

POSITION PAPER

Community Service, Learning and the Medical Student

NORMAN D. FERRARI III, MD & G. ANNE CATHER, MD

West Virginia University School of Medicine, USA

ABSTRACT **Context:** *Medical students need learning experiences outside the classroom, clinic room and hospital room if they are to become integral parts of the communities in which they will practice medicine. Service-learning incorporated into the traditional medical school curriculum can provide a vehicle to accomplish this goal, and provide an avenue to enhance the professional development of the physician in training.* **Methods:** *This paper describes efforts to incorporate community service and service-learning into a traditional medical school curriculum. The unique nature of our location in a rural state with several required rural rotations with our local community partners has facilitated this effort.*

Conclusion: *Incorporation of service-learning into a medical curriculum can be accomplished and will enhance the professional development of the students.*

KEYWORDS *Medical education, community service, service-learning, rural health, community partnership, professionalism.*

How do we develop a more compassionate physician who has insight into the needs of the community beyond the individual patient? How do we instill professional attitudes and a sense of caring? Medicine is a service profession. What better way to engage the student in an active learning opportunity and plant the seeds for continuation of this potentially lifelong learning activity than through community service?

Since 1995, in addition to the academic course work, the West Virginia University School of Medicine has had a community service requirement of 100 hours. The students are able to go beyond medical related service and look at

Author for correspondence: Norman D. Ferrari III, MD, Associate Dean of Student Services and Academic Progress, West Virginia University School of Medicine, PO Box 9111, Robert C. Byrd Health Sciences Center, Morgantown, WV 26506, USA. Tel: +1 304 293 2408. Fax: +1 304 293 7814. E-mail: nferrari@hsc.wvu.edu

all the needs of the community. Projects with hours completed are entered into an online database by the students under the honors system. Students have been involved with coaching local youth sports teams, teaching health related topics in schools, and participating in community health fairs. They have built homes with Habit for Humanity and fed the hungry at local soup kitchens. Now that the program has been in place for several years, it is time for the school to reflect on this endeavor and evaluate its educational effectiveness.

Community service-learning is capturing the imagination and gaining support of faculty across the country. While it began as a way to help provide students at all levels of education with a sense of civic and social responsibility, it has developed into a process that enables young people to connect to their communities. Service-learning experiences enrich learning and enable the student to develop personally, socially, academically, and spiritually. It challenges their individual creativity and problem solving skills.

As citizens of the United States, one of our greatest responsibilities is to participate in civic life. This civic participation should go beyond the voting booth. In his 1830 work *Democracy in America*, Alexis de Tocqueville first recorded a phenomenon he called “habits of the heart” to describe the sacrifices that citizens gave their young nation in an effort to facilitate the success of democracy (Bellah *et al.*, 1986). Today the term “habits of the heart” has been revived to focus our thinking on that part of democracy based on people helping and caring for one another. Community service as a part of the medical school curriculum need not be perceived as a “punishment” but as a “gift from the heart” in helping humanity. John Dewey defined the moral meaning of democracy to be “the supreme task of all political institutions . . . shall be the contribution they make to the all-around growth of every member of society”. If we are truly educating and training physicians for wholeness, then beyond medical knowledge and technical skills, we must educate them for citizenship and leadership in a democracy. Their patients do not live or suffer in a vacuum, and physicians need to impact the environment of their patients as a part of health promotion and restoration.

In the early 1980s many educational and political leaders began to promote the increased involvement of young people in community service activities not only to enhance their understanding of their individual rights but also their responsibility to each other. Service to community becomes service-learning “when there is a deliberate connection made between service and learning opportunities that are accompanied by conscious and thoughtfully designed occasions for reflecting on the service experience” (Alliance for Service Learning in Education Reform, 1993).

Communities today are increasingly concerned about the alienation of young people. Our youth have become disenfranchised from the rest of society. Connecting our classrooms and clinics to the outside world through service-learning facilitates that needed connection. Medical students can serve as positive role models for our youth by interacting with them outside the exam

room and hospital bed. Parents can learn parenting skills from their good example. The key is to make the learning active and to teach many non-cognitive skills such as better communication, team building, citizenship, and an appreciation for those less fortunate members of our society.

In the early 1990s our health sciences center partnered with rural communities throughout the state of West Virginia and two other state schools of medicine to form the West Virginia Rural Health Education Partnership (WV-RHEP). Students must complete three months of clinical rotations in a rural underserved setting that include one month of Family Medicine, one month of primary care, and one month of an elective. As a part of the rural health rotation curriculum, all students participate in community service-learning projects. Several students presented their experiences at national conference including Community-Campus Partnerships for Health. Service-learning has been incorporated into course work for other educational programs and as a curriculum overlay (Seifer, 1998; Seifer & Conners, 2000).

