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MEDICINE
150 YEARS

The Service Learning Program: Comprehensive Program Evaluation

Year 3 in Review



REPORT PREPARED BY THE SERVICE LEARNING LEADERSHIP TEAM

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Table of Contents

INTRODUCTION	2
HIGHLIGHTS	2
BACKGROUND:	3
PROGRAM DEVELOPMENT AND IMPLEMENTATION MILESTONES.....	5
PROGRAM COMPONENTS:	5
SERVICE LEARNING PROGRAM LEADERSHIP TEAM:	7
COMPLETED SERVICE LEARNING EXPERIENCES	8
PROGRAM EVALUATION	9
METHODS	9
RESULTS	9
1) DESCRIPTIVE MONITORING DATA:	9
3) STUDENT AND COMMUNITY PARTNER EARLY ENTRY AND POST SURVEY RESULTS.....	11
4) MID-PROGRAM GATHERING AND FEEDBACK	14
5) COMMUNITY PARTNER MID-POINT CHECK-IN AND YEAR-END INTERVIEW CALLS	15
LESSONS LEARNED	ERROR! BOOKMARK NOT DEFINED.
APPENDIX A - SERVICE LEARNING EXPERIENCE SUMMARY TABLE.....	22
APPENDIX B – EARLY ENTRY AND POST-PROGRAM SURVEY	50
APPENDIX C – COMMUNITY PARTNER YEAR-END INTERVIEW GUIDE	62

Introduction

This following report documents and reflects upon the process and outcome evaluation of the third year of the implementation of the Service Learning Program (second year for the community-immersed experience component). The following report includes discussion on the following areas:

- Program design, development and delivery
- Teaching, learning and assessment
- Resourcing of service-learning
- Community partner role
- Community impacts/benefits
- Implementation and efficacy of policies and procedures
- Student experience and performance
- Performance indicators

Highlights

- *Successful completion of the program:* The second year of the community-engaged experience component of the Service Learning Program was successfully implemented with 44 students (28 in Halifax and 16 in Saint John) and 23 community partners (17 in Halifax and 6 in Saint John).
- *Student interest continues to grow:* Significant increase in the number of first year (Med 1) students who attended the launch and learn information session for the program (20 in Saint John and 46 in Halifax) with 29 applications from Halifax (DMNS) and 13 from Saint John (DMNB) students (42 total).
- *Valuing the experience as much as the project:* To enhance the program, students and community partners are in agreement that the program should be structured with distinct phases to emphasize orientation to the setting and community in the first term and then focus on project implementation in the second. This new distinction will be piloted in the 2018-19 year.
- *Enhanced financial resources to meet project needs:* In response to the mid-program feedback, a small pot of project funding was made available as this was identified as a “wish list” need by the community partners and students (\$3,00 per annum). This was mentioned as a significantly positive program addition by our Community Partners in our year-end interviews and assists with alleviating resource burdens encountered by taking on service learning projects.
- *Service learning is enriching student learning through real-life experiences:* Students and community partners feel that the program plays a role in allowing students an opportunity to learn about and reflect upon classroom learned concepts, like the social determinants of health, in real-life settings.
 - Students shared that it added a practical component to their Professional Competencies classes (ProComp) that enriched their learning and believe this experience will impact their future practice as clinicians.
 - Community partners value this partnership and the potential impacts that their engagement with medical students will have on their future clinical practice, and consequently, on disproportionately affected communities.

- *Augmented knowledge of community-based resources:* An additional benefit for students has been learning about the various resources available in the community. They feel better prepared to refer future patients to these resources now.
 - It was recommended that the Service Learning Program work with ProComp lectures and tutorials to insert local community content where appropriate.
- *Reducing barriers to participation:* Participants felt that the program was easy to be involved with, efficiently run and noted the supportive administration.
- *Leading a national Community of Practice:* Continuing to lead the development of a national community of practice in community service learning with colleagues from Canadian Medical Schools. This group successfully hosted a workshop during the Conference on Medical Education in Halifax in 2018.
- *Sharing our experience:* Over the summer of 2017, a video was created in collaboration with Dalhousie Medicine's media production team. This video has been used during O-Week, at the program orientations, during conference and other event presentations, and also the information sessions for the program (click on image to view).



Background:



CACMS (6.6)

Dalhousie Medicine encourages and supports undergraduate medical education students to participate in service learning activities as an opportunity to gain knowledge of community and patient needs.

Service learning is defined as “A *structured learning experience that combines **community service** with **preparation** and **reflection***” (CACMS 2015).

Through its social accountability mandate, Dalhousie Medicine offers the Service Learning Program (MEDI2612) during the first two years of Undergraduate Medical Education at both Saint John (DMNB) and Halifax (DMNS) campuses. Service Learning is a learning enrichment program integrated into the established UGME curriculum and facilitated in partnership through the Global Health Office. The program integrates community engagement concepts into classroom-based learning (Professional Competencies 1) in first year with an optional community-based experience in second year. Students who opt to take part in the community-based “for credit” program component complete a minimum of 20 hours during the academic year. The experience includes preparation, critical reflection assignments, participation in community-based settings, and the completion of a small project deliverable that is relevant and useful for the community partner and the people engaged with their organization. The projects are designed in collaboration with community partners, students and the Service Learning

Program. Students apply for the program and are either matched with community-based not-for-profit organizations who work with marginalized and underserved populations or develop their own experiences based upon their own existing partnerships or interests.

The goals of the Service Learning Program include:

1. Enhance students' learning by enabling them to practice skills and test classroom knowledge through related service experiences in the community;
2. Enable students to provide needed assistance to community organizations and to the people they serve;
3. Ensure students contribute to the Faculty of Medicine's commitment to social accountability;
4. Assist faculty in their role as facilitators of service learning and in their engagement with the community;
5. Provide leadership training and scholarly activity to advance service learning in the Faculty of Medicine with our community organizations.

On completion of the Service Learning Program, the student will be able to:

1. Describe the social determinants of health encountered and develop a critical analysis of how these determinants affected the health of individuals;
(*Professional 1, 4; Community Contributor 1; Skilled Clinician 1c*)
2. Identify the availability of and access to resources for the community or population served by a community organization;
(*Community Contributor 3, 4; Skilled Clinician 1d*)
3. Demonstrate the ability to learn through experience and reflection;
(*Professional 3, 6; Lifelong Learner 3, 6; Skilled Clinician 1c*)
4. Demonstrate the integration of learning in the classroom and community organization context.
(*Community Contributor 3, Lifelong Learner 3*)



Program Development and Implementation Milestones

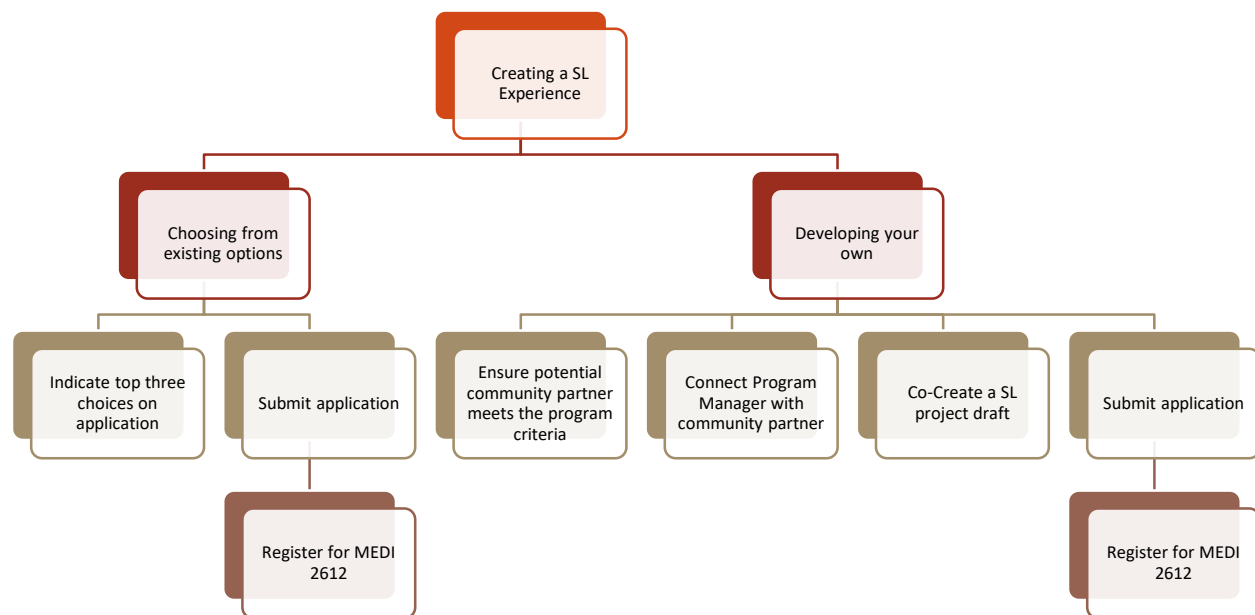
July - August 2017	<ul style="list-style-type: none"> Completed year two program report and presented results at UMECC in August Program applications, registration and matching completed
September 2017	<ul style="list-style-type: none"> Program Orientation sessions held at each campus and the community-based experiences began (September 7th at DMNB and September 10th at DMNS) Early entry program survey administered to students and new community partners
October 2017	<ul style="list-style-type: none"> Eric Comeau and Libby Morrison joined the Service Learning Leadership team as the Med 1 program reps
December 2017 - January 2018	<ul style="list-style-type: none"> Mid-point check in calls with community partners
January 2018	<ul style="list-style-type: none"> Rebecca Jamison joins the Service Learning Leadership Team as the Administrative support from DMNB
January 10, 2018	<ul style="list-style-type: none"> Mid-point reflection assignments submitted and detailed feedback provided to students by Faculty and Program Manager Mid-point program gathering (videoconference between sites)
January - May 2018	<ul style="list-style-type: none"> Community partner experience development and recruitment for 2017-18
March 21, 2018	<ul style="list-style-type: none"> Program Information Session held with the Med 1 class at DMNB Applications for the 2018-19 program launch
April 6, 2018	<ul style="list-style-type: none"> Program Information Session held with the Med 1 class at DMNS
May 31, 2018	<ul style="list-style-type: none"> Applications for the 2018-19 program closed (28 from DMNS and 13 applications from DMNB)
May 2018	<ul style="list-style-type: none"> Year-end experience presentations and celebrations (May 2 at DMNS and May 4 at DMNB) Final reflections and project submissions due (May 4) Post program interviews with community partners and the post-program survey completed by community and students
June 2018	<ul style="list-style-type: none"> Developed new student initiated community partnerships
July 2018	<ul style="list-style-type: none"> Service Learning Program matches confirmed

