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Service-Learning in Healthy Aging for Medical Students and Family Medicine Residents

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ABSTRACT **Introduction:** *Community-based educational opportunities can diversify and strengthen traditional clinical education. With growing diversity of patient populations and increasing life expectancy, it is imperative that medical students and residents prepare for practice within this context. The Center for Healthy Communities in the Department of Family and Community Medicine at the Medical College of Wisconsin, USA developed a community-based, service-learning program in healthy aging to address this need.*
Objectives: *The goals of the Chat and Chew program are to: generate medical student/resident awareness of community health, aging, and diversity; train medical students/residents to present health information to older, minority community members; encourage medical students/residents to view community members as "teachers" as well as patients; and provide needed health information and socialization opportunities to elderly public housing tenants.*
Implications: *Medical students and residents gain the opportunity to interact with community members about the health issues that concern them. They also benefit from seeing community members in their real life context and learning about their health-related experiences. The housing tenants help shape how future patients will be understood and treated by the physicians who participated in the service-learning program. The purpose of this article is to: (1) provide an overview of service-learning and the Chat and Chew program, including reflection components; and (2) discuss how this program has become an integral part of the family medicine residency curriculum.*

KEYWORDS *Aging, community health, medical education, health promotion, public housing, service-learning.*

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Introduction

Academic Health Centers (AHCs) can play a key role in improving the health and quality of life for their surrounding communities by increasing community partnerships. Community-based service-learning programs are one vehicle to achieve this. According to Connors and Seifer (1997), AHCs can use a service-learning model to solve local community problems and improve community health. Eckenfels (1997) argues that community service-learning is a tool for medical students to "develop into mature, humane and socially competent adults who can deal with the existential problems the modern physician must face daily" (p. 1045). Addressing the community's assets in a service-learning project enhances the AHC's community-academic partnership.

The Center for Healthy Communities (CHC) is located in the Department of Family and Community Medicine at the Medical College of Wisconsin in Milwaukee, Wisconsin, USA. Wisconsin is in the midwestern region of the US. Responding to a need for increased access to health education for elderly public housing tenants[1] and increased community-based education in aging for medical students and family medicine residents, the CHC developed a service-learning program in healthy aging, "Chat and Chew". Despite a rapidly aging population, a shortage exists of physicians with interest or expertise in geriatrics (Mold *et al.*, 1995). Medical student exposure to geriatrics remains limited. Fewer than 10% of medical schools in the United States require students to complete at least one course in geriatrics (Alliance for Aging Research, 1996). The Group on Geriatric Education of the Society of Teachers of Family Medicine strongly recommends that geriatrics be recognized as integral to family medicine, with both undergraduate and residency training programs emphasizing experience with older adults in multiple settings (Mold *et al.*, 1995). It is also important to recognize that aging in different societies occurs "within a unique cultural context" (Matcha, 1997, p. 40) and cannot be homogenized. This service-learning experience, while addressing community needs, advances geriatric training for students and family medicine residents. The purpose of this article is to: (1) provide an overview of service-learning and Chat and Chew, including its reflection components; and (2) discuss how this program has become an integral component of the family medicine residency curriculum.

Overview of Service-Learning

Service-learning is "a structured learning experience that combines community service with explicit learning objectives, preparation, and reflection" (Seifer *et al.*, 2000, p. 2). It is a model to address community-identified needs through community participation in program development and implementation. By working within existing partnerships between professionals and the commu-

nities they serve, service-learning allows students to focus on community strengths rather than needs. Many such community-based programs have been developed in the United States and abroad (Cauley *et al*., 2001). In traditional clinical education, community members are not integral to curriculum development. Service-learning is not meant to replace traditional clinical education, but to complement it with opportunities to gain a better understanding of the communities served.

A key component of service-learning is a guided reflection about the experience. This encourages participants to think about the larger health, social, and cultural issues that affect community members' health and quality of life. In this sense, service-learning differs from volunteerism, since volunteerism focuses on the service itself, and the service recipient is the primary beneficiary (Furco, 1995). The reflection creates a link among the service experience, learning objectives, coursework, and understanding of the roles of future health professionals. The Chat and Chew program for Milwaukee's public housing communities is an example of an effective service-learning experience for medical students and residents.

Program Background

Since 1998, a community–academic partnership called Partners for Progress has been working together to build community capacity and improve the quality of life for Milwaukee public housing tenants. There are five specific focus areas: (1) community organizing and leadership, (2) health and wellness, (3) violence prevention, (4) economic development, and (5) homeownership and safety. Each partner plays a critical role in program development and implementation. The partners include the Center for Healthy Communities, the Housing Authority of the City of Milwaukee, public housing tenants, and SET Ministry, Inc. (SET) (Service, Empowerment and Transformation), a community-based, health and social service organization.

