reflection.
- Align students with various community-engaged physicians and organizations.
- Recognize students for their commitment and devotion to service.
- Develop community-responsive physicians who will continue to serve after medical school.
- Instill leadership skills in students who will be more likely to become involved in addressing community needs.
- Develop practical skills in our students that allow medical students to advocate for systems and policy changes at local, state, national and international levels.

Admission and eligibility criteria

- The priority deadline for interested students is typically the first Friday of August of their first academic year (this may be adjusted slightly based upon the academic calendar). By individual agreement with the COD leadership, late admission to the COD may be granted pending the student's ability to meet COD requirements. All students who apply by the priority deadline will be accepted into the COD-SC.
- Students shall select an Academic Project topic relevant to community health. Relevance shall be defined by criteria set forth in the student manual or with special approval by the COD leadership.
- Failure to adhere to the student code of conduct will render students ineligible for this COD.
- To remain eligible, students must have passing grades in all blocks and courses, and may not receive more than two Level 1 ratings in behavioral competencies.
- Students cannot receive more than one Certificate of Distinction. Students may choose to pursue both a dual degree and a COD-SC
- Regardless of participation in the COD - SC, all students are welcome to participate in all CHIP programs and COD - SC seminars.

Course objectives

Patient Care

- Students will refine their skills and understanding in caring for patients with various backgrounds and levels of resource
- Students will be able to formulate a patient plan which takes into consideration the various factors with implications to the patient's health.
- Students will be able to identify the many biologic and non-biologic influences which affect the patient's health and adherence to the proposed plan of care.
- Students will develop the skills necessary to develop and manage a patient care plan which is acceptable to the individual patient and their support system, and is financially feasible.

Medical Knowledge

- Students will develop competency in diagnosing and caring for common illnesses and health-related conditions prevalent in patients with fewer resources.
- Students will learn strategies for screening and prevention of disease and promotion of health in these patients.

Societal Awareness and Responsiveness

- Students will assess the role of health care providers, community health centers, and insurance plans as they relate to patient care.
- Students will become familiar with the resources available to patients within the community and learn to collaborate with allied health personnel and other organizations to provide quality care to patients.

Interpersonal Communication

- Students will improve their communication and relationship-building skills.
- Students will learn to use shared decision-making models to improve patient care.
- Students will learn to provide patient-centered care with attention to individual and community resources, cultural differences, patient values, and patient literacy.
- Students will learn to effectively and safely use interpreters.

Professionalism

- Students will demonstrate honesty, integrity, compassion, empathy, and respect in all patient encounters.
- Students will identify their individual strengths and weaknesses, as well as motivations for working with people with fewer resources and worse-than-average health outcomes.

Leadership

- Students will identify the difficulties experienced by physicians in providing high quality health care to certain patient populations who typically experience worse health outcomes.
- Students will learn to work within a group to identify community needs, develop a plan to meet those needs, and implement appropriate strategies to meet these needs.
- Students will learn strategies to advocate for policies and systems change to improve the health of patients and communities experiencing poorer-than-average health outcomes.

Critical Appraisal and Quality Improvement

- Students will develop proficiency with available technology and resources to make effective decisions and improve their medical knowledge.
- Students will be able to use evidence-based medicine effectively to aid in diagnosis, treatment, and prevention of disease.
- Students will learn critical appraisal skills to review journal articles allowing them to offer evidence-based care. These skills will also allow them to design effective studies addressing health issues for people and populations that experience worse-than-average health outcomes.

Requirements for completion of Certificate of Distinction in Service of Community:

- Students will attend a minimum of 12 didactic sessions that have been approved by COD-SC leadership for credit. Students may also identify learning opportunities of interest and request seminar credit for those experiences from the COD director. Credit must be requested and approved in advance of the event.
- Students will prepare for and attend 2 journal club presentations where the student will present an intervention and outcomes related to addressing community health issues. If the student is in a focus area, these journal clubs will be relevant to their focus area.
- Students will complete a minimum of 150 service hours through approved service learning (CHIP) programs.
- Students will complete an Academic Project with a focus relevant to the COD-SC (and their focus area if they have one). Students should refer to the COD-SC learning objectives when selecting a suitable scholarly project topic. The selected topic must be approved by COD leadership.
- Students will complete a 4-week community health elective during their fourth year. Students may choose from available electives at community health centers (CHCs), safety net hospitals, rural sites, or sites which provide care for patient populations who typically experience worse-than-average health outcomes (i.e. free clinics, VAMC, correctional medicine, refugee/migrant health, etc.). Students may choose from available UArizona College of Medicine—Phoenix electives or may identify away opportunities or local opportunities in conjunction with COD leadership and electives team. Students in a focus area are encouraged, but not required, to complete their elective related to their area of focus.
- All requirements shall be completed by April 1st of the student's fourth year/final year. In order for the COD to appear on the student's MSPE, a pre-defined proportion of requirements must be completed by March 30th of the 3rd year.

Alternative Project

Alternative projects are offered as an option to be completed instead of the Academic Project. The creation and administration of a new CHIP Program will qualify as an alternative project. Students may consider completion of a quality improvement project, writing a grant application and providing oversight for fund utilization, serving on the organization's board of directors, or developing a new program or resource for a community partner.