Program Components:

In Med 1, students are oriented to concepts related to service learning during two lectures and tutorials in the Professional Competencies class (ProComp 1): Global Health and Social Determinants of Health. During Orientation week to Medical School the Med 1 class is introduced to the program and encouraged to start thinking about where they are already connected to community and could develop a service learning experience or an area of interest they would like to explore based on the available opportunities. Service Learning Program reps are elected from the Med 1 class at each campus and serve as an essential link between the

Med 1 class and the program. The reps attend monthly leadership team meetings and make brief presentations to their classmates in advance of the information session to keep their classmates informed. The information session is typically held with students in March in Saint John (DMNB), and in April in Halifax (DMNS). Materials (application form, program syllabus, available service learning experience, instructions on how to create their own experience, and the PowerPoint from the information session) are then posted in the student materials section of ProComp I on Brightspace and on the Global Health Office's webpage. Students are encouraged to develop their own experience using existing community contacts in consultation with the Program Manager, or to indicate their top three interests based on the available pre-developed opportunities (developed by the community partner in consultation with the Program Manager). Table 1 below shows the two pathways to establishing a service learning experience. Based on the previous evaluation feedback, we began the application and match process earlier for 2018-19 to allow students more time to develop their own opportunities, register for the program, and begin in September with orientation activities.

In Med 2, the Med 1 reps now become our Med 2 class reps and continue with the leadership team for a second year. It is at this point that students who opt to take part in the program (complete the application form in April -May and register for MEDI 2612) begin the program officially when the new term begins in September. Over the summer, the Service Learning Leadership Team reviews applications and makes recommended matches. Students and community partners have until the end of September to determine if this is a good match or not. Last year, students began their experiences in September. In 2017-18, upon confirmation of a match, students and community partners develop and submit a draft project work plan to the leadership team for review. Students are required to attend a program orientation session in September, complete a minimum of 20 hours in the service learning experience, complete two brief reflections and a small project. The mid-point brief reflection (structured, 1-2 page max) is submitted to the Faculty leads and the Program Manager for feedback (January) and a final reflection at the end of the unit (April). Experiences are presented at year-end celebrations (one at each campus) in early May. The Med 1 class is also invited to attend so that they have chance to see what the service learning experience is like before deciding whether or not they would like to apply to the program.

Table 1 – Pathways to a Service Learning (SL) Experience

Service Learning Program Leadership Team:

Faculty Leads

- **Dan Boudreau** is the Service Learning Faculty Co-Lead, Halifax, and is an emergency physician in Dartmouth with a keen interest in local global health work through his support of students, community organizations and various initiatives in the Global Health Office.
- **Sarah Gander** is the Service Learning Faculty Co-Lead, DMNB, and is a paediatrician based in Saint John who has led work with medical students to create a social paediatrics elective.

Administrative Leads

- **Sarah Peddle** is the Program Manager for Service Learning and a Community Psychologist by training who has been in this role since the implementation of the program almost three years ago. Previously be was working at Dalhousie leading and facilitating community-based research teams focused on HIV/AIDS and Hepatitis C.
- **Rebecca Jamison** is the Longitudinal Curriculum Coordinator at DMNB. She joined us as part of the leadership team last year.

Student Leads

- **Jordan Boudreau** is a Med 2 who believes in an active approach to addressing the Social Determinants of Health and physicians fulfilling their social responsibility through public service, volunteerism, advocacy, and care. Jordan has spent several hundred hours over the past few years engaged as a volunteer in Halifax. Jordan is delighted to be involved in the process that increases the contribution that his class will make this year.
- **Allison Maybank** is a Med 2 student who was selected for this role as a Med 1. Allison has a strong interest in being involved in the community. She especially enjoys playing

and coaching sports such as rugby. Allison will be continuing as the DMNB Med 2 class rep, and is looking forward to helping everyone enjoy their experience.

- **Libby Morrison** is a Med 1 student from Sydney, N.S. Libby comes from a family that has always emphasized the importance of giving back to their community, and has become an active volunteer throughout her academic career. She has an interest in supporting marginalized populations through her volunteerism and in her future career. She is excited to see the projects develop this year, and looks forward to ensuring that her classmates enjoy their Service Learning experience
- **Eric Comeau** is a Med 1 student who strongly believes that community is the best resource we have to improve the health of the populations we serve. Working in community development and health before coming to medical school emphasized to him the importance of building community partnerships and he hopes others learn of the importance of community during their time with service learning.

Additional Supports

- **Shawna O'Hearn** is the Director of the Global Health Office and has been the main driving force and common thread for all of the service learning planning over the past few years.
- **Christy Simpson** is the Department Head and Associate Professor in the Department of Bioethics and currently serves as the main link to ProComp, including further integration of service learning into this unit.
- **Natalie Voutour** is the Operations Manager at DMNB and is available to provide advice for all operational aspects of the program for DMNB.

Completed Service Learning Experiences

For 2017-18, students presented their service learning experiences at the year-end celebrations. The celebrations were held on May 2, 2018 in Halifax with 56 people in attendance and on May 4, 2018 in Saint John with 25 people in attendance (see Appendix A for student written summaries of their experiences).

Over the past two years we have had 70 students participate in the program with 24 community partners in both Halifax and Saint John. These experiences have produced many significant contributions including advocacy-focused videos, print and social media campaigns to raise awareness of programs or services offered by the community partners, created workshops or hosted events to share knowledge and build relationships, assisted with fundraising, and developed needed resource and web-based materials, just to name a few.



Program Evaluation

“Through the relationships that I have developed with the staff and Peer Navigators at Mainline, I completely shed the stigma and misconceptions I previously had about interacting with people who had or were currently using drugs.”

~Student impact statement from a critical reflection assignment (with permission)

Methods

In 2017-18, the Service Learning Program completed its third year of the of the program’s full implementation. To ensure that the Service Learning Program is responsive to the needs of the participants and to inform future program development, a comprehensive program evaluation has been completed. The evaluation approach was informed by the Collaborative Evaluation and Enhancement Social Accountability Framework (see [Kirby et al., 2017](#))

Data Collection

- 1) Descriptive monitoring data
 - a. Number of students (including year and gender)
 - b. Average number of hours per student
 - c. Pass/Fail/In Progress
 - d. Number of community partners and location of service learning experiences
 - e. Attend orientation session
 - f. Attend year-end celebration
- 2) Resourcing for the program
- 3) Student and community partner early entry and post-program surveys
- 4) Mid-Program gathering and feedback
- 5) Community partner mid-program check-in calls and year-end interviews

Results

1) Descriptive Monitoring Data:

- a. Number of students (including year and gender):
 - i. In total, 44 students successfully completed the program.
 - a. For the 2017-18 academic year, there were 44 second year medical students who participated in the program (28 in Halifax and 16 in Saint John). The majority of participants identify as female (70%) however the proportion is highest in Halifax (85% vs. 50% in Saint John).
 - b. Average number of hours per student: Full year average of 30 hours (first term average hours was 12 with 17 in the second term) with a range of 20-130 hours (one outlier with 130 hours, the next highest was 50). The results are highly comparable to the previous year (26 hours average with a range of 20-40 hours).
 - c. Pass/Fail/In Progress: 44 passes/0 fails/0 In Progress
 - d. Number of community partners and location of service learning experiences:
 - i. Students completed their service learning experiences with 23 community partners (17 in Halifax and six in Saint John) of which, 10 were new partnerships for the program. Of the new partnerships, half of

them were initiated by students who either had interest in working with that organization or had spent time working for or volunteering with the organization previously.

- ii. Halifax partners included: Direction 180, Mainline Needle Exchange, Big Brothers Big Sisters, Halifax Refugee Clinic, 211 Nova Scotia, I am Potential (Navigators of Canada), Lesbian Gay Bisexual Youth Project Society (The Youth Project), Health Association of African Canadians, Immigrant Services Association of Nova Scotia, Imhotep's Legacy Academy, The Schizophrenia Society of Nova Scotia, The Halifax Area Network of Drug Using People, Northwood, Dartmouth North Community Food Centre, Dartmouth Learning Network Society, Mobile Community Food Market, and the Halifax Sexual Health Centre.
 - iii. Saint John partners included: Big Brothers Big Sisters (Advocacy Mentoring Initiative), Teen Resource Centre (Pathways to Education Program), AIDS Saint John (Avenue B Harm Reduction), St. Joseph's Community Health Centre, Human Development Council, Research Education and Clinical Care for At Risk Populations.
- e. Attend orientation session: All students and the majority of community partners attended the program orientation sessions (one held at each campus) that were held in September 2018. The session focused on introductions, a general program information, a review of timelines and program requirements.
 - f. Attend year-end celebration: All but two students were able to attend but they ensured that their student partner presented on their behalf so all service learning experiences were features and shared at the events (one in Halifax and one in Saint John). Four community partners in Halifax and one community partner in Saint John were unable to attend but reviewed the content of the student presentations in advance.