The pilot site of the program was Meadow Park,[2] a high-rise housing development located near downtown Milwaukee. Designated as an elderly site, 60% of its 115 tenants are 60 years of age or older, 70% are African American, and 38% are women. The average annual income of Meadow Park tenants is $7420, with 96% of the tenants living at or below poverty level. Several programs and services provided in the building include delivered meals, SET Ministry case management and monthly nurse clinic, community food program and neighborhood outreach. Before piloting the program, CHC staff conducted focus groups with housing tenants to determine health needs and strengths in the Meadow Park building. Tenants identified the need for more information on prevalent health conditions, health promotion and community resources. Tenants identified a broad range of health concerns that would serve as presentation topics.

Chat and Chew is also a component of the CHC's Healthy Aging Initiative. The goal of this initiative is to work within community-academic partnerships to promote healthy aging and improve the quality of life of older adults through community-based health programs, research, and medical education. The goals of Chat and Chew are to:

- generate medical student/resident awareness of community health, aging, and diversity;
- train medical students/residents to present health information to older, minority community members;
- encourage medical students/residents to view community members as "teachers" as well as patients; and
- provide needed health information and socialization opportunities to elderly public housing tenants.

Program Description

The program begins with the medical student or resident meeting with the CHC program preceptor to discuss the program and an overview of the community. A brief pre-program reflection is also conducted. On the presentation day, the medical student or resident meets with the on-site nurse to discuss a community nursing perspective of the tenants' health. The medical student or resident then presents the health topic, followed by questions, discussion and fellowship, including a healthy snack. Although unable to interact with the housing tenants over an extended period, students and residents benefit from participation while addressing a community-identified need.

In the program's first year, first and second year medical students were recruited to participate using flyers, word of mouth, and general announcements. Typically, a student organization would "sponsor" a Chat and Chew, and students from that group would be recruited. Participating students met with the program preceptor before the presentation for instructions and an overview of the housing development. Students were asked to include two questions in their presentation to facilitate their own learning from the community. This also encouraged community members to share with the students their personal experiences and challenges of health maintenance, information that students are unlikely to receive in lectures. Students presented on topics such as hypertension, depression and nutrition (see Table 1).

There were clear benefits in working with first and second year medical students the first year of Chat and Chew. First, it provided an opportunity for them to have a community-based experience in healthy aging. The first two years of medical school are primarily classroom-based, and students rarely have exposure to diverse communities. Speaking with public housing tenants allowed students to place their new medical knowledge within a broader context,

including the social and economic issues that influence health. The Accreditation Council for Graduate Medical Education (ACGME) (1999) states that new practitioners must have this general competency (see Table 2).

Second, housing tenants were in a key role to have an early impact on the education of future physicians. Therefore, the skills and knowledge students obtained in the program will benefit them as they continue in their medical careers. After observing student presentations, preceptors found that students presenting in pairs was beneficial, since they are able to share responsibility for the presentation and information.

Several challenges arose in working with medical students. First, it was difficult to recruit student presenters because Chat and Chew was not a curriculum requirement. A service-learning model gains legitimacy among

Table 1. Chat and Chew topics presented by medical students and residents

Adult immunizations
AIDS
Arthritis
Colon and colon care
Depression
Diabetes
Disease prevention and screening
Emotional wellness
Eye disease
Heat-related illness
Hypertension
Myths of ageing
Osteoporosis and bone health
Respiratory conditions
Memory changes
Understanding strokes

Table 2. Accreditation Council for Graduate Medical Education general competencies

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. *Medical knowledge* about established and evolving biomedical, clinical and cognate sciences and the application of this knowledge.
3. *Practice-based learning and improvement* that involves investigation and evaluation of patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. *Interpersonal and communication skills* that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, and sensitivity to a diverse patient population.
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care.

faculty and students when it is included in the curriculum (Seifer *et al.*, 1996). Given this, it was necessary to recruit students for the program based solely on their availability and interest. As such, the program could only be scheduled every other month during the academic year. In addition, students did not feel as accountable, and in some cases did not follow through with the program. Second, the students had limited prior experiences with community presentations and exposure to elderly patients. Students, trained with highly technical medical language, were challenged to present medical terms in lay language. Last, students early in their medical education lacked in-depth knowledge of some health conditions. In some cases, housing tenants asked questions about specific medical conditions or about their personal health, questions not easily answered by a first or second year medical student. In those cases, students were encouraged to tell the housing tenant to ask his/her physician for advice or to consult the on-site SET nurse.

Despite the challenges, Chat and Chew's first year was very successful. Twelve first and second year medical students participated, representing five student organizations. In the interest of program expansion and in an effort to increase program legitimacy, a family practice residency program within the Department of Family and Community Medicine was invited to include its residents. The residency program agreed to participate, acknowledging the lack of community-based training for its residents. To secure program legitimacy and avoid scheduling dilemmas, family medicine residents were required to participate in Chat and Chew. This brought a new and critical dimension to the program: it was now part of a graduate medical education curriculum. Chat and Chew was incorporated into their monthly schedule to be completed during their behavioral health rotation. Revised program guidelines instructed students and residents on effective presentation development and style best suited for their audience.

