



SERVICE AND COMMUNITY HEALTH CERTIFICATE OF DISTINCTION

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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 underserved patient populations; including patients of different racial, ethnic, and socioeconomic profiles. Nearly 50 million Americans (and 18% of Arizonans) are uninsured, and another 30 million Americans are underinsured.³ Patients without 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, disparities in health care and health outcomes persist between patients of different ethnic and racial 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.

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 underserved populations.
- Maximize learning about community needs through student participation and reflection.
- Align students with various community engaged physicians.
- Recognize students for their commitment and devotion to service.
- Develop community-responsive physicians who will continue to serve after medical school.
- Instill leadership in students who will more likely become involved in community needs.

Admission and eligibility criteria

- The priority deadline for interested students is the first Friday of August of their first academic year. By individual agreement with the director, 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-SCH.
- Students shall select a Scholarly Project (SP) topic relevant to community or underserved health. Exceptions can be made on an individual basis, based on student need and alternative project availability, in collaboration with the COD director. Alternative options shall maintain a longitudinal component and should allow for involvement across all four years of the curriculum. See description of alternative longitudinal project below Requirements for Completion.
- 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-SCH
- Regardless of participation in the COD - SCH, all students are welcome to participate in all CHIP programs and COD - SCH seminars.

Course objectives

Patient Care

- Students will refine their skills in caring for patients with varying cultural, socioeconomic, ethnic, and religious backgrounds; sexual orientation; language; and literacy level.
- Students will be able to formulate a patient plan which takes into consideration the community, social, economic and environmental factors affecting the patient's health.
- Students will be able to identify community and cultural influences which affect the patient's health and adherence to proposed plan of care.
- Students will develop the skills necessary to develop and manage a patient care plan which is culturally acceptable and financially feasible for underserved patients.

Medical Knowledge

- Students will develop competency in diagnosing and caring for common illnesses and health-related conditions prevalent in the underserved setting.
- Students will learn strategies for screening and prevention of disease and promotion of health in the underserved setting.

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 cultural differences, patient values, and patient literacy.
- Students will learn to effectively 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 the underserved.

Leadership

- Students will identify the difficulties experienced by physicians in providing high quality health care to underserved, uninsured, marginalized and racially diverse patient populations.
- 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.

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 to review journal articles in order to improve their own personal knowledge in caring for patients in the underserved setting.

Requirements for completion of Certificate of Distinction in Service and Community Health

- Students will attend a minimum of 15 service learning reflection sessions in total; these may consist of group volunteer activities, didactic sessions with a reflective component, journal club discussions, etc.
- Students will complete a minimum of 180 service hours through approved service learning (CHIP) programs over four years. Attendance at service learning sessions is not included in service hours. Additionally, there will be a limit on indirect service hours (CHIP leadership hours and CHIP research hours). Each category can represent no more than 20 hours of the 180 hour total.
- Students will complete a Scholarly Project with a focus relevant to the COD-SCH or may complete an approved alternative longitudinal project with an emphasis on service or community health.
- Students should refer to the COD-SCH learning objectives when selecting a suitable scholarly project topic. The selected topic must be approved by the COD director and SP director.
- 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, or sites which provide care for underserved patient populations (i.e. free clinics, VAMC, correctional medicine, migrant health, etc.). Students may choose from available UArizona College of Medicine–Phoenix electives or may identify away opportunities in conjunction with the COD director and electives team.
- All requirements shall be completed by April 1st of the student's fourth year/final year.

Alternative Longitudinal Project

Students will apply for a leadership position in one of the many CHIP service learning programs as an MS1. While this leadership role will be completed midway through MS2 year, students utilizing this alternative project will remain engaged with their CHIP program over the course of the subsequent years during which time they will dedicate additional time to help move the goals of the service learning activity or the organization's mission forward. Students may consider completion of a quality improvement project, writing a grant application and providing oversight for fund utilization, serving on the organizations board of directors, or development of new CHIP programming with attention to training, implementation, evaluation, and continual improvement of said project.

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.