2) Resourcing for the program: Dedicated Administrative Staff & Building Meaningful Community Partnerships

Administrative support: One of the strengths of the Service Learning Program continues to be the dedicated resources in the form of staff support for the program. We have a full time program manager at DMNS and administrative support at DMNB. The program manager facilitates the development, implementation and coordination of the various program elements in collaboration with community partners, students, faculty and UGME staff. As the evaluation results from community partners and students demonstrate, this support has been a consistent strength of the program. As relationship building takes considerable time and needs careful consideration in order to build meaningful and sustainable community partnerships it is felt that this investment is being well spent.

Experience and project funding: Based on participant advice and feedback (more details below in the mid-program gathering and feedback summary), we established a pool of funding (\$3,000 per annum) that has been dedicated to the program to help offset any additional costs incurred through involvement in the program. Given that this funding was allocated near the end of the fiscal year, for 2017-18, we estimated the costs for each project that indicated a need and sent a cheque directly to the community partner. For future years, we are initiating the consideration

of resources and budget justification as part of the proposal and work plan submission at the beginning of the program. We will also be using this as an opportunity to have the students think though how having these financial needs met also addresses a barrier or impacts of the social determinants of health.

3) Student and Community Partner Early Entry and Post Survey Results

The student survey was distributed by the Program Manager using One45 and the survey for community partners was distributed by UGME (Evaluation Specialist Darrell Kyte) using Opinio survey software. Mr. Kyte also completed all of the paired t-test analyses for the surveys.

Early Program Entry Survey

The early program entry survey was completed with both students and the new community partners. Questions were posed using a five-point Likert scale (ranging from strongly disagree to strongly agree) and were broken into questions related to perceptions of, experiences with, preparation for, use of reflection, and reciprocity in the Service Learning Program. In total, 28/44 students (64% response rate) and 7/19 of the community partners (37% response rate) completed the survey. All of the responses were positive with a range of 3.7-4.9 on all survey items.

Service Learning is Different from Volunteering

For the student survey, we observed a note-worthy increase compared to 2016 on the perception statement, “service learning is different than volunteering” (the mean score for this statement increased from 3.8 last year to 4.4 this year). The program was changed to frame and clarify this difference during the orientation. This enhanced understanding was further demonstrated in the open-ended questions whereby many of the students explicitly stated the differences between service learning and volunteering when asked to define service learning from their perspective. Increases above a 0.6 on the Likert scale compared to the previous year were also observed for the statements “service learning will allow me to learn about different social and economic environments” and “the context of my service learning experience will allow me to view people and communities differently.”

Open-ended questions

21/28 provided a written response to the question that asked students to describe their understanding of service learning. Students described: the links to curriculum, how it's more than or different from volunteering, mutually beneficial and reciprocal experience, making a contribution to community, enhanced understanding of the social determinants of health, commitment to social accountability, etc.

A couple of descriptions help simplify how we define service learning:

“Service learning is an educational experience in a community setting based on the partnership between a community organization and the medical school, to allow the medical learner to gain a better understanding of the community context and the social determinants of health while contributing to a project that will benefit the community.”

“In service learning, students complete a project at a community organization that addresses the social determinants of health. The organization, and the community it serves, benefits directly from this project, but they would also benefit indirectly by a stronger partnership between the medical school and the organization. Both the students and the communities benefit from having healthcare providers that are more aware of the issues that face their patient population and having a greater appreciation of the social determinants of health.”

Service Learning Will Help to Prepare Students for their Careers

For community partners, the biggest increases (when compared to the previous year) in the proportion who indicated “strongly agree” were for the statements “Service learning will help to prepare students for their careers” (4/7 this year compared to 1/6 last year) and “Service learning can help medical students learn about the social determinants of health” (6/7 this year compared to 2/6 last year). It was also encouraging to see that 100% of community partners either agreed or strongly agreed with the statement “In general, the benefits of working with service learning students outweighs any burdens it may have added to our work.” Lastly, for the series of statements regarding reciprocity, scores ranged from 4.57-4.86. It is clear that our community partners place great value in this partnership and the potential impacts that their engagement with medical students will have on their future clinical practice, and consequently, on disproportionately affected communities.

Post Program Exit Survey

The post program survey was completed with both students and the new community partners. Questions were posed using a five-point Likert scale (ranging from strongly disagree to strongly agree) and were broken into questions related to perceptions of, experiences with, preparation for, use of reflection, and reciprocity in the Service Learning Program. In total, 22/44 students (50% response rate) and 10/21 of the community partners (47.6% response rate) completed the survey (five were new community partners and five were new representatives for previous partner organizations; six from Halifax and four from Saint John). All of the responses were positive with a range of 3.1-4.9 on all survey items.

A result from the community partner survey that will require more exploration is that more than half of the community partners either were neutral or disagreed with the statement asking “I saw myself as a mentor to the students.” We have a curiosity to know if this is a new partner norm, if they perhaps define their role differently (i.e., co-educator), or if there is some work we need to do to enhance to mentorship role. It is this curiosity that has led the leadership team to identify the need to now modify our evaluation planning for the 2018-19 year. We will be revising the community partner survey so that all community partners can participate. Previously we had looked at this as a pre (early program)-post but instead we will move to only using a post-program survey format to gauge perceptions, expectations and perspectives of service learning. We don’t expect that we will have sufficient numbers of new community partner annually to be able to run a pre-post so this makes sense also from a methodological standpoint.

Student open-ended questions:

Although only 9/22 (41%) of the students answered the open ended questions, there were some changes worthy of mention. Students were asked again to describe their understanding of service learning and the depth of their responses demonstrate a high level of understanding of reciprocity and the value of the experience in contributing to community-identified priorities. The

definitions also reflect an enhanced link between classroom learned concepts to real life settings and experiences. This enhanced understanding post-programs serves to validate the stated objectives of the Service Learning Program.

“To engage in a meaningful way with community partners that represents work with communities that may be underserved, vulnerable, or in need of specific services. Service learning is different from volunteering, because it is a partnership between the student and the community partner organization, and it involves collaborating on a project that will benefit the community while also facilitating the students’ learning”

Students were also asked to share any new knowledge or skills gained through participating in service learning. Responses included content related to: Increased knowledge and understanding of how the social determinants of health can vary between communities and the importance of understanding demographics as powerful predictors of future health outcomes – importance of intervening early; Better understanding of the resources available in the community; Experience has informed advocacy – hearing stories directly from affected populations has had great impact on the students.

“I gained an appreciation for stakeholder assessment and the self-identified needs of a community in structuring ideal models of service delivery in the future. Specifically, I was overwhelmed by the laundry-list of identifiable and easily modifiable barriers and facilitators to optimal health outcomes for marginalized people. I gained an appreciation for substance use disorders as a possible independent marker of social frailty necessitating appropriate and commensurate social intervention. I gained an appreciation for what it means to people to have a trusted, nonjudgmental relationship with providers (especially for historically marginalized populations), and how the presence or absence of that relationship directly impacts people's care.”

Comparing the Early Entry to the Post-Survey Results

It should be noted that this was not a true pre-post test given that the responses were not directly linked or matched in any way from pre to post and the pre survey was delivered after the program had begun so we reference this as an early entry survey. Using early entry and a post-program surveys allowed us to obtain a general sense of whether there were any observable differences or significant differences for either group as a whole from pre to post survey administration. Participation in the evaluation process was not a mandatory component of the program.

- For the early entry to the post-program comparison, we completed paired t-test analyses in SPSS. Although the analysis did not yield any significant results, there are a couple of observations that we will be monitoring:

Please see appendix C for copies of the survey tools utilized as part of the program evaluation.

4) Mid-Program Gathering and Feedback

At the mid-program gathering there was a total of 58 people in attendance across both campuses which were joined via videoconference.

- 15/16 students at DMNB and 26/28 students at DMNS Halifax
- 6/17 community partners at DMNS and 4/6 community partners at DMNB
- 7 Service Learning Leadership Team members (4 at DMNS and 3 at DMNB)

The agenda for the gathering included a territory acknowledgement, welcome, information about two upcoming conferences (with an offer for assistance on writing abstracts from the leadership team), a program review (including both events, critical reflection due dates and evaluation processes), and the sharing of service learning experiences and projects.

The sharing of experiences was structured in such a way as to ensure that we had enough time to complete the session but we also wanted the participants to briefly summarize their project and provide both reflection and feedback. We asked them to introduce themselves, summarize the project and also share one thing they have found most valuable about the experience so far and also one way they could see the program being improved or enhanced. As an extra, we inquired about any what type of funding, if available, would be useful and what type of process could be used to access the funds.