The program design was modified slightly to accommodate the family medicine residents' schedules, and the learning objectives were further defined. The reflection sessions held between the program preceptor and resident before and after Chat and Chew now addressed not only how the program related to their medical training, but also how socio-cultural issues influenced their health topic. Residents were still expected to prepare questions for the housing tenants that would contribute to their overall learning. Family medicine residents were also better able to answer questions than first or second year medical students. In the second year of the program, medical residents presented on conditions prevalent in their practice, such as arthritis, adult immunizations, and colon care (see Table 1).

Reflection and Evaluation

Reflection is the key component of any service-learning program, distinguishing it from a strictly volunteer experience (Cauley *et al.*, 1996). In

spring 1998, a one-hour group reflection session was held with eight students and two program preceptors. Students reported that they were intimidated by age and not by racial differences in this diverse setting. Students felt that the age difference between themselves and the audience made it difficult for them to advise and "teach" their elders, leading to feelings of self-doubt during the presentations. The benefit of presenting to an older audience was that it helped challenge some negative perceptions of aging, such as older adults being disinterested in their health, not alert, or dissatisfied. The medical students reported that they learned from the community members during their presentations, and they would have liked to hear more about the tenants' medical histories, specific health conditions, and interactions with health professionals and institutions.

As family medicine residents participated in the program, reflection sessions were further refined. Sessions include the program preceptor and individual resident participants. In Reflection Session I, prior to the presentation, residents discuss how they think the program will affect their training, and their expectations (see Table 3). In Reflection Session II, held within one week following the event, residents discuss the program's impact on their medical education (see Table 4). Reflection questions address knowledge gained related to their health topic, aging, and diversity. Residents also rate the value of their participation as an addition to their medical training.

Residents report several benefits to program participation. They state that the housing tenants are concerned and interested in improving their health. Residents ask the housing tenants about their experiences with particular conditions and how it affects their lives. Residents also express different

Table 3. Sample Reflection Session I topics

1. Previous community-based learning experiences.
2. Important issues to address in preparing and delivering the presentation.
3. Student/resident expectations for the program.
4. Discussion questions for medical student/resident learning.

Table 4. Sample Reflection Session II topics

1. Support from Center for Healthy Communities faculty and staff.
2. New health knowledge gained by medical/student resident after Chat and Chew.
3. New knowledge gained about aging and elderly.
4. Insight gained from interaction with community members and SET Ministry nurse.
5. Overall impressions of Chat and Chew.
6. Suggestions for program improvement.
7. Chat and Chew's value to medical education.

comfort levels in speaking with a diverse community. Placing community health needs within a larger socio-cultural context broadens their perspective, resulting in a true service-learning experience. This broad perspective fulfills an ACGME competency for new practitioners to improve patient care. 100% of residents reported that Chat and Chew was a valuable addition to their medical education. Residents also report gaining a better understanding of their patients' perspectives on health care and health maintenance.

The CHC program preceptor evaluates the family medicine residents using the ACGME competencies as guidelines. The preceptor determines if the resident meets criteria standards for developing and delivering the presentation and interacting with housing tenants. The preceptor and resident discuss the evaluation during Reflection Session II. Future evaluations of residents will include input from the on-site nurse.

Expansion and Sustainability of the Program

In October 2000, the US Department of Housing and Urban Development awarded a Community Outreach Partnership Center (COPC) grant to the CHC to continue and expand programs that benefit Milwaukee's public housing community. Currently, Chat and Chew exists in five housing developments. Four sites utilize residents from four family practice residency programs. The fifth site has medical students, with continued efforts to integrate the program into the undergraduate curriculum. The residency programs have committed to including the service-learning program as a curricular requirement.

Program Implications

Chat and Chew has implications in the US and abroad by demonstrating the importance of community-based service-learning experiences for medical students and residents. Knowledge of the unique cultural contexts in which the aging process occurs is also valuable (Matcha, 1997) for these experiences. The students gain the opportunity to interact with community members about the health issues that concern them, an opportunity not usually available in the early years of medical school. Residents benefit from seeing community members in their real life context and learning about their health-related experiences. Therefore, the housing tenants help shape how these physicians will understand and treat their future patients.

Each program directly benefits the housing tenants in that they are able to learn more about the health issues that concern them. This is especially important for those tenants who may not have easy access to a primary care provider, making basic health care information critical. In a follow-up focus group, tenants stated that Chat and Chew is a community strength. Housing

tenants also benefit from the increased socialization opportunities the program brings to the community. Chat and Chew has become a valuable addition to both medical education and Milwaukee's public housing community.

Notes

1. For the purpose of this article, housing residents will be referred to as tenants or community members to differentiate from medical residents.
2. The name of the housing development has been changed in order to protect the confidentiality of the housing tenants.

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