In 1997, Eckenfels refutes the claim that contemporary medical students are self-centered without a sense of social responsibility like the rest of society (Eckenfels, 1997). He describes how the medical students at Rush University serve the poor and disadvantaged of Chicago via the Rush Community Service Initiatives Program. He concludes that these experiences broaden the students' education binding them closer to the society in which they serve in both a moral and political sense, while offering them a population and community perspective on health and illness.

WVU medical student Dan Elswick wrote a 2001 essay about his community service as a youth soccer coach for an under-8 team named the Pintos.¹ He recounts his fear of being able to do this knowing so little about soccer and dealing with a team that all seemed to have "Attention Deficit Disorder". He reports that as coaches they ended up doing much more than just transmitting soccer skills. The team worked on conflict resolution without violence, sharing and friendship building, and making sure that all members of the team accomplished a personal goal in addition to the team goals. He concludes, however, that "being a soccer coach was a great way to get involved with my community. Spending time with the team meant so much more than community service hours ... Looking back I realize that the kids taught me just as much as I taught them. I often run into players and their parents always to get a big hug. The energy and spirit of the Pintos had will always be with me".

In Sigmon's definition of service-learning the two separate concepts making up the term provide for great diversity (Eyler & Giles, 1999). Is the activity: service-LEARNING where the service outcomes are secondary to the primary goal of learning; is it SERVICE-learning where the learning is secondary to the primary goal of the service outcome; or is it SERVICE-LEARNING where both goals are equally weighted and enhance each other?

In SERVICE-learning the primary focus is getting the learner out into the field in order to provide some type of needed service. The acquisition of service

hours alone has fostered this definition. With service-LEARNING, projects are usually part of a class that enables the student to learn a specific concept or skill through the performance of some type of service. Taking blood pressures at a health fair by students first learning physical examination techniques would be an example. When the activity is developed by the students who have identified a community need and then must reflect on their experience, we have advanced to the more integrated SERVICE-LEARNING. This incorporation of reflection on the activity as much as possible has been promoted in the literature (Honnet & Poulson, 1989).

Who benefits from service-learning? Certainly it should be both the student and the community. The National and Community Service Trust Act of 1993² states that service-learning is:

- a method whereby students learn and develop through active participation in thoughtfully organized service that is conducted in and meets the needs of communities;
- coordinated with an elementary school, secondary school, institution of higher education, or community service program and the community;
- a help to foster civic responsibility;
- integrated into and enhances the academic curriculum of the students, or the educational components of the community service; and
- provided structured time for students or participants to reflect on the service experience.

There has been an increase of community-campus partnership across the country, including health science education. These partnerships frequently incorporate service-learning. Many of these partnerships were developed from funding originating from the 1993 Health Professions Schools in Service to the Nation grant program and from private sources like the W.K. Kellogg Foundation. The origins of the West Virginia statewide program originated with Kellogg funding in the early 1990s when the academic health centers partnered with four rural community-based health centers scattered across the state. Like all partnerships, they evolve over time and progress into more advanced systems. During this evolution, the ground for curricular change is fertilized and the opportunity to incorporate service-learning into the curriculum is often catapulted into reality.

The key to success in these relationships is trust. This trust can only be established from the willingness to develop shared values. In our case, the fundamental desire to serve the citizens of West Virginia and meet the challenge of providing health care in an economically disadvantaged rural setting was the glue that bonded the academic health centers and these communities together. Service-learning helped us to put our values into action. In a recent publication by the New York Academy of Medicine, a study

concluded that the partnership “successfully incorporate the perspectives and priorities of the population of interest into their work and provide opportunities for different kinds of partners to have a voice” (Miller *et al.*, 2001).

The time has come that our school go beyond the requirement for community service as an “extracurricular activity” that is aimed at merely doing good for an individual or group of individuals in the community. While the original intent is certainly noteworthy and a first step, the outcome often “dead-ends” once the service performed has been recorded in the record. Students often try to stretch activities to meet the definition of community service just to fulfill the graduation requirement. The responsibility comes to an end once the minimum number of hours is completed.

Service-learning certainly includes the community service component but goes beyond the action and adds the reflection component that more actively engages the student in defining the value of the activity beyond the need to fulfill the requirement for graduation. Holistic learning seeks to nurture the human spirit as well as to improve academic ability and performance, providing a broader vision of education and human development. It forces us to focus on what is most important in life. In the article, “Making connections through holistic learning”, Miller states that the “student should connect with their deeper sense of self, the source of wisdom and compassion” (Miller, 1998/1999).

What do we hope our students gain from service-learning? We want to cultivate personal self-discovery, develop the gift of leadership, and provide for transformational experiences. We are ready to take this learning activity to the next level, to provide our state not only with the next generation of physicians, but with leaders for the community in which they live.

Notes

1. D. Elswick (2001), <<http://www.hsc.wvu.edu/som/students/awards/elswick-essay.htm>>.
2. Corporation for National Service: Learn and Serve, <http://www.learnand-serve.org/about/service_learning.html>.

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