Most valuable part of the experience

The experience component of the Service Learning Program was discussed most frequently since many were just starting to implement their projects at that stage. Participants reflected on the benefits to spending time getting to know the organization, forming meaningful relationships with clients, getting to know the surrounding community, and an enhanced awareness of the challenges and resources available. Students spoke about taking a proactive position in these settings and thinking about how to improve the relationships between the healthcare system and affected individuals and really bringing to life the advocacy potential moving forward.

- The most common value expressed by the participants was the fact that participation in the program serves to enhance classroom-based learning by being able see first hand and reflect on the impacts that the social determinants of health have on marginalized and underserved populations. Participants also spoke about the intersections of diversity and how it's never just one determinant having an impact – it is multiple determinants.
- For many students, they found it valuable to be learning about all resources available in community. They shared the importance of knowing what is available to properly refer future patients to additional resources so as to provide a more holistic approach to healthcare. For others, it was learning about community engagement and the importance of having community buy-in and input on project development and implementation and how working in a group can enhance the experience, even when working on different projects. For those who were volunteers with their organization or perhaps played a different role, this shift has allowed them to appreciate the amount of work that goes into coordinating programs and developing materials.
- For community partners, it was noted that there is great value in having a piece of work completed. They also spoke of the trickle down effect of having future clinicians who are well informed about resources available in community and also a broader understanding of marginalized and underserved populations whom can then share their knowledge with others and ultimately improve healthcare for marginalized and underserved populations.

The question of how the program could be enhanced ended up being directly linked to the exploration of financial resourcing. In addition to sharing experience and project updates, we also asked participants to contemplate what types of resources would help to support them in the completion of their collective work. It was evident that both students and community partners would like to be able to access small pots of funding to help offset additional costs that can be more of a challenge for them to cover operationally – for example, food at events or funding to cover honorariums, travel support or childcare for those involved in the projects. Small material costs such as pamphlet/resource printing and/or small pieces of equipment (blood pressure cuff or small sports /physical equipment material) would be quite useful.

5) Community Partner mid-point check-in and year-end interview calls

As previously noted, the program's mid-point and year-end calls (please see appendix C for the year-end interview guide) were the fundamental mechanisms to ensure that we obtained meaningful and timely feedback from our community partners into all aspects of the program's structure and delivery.

A strategy to build and support relationships with community partners is via the completion of check-in calls at the program mid-point and year-end interviews. These calls are an opportunity to see how things have been going from the partners' perspective and offer support and to obtain feedback on the full year experience. The Program Manager completed calls with 19/23 community partners at the mid-point and 21/23 at year-end. At the mid-point, the check-in calls were followed up with an email to the students individually to check-in and share any feedback received and also offer both community engagement and process suggestions as needed.

Community Partners have enjoyed their experience with the program and spoke very highly of the students: Partners expressed feeling that the program's structure works well for them and, consistent with the early entry program survey, they find it less of a burden to have a focused piece of work for the students than it is to find busy work for volunteers. Service learning, from their perspective, allows them to orient the students to the setting and check-in with them as the project progresses without a significant human resource burden. Several also indicated that it is helpful for students to complete some of the work off-site and they generally found the students to be courteous, appreciative and able to take direction well and work autonomously when needed.

Drafting project and experience ideas in advance of the applications helps manage community partner expectations from the onset: Several community partners directly spoke about the unique benefit of drafting project ideas in the winter with the Program Manager as the manager is able to give feedback on the size of the project and manage expectations up front. They see this work as adding more value with a small investment vs. other types of placements which may require a larger investment but with less benefit for the partner directly.

Community partners would like more time with the student(s) in the setting: Although they do like that some of the work can be done offsite, they would like to hear from the students more and would like to have more in person time with them. They understand that this is a challenge given that there is no protected time for them to participate within the curriculum. This finding also supports the need to look at how we might be able to match students earlier so that there is more time for them to engage actively in the setting vs. spending the bulk of their hours

completing a project (still considered important by the partners so they don't want to see that aspect removed) outside of the setting.

Clearer distinction needed to outline the phases of the experience: The consensus was to formally describe the phases of the program to help manage expectations. This was echoed by the students in their email replies when the Program Manager checked in with them after speaking with their partner – many felt that they were behind because they hadn't started their project yet and didn't realize that this was a common feeling and experience. In the future, the program description will include phases and the first term or phase would be more explicitly about the orientation and preparations (focusing on experience to inform the project) and the actual implementation of the project happening in the second term or phase. There can, of course, be exceptions depending upon the project needs of the organization or the student wanting to complete more hours in the first term but as a general structure, this division may help to manage expectations. The 2018-19 program has been structured this way and we will evaluate this new implementation strategy for efficiency and effectiveness.

A number of partners noted the absence of students in November but most felt the students communicated the reason for their absence clearly. The Neurology unit exams take place in late October and mid-November so we have decided to be transparent about this and have noted the potential inactive period for student participation. We will include this in the manual and also remind them at the orientation meeting for the 2018-19 cohort.

Capacity building needed related to community engagement principles and practices: There were a few instances where the community partner expressed feeling as if they were being consulted about a project rather than being an active participant in the process. Although some community partners want students to identify projects of interest that are based on community identified priorities, we need to provide more guidance to outline some practical ways to continue to engage in a collaborative process throughout the experience. We will be adding this as a topic in the mini course that will be offered in the winter term for 2018-19 and will also offer a mini version of this at the orientation meetings in September at both campuses.

Modify where key documents are stored to increase ease of access for community partners: Previously, we had provided guest logins and passwords for the community partners to access the online course space on Brightspace. Upon review of the logins over the year, we noted that very few ever logged in. A couple of the partners offered other strategies that we could use including more emails bulleted key points and reminders of upcoming events or timelines. With those emails it was suggested that a link to a Dropbox folder also be included and the folder would contain the key program documents like the proposal worksheet, syllabus and program manual.

Additional Qualitative Findings

A qualitative approach allows for the descriptive details to be captured and provides insight to complete the evaluation of this program. All community partner year-end interviews were digitally audio-recorded, and notes were taken to summarize the reflections and recommendations of the participants. Any direct quotations have been approved for use by the participant.

In addition to the year-end questions, we also added a small qualitative inquiry to gain some additional insight into one of the survey questions. Each of the community partners was read the following statement and were then asked to state their level of agreement or disagreement with it and discussed the reason behind their response. The statement was, *"In general, the benefits of working with service learning students outweighs any burdens it may have added to our work."*

Results:

- Most of the community partners responded by saying they absolutely agreed with the statement and didn't see participation as a burden at all.
- Many reaffirmed that they see this as an investment and the projects either fit into their work they are already doing or accomplish work that is important and may not have been completed otherwise.
- Community partners expressed that there is reciprocal benefit in their participation in being able to provide the learners with direct experience in community with the added benefit of having prioritized work completed by highly capable students.
- A few community partners also appreciated how easy it is to get involved with the program and liked that they are not required to complete extensive paperwork and evaluations of the students. The check-in calls allowed them to easily provide feedback and posed a less administrative burden on them than completing additional paperwork does.

"I think the biggest thing for me is, I look at it as investing time in the future professionals that are coming in. For me it is upstream investment. Even though it takes time to support students in the field, that is our job to support them so that when they graduate, and are in the field, they are a little more well-rounded."

~ Saint John Community Partner

"They make so many things possible that we couldn't do it without them."

~Halifax Community Partner

"I would respond absolutely. One of the reasons for us pursuing this initiative was to educate, inform, and add value to the student's experience – to the students' value as a practicing physician when they leave Dalhousie....It has been no burden for us frankly. It has been all plusses."

~Halifax Community Partner

One of the community partners reflected on the accidental burden that they may place on students if we don't do our due diligence to strike a balance between the needs of the community partner, the program and the student:

"As community partners, we aren't as engaged in knowing how demanding the curriculum is so there is the risk of us doing the reverse – over burdening the student who wants to do well and you know, serve...to meet the community as well as Dal's interests. If we don't reach that

balance, we could do the reverse, over burden them, and then we aren't going to get a good result anyway."

~Halifax Community Partner

Another community partner spoke about the essential link that the program provides to the CANMEDS competency of being a health advocate. They felt that there isn't a strong emphasis on teaching how to be an advocate during undergraduate medical education so participation in this program serves to address this practical and experiential gap in their education.

"I think the learners need to have an opportunity to work with the community and learn how to advocate as it's not something that is formally taught in Medical School and is a necessary component."

~Saint John Community Partner

IMPLEMENTED CHANGES AND PROGRAM RECOMMENDATIONS

Changes implemented, program recommendations and planned actions based on early entry and post program survey results, mid-point gathering feedback and check in calls with community and post-program interviews with community:

- *Scheduling time in the community-based setting:* Ensure that students and community partners set up times when the student will be on site and participate in community events or activities in the setting to learn more about the organization, clients and community. Even though some projects can be done off-site, it's important to spend time in the setting to get to know the organization and better understand the context for which the project is situated. Students expressed an intention to make a more deliberate effort to schedule in person meetings vs. relying solely on email communication when the term gets busy.
 - *Recommendation:* Block off time and set it up as a schedule so students are aware of the need to protect time in their schedule when possible. Ideally, participants would like there to be protected time in the curriculum schedule to participate in service learning (this is an on-going discussion that will remain in our long-term planning).
 - *Action:* This will be discussed as part of the program orientation and will be part of the mini course offering for the winter term in 2019.
- *Providing resources to offset any financial burdens on the community partner in implementation projects.* As described, we asked the participants at the mid-program gathering, what they would like to see us offer in terms of financial support and how they'd like to go about requesting these resources.