Students enrolled in the Health Systems, Policy and Advocacy track are encouraged to develop a political ask and meet with a local politician or health system leader to advocate for their policy/systems change.

Students enrolled in the Health Promotion track are encouraged to develop a health promotion campaign or program.

Students enrolled in the Population Focus track are encouraged to develop a political ask, health promotion campaign, or resource/tool that serves their population of interest.

Requirements to be completed over 4 years:

COD Requirements	
Seminar attendance	12
Journal Club presentations	2
Service hours	150
Academic Project or Alternative Project	1
Community Health Elective	4 weeks in 4th year

SCH COD Goal Posts for Completion

	CHIP Hours	Seminars	Journal Clubs	Academic Project	Alternative Project	Community Health elective
October of your first year	0	3	0	Contact potential mentors for project	Contact and meet with potential community organisations to develop project ideas	Not complete
March of your first year	75	7	1	Study protocol developed, submitted to IRB and approved. Submitted to SCH COD Director for approval	Submitted to SCH COD Director for approval	Not complete
September of your second year	113	10	2	Data collection started	Working on Project	Not complete
March of your second year	150	12	2	Data collection completed and analysis started	Working on Project	Not complete
September of your third year	150	12	2	Project written up and targets for submission identified	Working on Project	Consider list of potential electives and ask any questions about what will be considered eligible for SCH COD
March of your third year (Must meet requirements here in order for COD to be on MSPE)	150	12	2	Project submitted for presentation/publication	Project work completed	Elective chosen that will fulfil Community health requirement in 4th year
September of your fourth year	150	12	2	Project complete end presented	Final summary of project written up and submitted	Elective scheduled
March of your fourth year	150	12	Complete	Complete	Complete	Complete

The black line set at March 30th of 3rd year represents a deadline for reporting completion of requirements in order for the COD to be on the MSPE.

FOCUS AREAS

There will be 3 options for Focus Areas for students within the Certificate of Distinction in Service of Community.

COD Requirements		Population Focus (SC-PF)	Health Promotion (SC-HP)	Advocacy (SC-A)
Seminar attendance	12			
Journal Club presentations	2	Focus on population of interest	Focus on health promotion	Focus on systems or policy interventions
Service hours	150			
Academic Project or Alternative Project	1	Focus on population of interest	Focus on health promotion	Focus on health systems, policy or advocacy
Community Health Elective	4 weeks in 4th year			

Population Focus

A Population Focus within the Service of Community Certificate of Distinction will allow students to define a population of interest that typically experiences worse-than-average health outcomes. The Population Focus will aim to increase familiarity with caring for the Population of interest and enhanced student involvement with that community. The program will include community-based service experiences and scholarly work to strengthen students' overall understanding of health and healthcare disparities unique to their population of interest. The program aims to produce healthcare providers who are sensitive to the needs of a specific underserved population, can apply academic rigor to scholarly work which serves their population, and can ultimately improve delivery of inclusive, high-quality care and enhanced health outcomes for their population.

Health Promotion

A Health Promotion Focus within the Service of Community Certificate of Distinction seeks to increase familiarity with principles of wellness, including lifestyle factors such as physical activity, nutrition, and mental health. Students in this track will develop understanding of how social determinant of health affect wellness and develop strategies to support resources that enable wellness. The program aims to produce healthcare providers who are competent delivering health promotion strategies, particularly for their patients and community members who experience the most significant health disparities. Students in this track will apply academic rigor to scholarly work, and ultimately improve delivery of inclusive, high quality care and enhanced health outcomes with a wellness lens.

Health Systems, Policy, and Advocacy

A Health Systems, Policy and Advocacy Focus within the Service of Community Certificate of Distinction seeks to develop medical leaders who are comfortable advocating at the systems levels for policies and

processes that improve the health of their communities, particularly populations who experience the worst health outcomes. This track will increase familiarity with political processes, development of political asks, understanding of mechanisms for accessing policy makers and influencing policy. Students in this track will interact with local legislators, health systems leaders, and medical academics to advocate for their chosen policy issues. The program aims to produce healthcare providers who are competent reviewing and understanding evidence for effective policies and healthcare systems as well as summarising and simplifying that evidence for a lay audience. Students in this track will apply academic rigor to scholarly work, and ultimately improve delivery of inclusive, high quality care and enhanced health outcomes with a systems and policy lens.

References

1. Blue AV, Geesey ME, Sheridan MEB, and Basco WT. Performance Outcomes Associated with Medical School Community Service. *Acad Med.* 2006; 81(10 Suppl):S79-S82.
2. Goldstein AO, Calleson D, Bearman R, Steiner B, Frasier P, and Slatt L. Teaching Advanced Leadership Skills in Community Service (ALSCS) to Medical Students. *Acad Med.* 2009; 84:754- 764.
3. U.S. Census Bureau, Current Population Survey, 2009-2012 Annual Social and Economic Supplements
4. Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: National Academies Press, 2001.
5. National Research Council. *Care without Coverage: Too Little, Too Late.* Washington, DC: The National Academies Press, 2002.
6. Cene CW, Cooper LA. Death Toll from Uncontrolled Blood Pressure in Ethnic Populations: Universal access and Quality Improvement May Not Be Enough. *Ann Fam Med* 2008; 6:486-489.