- *Recommendation:* Based on the feedback from the participants, the leadership team decided to offer small amounts of funding to cover costs associated with the projects and identified projects for the 2017-18 year who had additional needs beyond the scope their operational budgets. Cheques were issued to those community partners.
 - *Action:* For 2018-19, we have included a section which asks the students to think about all resources required for the experience and project. We then ask them to provide a budget justification for the request (\$100-\$500 max) and also explain how this funding will help to address disparities in the social determinants of health or health equity.
- *Timing of the program start date:* Many students spoke about the desire to begin the program immediately after matching is completed in the summer. They felt they could spend time over the summer months getting to know the community partner. Students envision that this would make things more manageable in the first term and they could actively and intentionally protect time to spend in the setting and refining their project plan based on their experiences and the evolving needs of the setting.
 - *Recommendation:* Although we can't request that students begin this process over the summer (need for self care, downtime, workload management with RIM), we have completed the application and the majority of the matching process earlier so that students and community partners have the options to get acquainted over the summer. The focus is on reading background material and scheduling orientation (both program and also at the organization) in September. For some, a draft of the project proposal could be completed during this time, especially if they already have experience with the community partner and community.
 - *Action:* For 2017-18 we have begun matching students in early July so that they can choose to get oriented to the setting over the summer to alleviate some of the fall pressure but it is not an expectation that this take place over the summer. This is a pilot approach and we will be seeking feedback from the participants as to whether or not this was a positive and useful change.
 - *Action:* The leadership team will be exploring alternative models and timing for program start and implementation. One idea being explored is having the Med 1 class sign up to shadow a service learning student. They could sign up in March at the information session before applications launch. Another is matching Med 1s in the winter term with a community partner to ensure that they have sufficient time in the setting to get to know the partner prior to completing a project (this would be a one and a half academic year commitment to community vs the current one academic year in Med 2). This new process would need to get approval through the Med 12 committee and the Undergraduate Education Curriculum Committee.
- *Enhancing the connection to ProComp:* The link between ProComp and the program makes sense theoretically but the students felt that there is more that should be done to strengthen the inclusion of local organizations and resources and felt that the Service Learning Program was well suited to do this.
 - *Recommendations to explore with ProComp leads:* Adding more content to lectures and tutorials as appropriate to make the link between the program and ProComp more evident. Highlighting local resources in cases or asking students to look for local resources on certain topics and present findings during tutorials to make it a more active learning process. Students in New Brunswick also felt

that co-tutors from New Brunswick would be helpful in identifying some of this information. It is also important to ensure that both Halifax and Saint John resources are added to case references.

- *Action:* One of the Med 2 student reps, Jordan Boudreau, put together a proposal that provides examples of how content could be integrated and used a couple of cases as examples. ProComp leads suggested we approach a few of the case authors and pilot this approach for the upcoming year.
- *Create mechanism for students and community partners to be informed of projects earlier in the program:* Students and community partners saw great value in hearing about all of the projects in development and realized that there's opportunity for resource sharing. They would like us to establish a mechanism for keeping everyone in the loop on developing projects so they can more easily identify opportunities for sharing and cross-collaboration.
 - *Recommendation:* Once we have the project and experience proposals submitted and approved, we can pull the project summary from each of the forms and create a discussion thread on the course Brightspace. We can also use this space to encourage students to find new links between the community organizations they are working with so that they can help be the navigators between the community groups to help build more opportunity for cross-collaboration over and above service learning.
- *Create more opportunity for students to link their classroom-based learning to their community—engaged experiences:* Students have been asking for more opportunity to learn about concepts related to service learning beyond the current integration with ProComp. We tried adding more online resources to Brightspace and provide resources on each of the student draft reflections at the mid-point but there is still a desire for more.
 - *Recommendation:* The students on the leadership team felt that service learning could take a leadership role in offering a mini course for interprofessional education (IPE) credit. Many other health faculties also have community-based curriculum so this would be an added benefit to have this as a joint venture.
 - *Action:* The Global Health Office has been given approval to develop a mini course that would take place in the winter term. Topics covered will include such things as: Understanding and participating in community-engagement cycle, power and privilege, trauma informed care, advocacy and challenging the status quo.
- *Revise community partner survey so that all partners can participate:* Previously we have been sending out the survey at the start and end of the program and looked for any changes and only sent this to new community partners each year. We do not anticipate the number of community partners to grow significantly so instead of only offering the survey to new partners using the pre-post method, we will be offering a survey at the end of the program as an additional evaluation tool so that everyone can participate.
 - *Action:* Community partner year end survey will be modified and will be sent to all community partners. The revised survey will be reviewed for approval by the Program and Faculty Evaluation Committee before being distributed.

Future ideas to explore:

- *Protected time for students to participate:* Some students and community partners would like students to have protected time to participate in the program. Protected time would allow community partners to know when students can be on site and would allow

students time to engage in more preparations and group reflections to help deepen and enrich their experiences.

- The Service Learning Leadership Team will continue to keep abreast of the ProComp 4 year expansion plan and the possibilities of where service learning could fit within it.
- *Explore options for service learning timing and completion:* As stated above, there has been a lot interest in the program and we are continuously creating more links between medical students, residents, community partners and other faculties across the University and nationally.

We recognize the significant number of students accessing these organizations for placements and are mindful of creating the least amount of burden on our partners with the greatest reciprocal benefit, The Service Learning Program Leadership Team will continue to explore alternative delivery options with the maximization of reciprocal benefits in mind.

Appendix A - Service Learning Experience Summary Table

Student & Partner	Experience & Project Summary	Community Partner Information	Estimated hours
DMNS			
Alexandra Hetherington, Sara Lanteigne, Sebastian Copp, I am Potential (Kevin Jolly)	<p>SL experience summary: We organised I am Potential's Medical Boot Camp program for inner city youth. The program had six sessions each semester on Thursdays from 4:30 to 6:30 pm. We were responsible for recruiting volunteers from the first and second year med school classes. We also were responsible for running 12 different medical/science based activities for approximately 20 grade 7 students. Each activity had a budget of approximately \$100. The activities were as follows:</p> <ul style="list-style-type: none"> -October 19: Human to Human Interface -October 26: Activities with Dentistry students -November 2: Learning to make casts and a visit to the Anatomy Museum -November 9: Physical Assessments and Vitals -November 23: Eyeball dissection and suturing -November 30: Activities with the Department of Radiology -January 18: Virtual Reality and Suturing -January 25: CPR -February 1: Nutrition and Healthy Eating -February 8: Human to Human Interfaces -February 15: Medical Cases and Trivia -March 1: Activities with Dentistry <p>We held a volunteer training meeting on Thursday, September 28. Due to Med 2 Clinical Skills schedule overlapping with the first part of most I am Potential activities (Clinical Skills was scheduled until 5 pm on Thursdays), we also recruited 3 Med 1 coordinators to assist with set-up and initiation of the program. In addition to the 12 medical activities, we organised a speaker series where volunteers shared their experiences in high school and their educational journey. This was in an effort to connect students with our volunteers and encourage the pursuit of post-secondary education.</p> <ul style="list-style-type: none"> -Sebastian was in charge of room bookings, organising activities, recruited volunteers for speaker series -Sara was in charge of liaising with Dentistry, organising activities, supply shopping, recruited volunteers for speaker series -Alexandra was in charge of weekly reminders/scheduling, organising activities, recruited volunteers for speaker series -All three of us attended weekly I am Potential 	<p>I am Potential</p> <p>Mission & Vision: I am Potential connects inner city junior high youth with university student volunteers on campus for recreation, a meal, and fun hands-on learning in sport, engineering, and health and medicine. This project grew out of the conviction that a bright future is possible for kids in our city, including those from lower income neighbourhoods, if they can get a post-secondary education and have positive adult role models involved in their lives. Because of our work youth from lower income neighbourhoods are being introduced to the dream of post-secondary education and are developing friendships with volunteers.</p> <p>http://iampotential.ca/</p>	<p>1st term: 10 hours</p> <p>2nd term: 10 hours</p> <p>Total hours: 20 hours each</p> <p>Additional 15 volunteer hours per term per student</p>

	<p>sessions and met biweekly to organise logistics and develop new programming.</p> <p>Additional experience details: Meetings with I am Potential Directors 3 times each semester; Year end Volunteer Appreciation event where we learned about the entire I am Potential program and the community they serve.</p>		
<p>Brianne Robinson and Dominique de Waard, Mainline (Diane Bailey)</p>	<p>SL project summary: The primary focus of our SL project was to raise awareness for Mainline and their new Peer Navigator Program. We decided the best way to do this was to create an article and submit it to multiple media outlets like Metro Halifax, CBC, Global News, Doctors Nova Scotia (DNS), etc. We were successful with CBC and we are awaiting approval from DNS. Our connection through CBC is going to highlight the Peer Navigator Program by recording an outreach session and interviewing Mainline staff, clients in the community, and us. This is a great opportunity to raise awareness throughout the community! Our DNS submission will help raise awareness through healthcare, highlighting the areas that we as professionals can work on in order to be better advocates for people who use drugs (PWUD).</p> <p>The structure of our written piece focuses on four main sections:</p> <ul style="list-style-type: none"> - What is Mainline and what have they achieved so far - The new Peer Navigator Program - Future direction of Mainline - Impact that health professionals can have on the population that Mainline serves and what health professionals can learn from the feedback of the Peer Navigator Program. <p><u>Update: links to publications</u></p> <p>OnBoard MD Magazine: https://magazine.onboardmd.com/en/out-of-the-classroom-into-the-community/</p> <p>CBC: https://www.cbc.ca/news/canada/nova-scotia/medical-students-learn-about-dirty-needles-addictions-1.4650215</p> <p>Upcoming feature in Doctors Nova Scotia Magazine.</p>	<p>Mainline</p> <p>Mission and Vision: Mainline, a project of the Mi'kmaq Native Friendship Centre is a health promotion project dedicated to supporting people through harm reduction programs. Harm reduction treats drug use as a health concern rather than a criminal or moral issue. We are committed to supporting people to focus on their health and well-being through: raising awareness, education and empowerment.</p> <p>http://mainlineneedleexchange.ca/</p>	<p>1st term: 10 hours</p> <p>2nd term: 20 hours</p> <p>Total hours: 30 hours each</p>

	<p>Additional experience details:</p> <p>Focus group:</p> <ul style="list-style-type: none"> - Funding was provided by the SL program allowing us to host a focus group with 4 peer navigators and 2 peer staff to highlight the importance of the program - This event helped us gain a better understanding of the impact the Peer Navigator Program has on the peers themselves. It has given them a sense of purpose and instant gratification when on outreach. They also provided us with feedback on how healthcare professionals can become "peers" themselves by being more open and accepting of PWUD. <p>Outreach session:</p> <ul style="list-style-type: none"> - We participated in an outreach session with a peer staff and peer navigator, which was a great experience. We spent most of the morning checking hot spots for discarded needles, crack pipes, etc. to help reduce the chances of reuse and making the community safer for everyone. During the session we had multiple people approach us to show their appreciation. Due to the weather we didn't have many clients, but we did stop into two shelters to offer support and clean supplies if needed. We are hoping to go back out! <p>Naloxone Training through Dal Med:</p> <ul style="list-style-type: none"> - During our first meeting with Mainline, one of the staff highlighted the importance of Naloxone and educating both Mainline clients and community members on how to use them. An opportunity arose to receive training through an interest group at Dal Med by a Direction 180 staff member. We both jumped at the opportunity to gain a better understanding of naloxone and its applicability in the community Mainline serves. 		
<p>Caoimhe McParland & Mohamed Eissa, Halifax Refugee Clinic (Gillian Smith)</p>	<p>SL project summary: We delivered a health care workshop to clients of the Halifax Refugee Clinic who are refugee claimants in Nova Scotia. The workshop provided education on the healthcare system in Canada, the Interim Federal Health Insurance Program (IFHP) that covers this population and discussed access to care and common barriers these patients may face. The second part of our project involved calling health care providers listed as being providers that accept IFHP. The goals of this project were to assess the accuracy of the provider list, to compile a list of providers who are truly accepting IFHP, and to encourage those listed who are not currently accepting to reconsider.</p>	<p>Halifax Refugee Clinic</p> <p>Mission and Vision: The Halifax Refugee Clinic was founded by immigration and refugee lawyer, Lee Cohen, in 2000 to fill a gap in legal services in Nova Scotia for people seeking asylum. We are a not-for-profit, non-governmental, organization that provides no-cost legal and settlement services to</p>	<p>1st term: 10 hours</p> <p>2nd term: 15 hours</p> <p>Total hours: 35 hours each</p>

		<p>refugee claimants, refugees, and people in need of protection who cannot afford the services of private legal counsel. We now provide services to people across Atlantic Canada and work with anywhere from 30-60 new clients per year, helping them navigate Canada's inland refugee determination system and supporting their settlement in Canada. Clients generally access our services for several years which means we serve the diverse needs of approximately 100 people per year. We have a small, dedicated, full-time staff of three and a large group of enthusiastic volunteers who are passionate about advocating for the rights of refugee claimants. The work of the Halifax Refugee Clinic occurs on local, provincial, and federal levels and can be divided into three main aspects: legal representation for refugee claimants and for other humanitarian based cases; settlement/integration services for clients; and outreach and advocacy.</p> <p>http://halifaxrefugeeclinic.org/</p>	
Emma Bartlett, Schizophrenia Society of Nova Scotia (Diane MacDougall)	<p>SL project summary: For my service learning project I assisted SSNS in researching and developing wellness strategies for their Peer-to-Peer Supporters. Having the lived experience of Schizophrenia is valuable when helping others going through a similar situation, but it can also be very difficult for these employees if they are not properly supported themselves. Through research and communication with other Peer-to-Peer support programs across the country, and discussing with the current Peer Supporters at SSNS, I developed recommendations</p>	<p>Schizophrenia Society of Nova Scotia</p> <p>The Schizophrenia Society of Nova Scotia (SSNS) works to improve the quality of life for those affected by schizophrenia and psychosis through</p>	<p>1st term: 14 hours</p> <p>2nd term: 10 hours</p> <p>Total hours: 24 hours</p>

	<p>for this new program to ensure that the employees are feeling well supported throughout this process.</p> <p>Additional experience details: Attended a spoken word event hosted by SSNS and was able to hear some of the experiences of these community members first-hand; Attended a Peer-to-Peer Supporter meeting to ask questions and gain some insight on the employees thoughts about this program; Will be attending the SSNS Road to Recovery walk on May 5th.</p>	<p>education, support programs, influencing public policy, and encouraging research. We provide a much needed community-based network of knowledgeable and dedicated volunteers to support Nova Scotians directly affected by schizophrenia and psychosis, as well as their family members, friends, colleagues, and communities. Our core belief is that people with mental illnesses like schizophrenia and psychosis can live a life of meaning and purpose. The focus of the SSNS is to promote the goal that each individual will be able to return to a quality of life meeting each person's own perception of needs and expectations.</p> <p>The vision of the Schizophrenia Society of Nova Scotia is:</p> <ul style="list-style-type: none"> ■ to reach all Nova Scotians who are directly or indirectly affected by schizophrenia and psychosis; ■ to focus on the individual, not the illness; ■ to promote wellness and recovery; and ■ to reduce the misconceptions, stereotyping, prejudice, and discrimination so often associated, unfortunately, with mental illnesses. 	
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		http://ssns.ca/home.html	
Melissa Power, Schizophrenia Society of Nova Scotia (Diane MacDougall)	<p>SL project summary: I worked with Diane to design a template for a biannual newsletter and assembled the content for the first issue. I collaborated with Adrienne, Peer Support Manager, to identify literature review topics for the peer-to-peer support program. I compiled a document of the findings about referral and evaluation of peer support to assist SSNS peer-to-peer support program staff.</p> <p>Additional experience details: I attended the Spoken Out event in December where participants shared their experiences with mental illness through spoken word poetry.</p>	Schizophrenia Society of Nova Scotia	<p>1st term: 10 hours</p> <p>2nd term: 14 hours</p> <p>Total hours: 24 hours</p>
Hayam Hamodat, Jessica MacLean and Alex Pan, Immigrant Services Association of Nova Scotia (Zrinka Seles-Varanjes and Halima Omar)	<p>SL project summary: We organized a flu shot clinic along with two classmates for refugees to attend. To do this each of us contacted a pharmacy located in an area where a substantial population of refugees are living and arranged times with them that they would be willing to hold flu shot clinics.</p> <p>Posters were translated into Swahili by staff from the Dalhousie University Global Health Office, and a form already existed in Arabic. These forms were posted around ISANS by ISANS staff to inform refugees of the clinics, their purpose, and location.</p> <p>I communicated the times that the pharmacy had agreed to ISANS and they were in charge of arranging for interpreters to be present on location to assist with communication. Unfortunately, we didn't have enough time for people to sign up for the flu shot clinics and very few people showed up.</p> <p>Additional experience details: Additionally, we were involved in orientation sessions for newcomers, to help orient them to Halifax and the health care system. We each met the families and the Life Skills Worker at the Mumford bus terminal, took public transportation with them to the Halifax Infirmary, and IWK hospitals, and went along with them on a brief tour of the buildings. They also learned about the healthcare system, booking appointments and about making a visit to the emergency department.</p>	<p>Immigrant Services Association of Nova Scotia</p> <p>ISANS recognizes the key role of immigrants in Canadian society. We work with newcomers to help them build a future in Canada. We provide a wide range of services to immigrants, from refugee resettlement to professional programs, from family counselling to English in the Workplace.</p> <p>Immigrant Services Association of Nova Scotia was created by the merger of Metropolitan Immigrant Settlement Association (MISA) and Halifax Immigrant Learning Centre (HILC) – together we have a combined experience of over fifty years serving immigrants in Nova Scotia. We are the largest immigrant-serving agency in Atlantic Canada with over 115 staff members from more than 30 countries. We offer services in an inclusive manner, respectful of, and sensitive</p>	<p>1st term: 12 hours</p> <p>2nd term: 8 hours</p> <p>Total hours: 20 hours each</p>

		<p>to, diversity. We make partnership, professionalism and accountability a priority in every aspect of our work.</p> <p>Mission & Vision: The vision of ISANS is a community where all can belong and grow. ISANS is a leading community organization that welcomes immigrants to Nova Scotia. Working in partnership, we offer services & create opportunities to help immigrants to participate fully in Canadian life.</p> <p>http://www.isans.ca/</p>	
<p>Caitlin Bennett, Halifax Sexual Health Centre (Dr. Joyce Curtis)</p>	<p>SL project summary: I completed two double sided documents mapping the pathway to gender affirming surgeries (and obtaining public funding for those surgeries) for Nova Scotians. These surgeries are complicated to access, with the majority only approved by MSI if they are performed out of the province, and only after gathering multiple referral letters and approvals from various health care professionals. Currently there are no widely accessible guides for patients, or health care providers, to help navigate the pathway to surgery. My documents summarize and clarify information from the Nova Scotian government, the clinics that perform MSI approved surgeries in Montreal, the World Professional Association for Transgender Health standards of care for the health of transsexual, transgender and gender-nonconforming people. I aimed to present this information in a way that is relatively easy to understand for both patients and health care providers trying to navigate this process. To accompany the documents, I created a one-page summary of the systemic barriers that are innate to the current pathway to gender affirming surgeries. It is our hope that advocates for trans and gender-nonconforming people's health care can use this document as a starting point to identify barriers and wait times, and use it to draw attention to the inefficiencies and frankly, discriminatory issues that this process contains.</p> <p>I made contact with other community partners, including the youth project, prideHealth and the Dalhousie Social Work Community Health Centre,</p>	<p>Halifax Sexual Health Centre</p> <p>Mission: Improve and optimize the sexual health of all members of our community, by providing high quality and caring services, and empowering clients to make healthy choices.</p> <p>Vision: All members of our community have full, equal, non-judgmental and safe access to sexual and reproductive health care and education.</p> <p>http://hshc.ca/</p>	<p>1st term: 12 hours</p> <p>2nd term: 11 hours</p> <p>Total hours: 23 hours</p>

	<p>and have received interest from all groups in making my documents available to patients either in hard copy or by online PDF, in addition the Halifax Sexual Health Centre's plans.</p> <p>Additional experience details: I, along with the other students completing service learning projects at the Halifax Sexual Health Centre met with the Director of the Halifax Sexual Health Centre and asked questions to try to better understand what the center offers, and what challenges the center, and its patients, face.</p>		
<p>Joanna Mader, Halifax Sexual Health Centre (Dr. Joyce Curtis)</p>	<p>SL project Summary: This project focused on access to therapeutic abortion (TA) in Nova Scotia, with a particular emphasis on rural access. While the project evolved over the course of the year, the focus remained the same. Initially the project aimed to elicit information from abortion providers in the province, in order to compile a resource for the HSHC to use to direct patients in rural areas to TA services in their region. However, changes announced both at the provincial and federal level over the course of the year rendered the initial project redundant. Instead, the project concentrated on creating a timeline summarizing the changes to the landscape of TA in Nova Scotia over the course of the year, as well as an outline of issues still to be addressed. These changes include the government of Nova Scotia's decision to provide coverage for mifegymiso, as well as the creation of a centralized self-referral system for TA in Nova Scotia. Both of these developments are predicted to increase access to TA to women in rural areas of the province.</p> <p>Additional experience details: Attended group meetings that included the community partner and the other students participating in the service learning program with the same organization. This allowed the students to learn about the other projects and topics that were important to the community partner and enhanced the service learning experience with this organization.</p>	<p>Halifax Sexual Health Centre</p> <p>Colleague</p>	<p>1st term: 10 hours</p> <p>2nd term: 20 hours</p> <p>Total hours: 30 hours</p>
<p>Victoria Sullivan, Halifax Sexual Health Centre (Dr. Joyce Curtis)</p>	<p>SL project Summary: My completed service learning project is a resource document for health care providers at the Halifax Sexual Health Centre to consult when informing patients of a diagnosis of genital warts (HPV). The document includes answers to questions that individuals recently diagnosed with genital warts often have. Some of the questions and answers included in the document relate to the transmission of HPV, some relate to questions about HPV in pregnancy and others relate to the new HPV vaccines in the setting of a diagnosis of genital warts. Along with this question-answer document, I also created a quick guide of important points to touch on with a patient following the diagnosis of</p>	<p>Halifax Sexual Health Centre</p>	<p>1st term: 8 hours</p> <p>2nd term: 15 hours</p> <p>Total hours: 23 hours</p>

	<p>genital warts. This guide reviews the important pieces of information that should be discussed with patients, from screening recommendations to referring the patient for further emotional support.</p> <p>The organization plans to use the document I created to help inform their staff. They also intend to parse down some of the information and make it available on the web for community members.</p> <p>Additional experience details: I participated in meetings with our community partner and the two other students completing projects at the HSHC. Combining our meetings allowed for additional learning about my classmates' service learning projects. Being present for the discussions and seeing the progression of their projects helped me to gain a better understanding of the whole scope of care that the HSHC provides to its' clients. My classmates' projects also highlighted for me the pace at which community work plans can change, and the importance of keeping close ties with the partner organization to ensure your visions align.</p>		
<p>Jordan Boudreau, Direction 180 (Cindy MacIsaac)</p>	<p>SL project summary: My project involved information gathering from interviews with clients and providers from Direction 180 and ancillary services, to generate a report on the state of detox in our municipality. One-on-one, semi-structured interviews were conducted with a convenience sample of 6 clients from Direction 180 (D180) and 3 harm reduction service providers (HRSPs) for people who use drugs (PWUDs) in Halifax. People were asked about their personal and proximal experiences with medical detox in the Halifax Regional Municipality (HRM), currently provided at the Nova Scotia Hospital in Dartmouth.</p> <p>Participants were asked to discuss their experiences with the medical detox program, identify strengths and weaknesses of the current model of care, and provide ideas about what would be required to build an ideal program for the future.</p> <p>Interviews were transcribed and subjected to thematic analysis à la Braun and Clarke (2006) using NVivo 12 Software. Having</p>	<p>Direction 180</p> <p>Mission and Vision: To help opioid dependent populations reach their full potential, including physical, spiritual, social, emotional, and mental well-being. About the organization: Direction 180 is a community-based opioid treatment program clinic located in the North End of Halifax, Nova Scotia. This non-profit organization has been running since 2001 as a program of the Mic Mac Native Friendship Center. Direction 180 employs a low-threshold concept that can offer treatment regardless of whether a client discontinues the use of opioids or other drugs. This program was designed and implemented based on a</p>	<p>1st term: 13 hours</p> <p>2nd term: 25 hours</p> <p>Total hours: 38 hours</p>

	<p>completed this analysis, we have begun writing an internal report which elucidates issues around detox in Halifax to be presented at future stakeholder meetings between D180 and the Nova Scotia Health Authority to stimulate conversation with regards to detox.</p> <p>Additional experience details: I attended a day-long Conference titled “The Tidal Wave of our Opioid Crisis” and the Mi’kmaw Native Friendship Centre to better understand issues faced by PWUDs in Canada.</p> <p>I spent a few mornings at the front desk of D180 with the case managers and other staff, interacting with clients as they came and went to get oriented to the clinic. I attended a holiday dinner and helped serve food to the local community, and helped with cleanup after the event.</p>	<p>harm-reduction model. Harm-reduction models/programs are based upon a set of principles that aim at reducing the harmful consequences associated with illicit drug use, such as; intravenous drug use, needle-sharing, and criminal offences. Direction 180 aids in the overall care of clients in efforts to improve the client’s quality of life, living conditions, mental/psychological states, and physical health. This is achieved by the provision of methadone, counseling, advocacy, and medical monitoring.</p> <p>http://www.direction180.ca/</p>	
<p>Malik Ali, Dartmouth North Community Food Centre (Caralee McDaniel & Deborah Dickey)</p>	<p>SL project summary: My service learning project was involving the weekly walking program at the Dartmouth North Community Food Centre. Participants would hold weekly walks of one-hour duration whenever the weather was permitting. However, the centre lacked a structured alternative during days of very cold, icy, or rainy weather.</p> <p>My project involved structuring two exercise programs, an upper extremity and lower extremity program, that the group could alternate between. Additionally, the programs incorporated two main forms of exercises, range of motion exercises and resistance exercises. I had worked in conjunction with a local physiotherapist in reviewing and adjusting the exercises before our first session. We then followed up with supervising multiple sessions over the months, making sure participants were safely completing said exercises.</p> <p>In summary, two exercise programs were printed and distributed to the participants. Furthermore, the organization has digital copies of the programs for future printing/usage.</p>	<p>Dartmouth North Community Food Centre</p> <p>Mission and Vision: Dartmouth North Community Food Centre is a project of Dartmouth Family Centre. The Dartmouth Family Centre is located in North Dartmouth, an under-served and high-needs area with a dearth of community gathering spaces. The area is home to significant senior and immigrant populations: 13.5% of the population is aged 65, and many live alone and on a fixed income; 31% of households are single-parent families; and immigrants make up 6.4% of the population, a number that is expected to grow in coming years.</p>	<p>1st term: 15 hours</p> <p>2nd term: 15 hours</p> <p>Total hours: 30 hours</p>

	<p>Additional experience details: Even when the weather was permitting for a walk, I would still walk with the group engaging</p> <p>in long discussions with the participants. It allowed me to understand the different perspectives community members had and what the centre meant to them. I also made sure I would alternate between walking with the fast and slow walking groups as each had very different experiences and interests.</p>	<p>Launched in the fall of 2015, Dartmouth North Community Food Centre expands on the existing array of programs to provide a number of new entry points for families with young children, while expanding food access and skill-building opportunities for other community members.</p> <p>Programming includes community action programs, community meals, an affordable produce market, and community kitchens and gardens. Dartmouth Family Centre promotes the healthy development of families and communities by: providing resources and activities that support the parent-child relationship; bringing people together to grow, cook, share and advocate for good food and a healthy and fair food system; providing opportunities to develop supportive relationships with other families and community members; and advocating for changes to the societal conditions that impede the well-being of families and communities.</p> <p>http://www.dartmouthfamilycentre.ca/community-food-centre/</p>	
Meghan Wentzell, Mobile Food Market (Julia Kemp and Kelly Poirier)	<p>SL project summary: I completed an environmental scan examining the status of "drug-free prescription programs" (healthy food prescriptions) in North America. I also have been gathering local insight on the topic from local family physicians (still in progress - planning to continue this outside of the service learning time frame). Included in my findings</p>	<p>Mobile Food Market</p> <p>The Mobile Food Market, first established in 2015, is a not-for-profit initiative involving residents,</p>	<p>1st term: 20 hours</p> <p>2nd term: 25 hours</p> <p>Total hours: 45</p>

	<p>was that healthy food prescription programs are fairly established in the United States, but less so in Canada. There are a few Canadian organizations administering similar programs or planning pilot prescription programs. Based on my research, I developed a list of recommendations that may be considered if an organization is looking to establish a new healthy food prescription program in the community.</p> <p>In terms of the interview data, I have received a response from one local family physician. They expressed enthusiastic support for the prospect of having a healthy food prescription program in Halifax, and offered suggestions regarding who could benefit from this program and which organizations could be involved in delivery.</p> <p>Additional experience details: Volunteered at the Mobile Food Market on one occasion. Planning to present project findings at a future advisory committee meeting. Abstract has been accepted for oral presentation at the Healthy Living Healthy Life conference in Halifax Sept 2018.</p> <p>Dr. Boudreau has suggested submitting a version of this project to the Doctors NS Magazine, which I will be looking into further.</p>	<p>communities, local businesses, community organizations, and the public sector all working together to improve communities' access to healthy and affordable foods.</p> <p>Vision: Creating healthy, strong, vibrant communities through food.</p> <p>Mission: To support community access to fresh, affordable, and culturally appropriate vegetables and fruits.</p> <p>Purpose: To deliver fresh, healthy, affordable fruits and vegetables to communities within the Halifax region with limited access to healthy food.</p> <p>http://www.mobilefoodmarket.ca/</p>	hours each
<p>Michelle Trenholm, 211 Nova Scotia (Mike Myette)</p>	<p>SL project summary: My service learning project is an article to appear in the September issue of the Doctors NS magazine. The article is written from my perspective as a medical student in the value I see 211 NS plays in helping address social determinants of health.</p> <p>Additional experience details: I spent time at the call setting listening in on calls and learning how the 211 NS navigators work with the callers.</p> <p>This experience was very valuable to me. I learned about the resources within the province, how they best interacted with callers in emotional and hard situations, and got to the point where I was even was even coming up with ideas that I could bring forward to the 211 navigator that were unique to my education and experiences from medical school.</p>	<p>211 Nova Scotia</p> <p>Mission: 211 Nova Scotia effectively and compassionately connects people with appropriate information and services, enhances Canada's social infrastructure, and empowers people to fully engage in their communities.</p> <p>Vision: 211 Nova Scotia will....</p>	<p>1st term: 18 hours</p> <p>2nd term: 12 hours</p> <p>Total hours: 30 hours</p>

		<ul style="list-style-type: none"> • Listen and support with care and empathy • Be accessible to everyone • Demonstrate standards of excellence <p>http://ns.211.ca/</p>	
Yolanda Evong and Petra Rafuse, Big Brother Big Sisters of Greater Halifax (Jonathan Leard)	<p>SL project summary:</p> <p>Our service learning project was 2 - fold:</p> <ol style="list-style-type: none"> 1. We organized a clothing drive as a fundraiser for Big Brothers Big Sisters. 2. We each volunteered as a mentor ("big") for an interested child ("little"). <p>Clothing Drive:</p> <p>A large portion of the fundraising for Big Brothers Big Sisters comes from clothing donations. They have a partnership with Value Village which allows them to receive monetary reimbursement in exchange for donating clothing. As such, we decided to organize and host a local clothing drive which involved creating coordinating with our community partner.</p> <p>We knew that raising awareness would be a big factor in the overall success of the drive. We created posters, flyers, social media posts, and reached out to family/friends in order to promote the event well in advance. To encourage participation, each bag donated meant a raffle ticket in to a draw for a \$50 Sobeys Gift Card. During the week of the drive we arranged to have both pick up and drop off locations for donations.</p> <p>Results of the drive</p> <ul style="list-style-type: none"> - We collected over 50 garbage bags of donated clothing - That is over 615lbs of clothing donations 	<p>Big Brother Big Sisters of Greater Halifax</p> <p>As Canada's leading child and youth mentoring charity, Big Brothers Big Sisters facilitates life-changing relationships that inspire and empower children and youth to reach their potential, both as individuals and citizens. Big Brothers Big Sisters of Greater Halifax has been creating friendships since 1967. We started out matching Big Brothers with Little Brothers and have grown to include a variety of different programs that serve all genders. We are proud of our achievements and continue to strive to be on the leading edge of the Big Brothers Big Sisters movement in Canada.</p> <p>Vision: Every child who wants a mentor will have a mentor.</p> <p>Mission: As leaders in providing quality mentoring programs for young people we contribute to building healthy communities.</p>	<p>1st term: 9 and 8.5 hours</p> <p>2nd term: 21 and 23 hours</p> <p>Total hours: 30 and 31.5 hours</p> <p>Plus 33 and 25 hours of additional volunteer hours</p>

	<p>Volunteering as a "Big": We both volunteer as mentors ("big") as part of our project. In volunteering, we spend time weekly getting to know our "littles" through joint planning and taking part in fun and engaging activities.</p> <p>Additional experience details: In volunteering as a mentor, we each completed a 5-step process in order to be matched with a child:</p> <ol style="list-style-type: none"> 1. Information Session – The first step in becoming a "big" was to learn more about the organization and the different volunteer options they offer . 2. Orientation Session – This session discussed the matching process and important qualities for a mentor. 3. Volunteer application form – In addition to information about ourselves, we had to provide references, criminal record, and child abuse registry checks. 4. Interview – This stage served to determine our suitability as potential big sisters and gather additional information to aid in the process. 5. The Match – Big Brothers Big Sisters does their best to pair "big" and "littles" with similar interests. Once we were matched, they coordinated our first introduction to our littles and their family. 	https://halifax.bigbrothersbigsisters.ca/	
<p>Rania Fashir, Imhotep's Legacy Academy (Sidney Idemudia)</p>	<p>SL project summary: I worked for Imhotep's Legacy Academy's after school program. I worked on developing a medicine based activity in the hopes of incorporating medicine in the after school program curriculum. My goal was to expose ILA students to the field of medicine. I developed an activity called "Making a Breathing Machine". The objectives of this activity are for students to learn the following: the basic anatomy of the lung, the mechanism of breathing, the effects of smoking on the lungs and the field of Respiriology.</p> <p>The activity manual I have created includes a step by step instructions for 3 activities and a video featuring a medical student who worked a respiratory therapist. In the video the medical students talks about the field of respirology and provides answers for the quiz questions included in the manual.</p>	<p>Imhotep's Legacy Academy</p> <p>Imhotep's Legacy Academy (ILA) is an innovative university-community partnership that uniquely mobilizes university/college students, faculty and community leaders to help improve student success and bridge the achievement gap for Grades 7-12 students of African heritage in Nova Scotia. ILA provides its participants with an enriching blend of real-world learning projects, skill-building and</p>	<p>1st term: 8 hours</p> <p>2nd term: 17 hours</p> <p>Total hours: 25 hours</p>

		<p>leadership development activities as well as tutoring support.</p> <p>Operating in half of Nova Scotia's regional school boards, ILA trains and supports university/college students to play powerful roles in the lives of its participants through the building of self-confidence, self-discipline and the mastery of concepts related to scientific, technical, engineering, and mathematic (STEM) fields.</p> <p>Mission: ILA's mission is to support African Canadian learners' success in science, technology, engineering and math by promoting the skills and attitudes necessary for academic achievement, career and life goals</p> <p>Vision: ILA's vision is to be a leader in providing high-quality science, technology, engineering and math after-school opportunities for African Canadian learners to strengthen Canada's capacity for innovation.</p> <p>https://www.dal.ca/faculty/science/imhotep/about.html</p>	
Shannon Lilly, Halifax Area Network for Drug Using People (Natasha Touesnard)	SL project Summary: My project was to plan, organize, and facilitate an event that consisted of a film screening followed by a panel discussion. The purpose of the event was to educate people on the stigma and discrimination faced by current and past drug users, and about the benefits of a harm reduction based approach to drug use. We screened a documentary called 'The Stairs' by Hugh Gibson due to it's realistic and poignant portrayal of these	<p>Halifax Area Network for Drug Using People</p> <p>HANDUP is a non-profit organization that will work to improve the lives of people who use drugs</p>	<p>1st term: 12 hours</p> <p>2nd term: 14 hours</p> <p>Total hours: 26 hours</p>

	<p>topics. We also flew in the director from Toronto to participate in the event. The panel consisted of HANDUP members. The panel discussion following the film provided a local perspective from those who had lived experience with discrimination associated with drug use and valuable information on how we can all create a more inclusive, welcoming community for this population. The bulk of the work for this project was emailing and calling people to secure funding, a venue, and a date for the event. I also had to organize the event to match well with the director's schedule, so he could attend. I also spent time promoting the event, my goal was to reach the widest audience possible. We partnered with the Health and Social Justice Interest Group for the project, and they were very involved in the promotion portion of the event.</p> <p>The event was held on February 15th in the Tupper Medical Building and was well-attended by medical students and community members. We provided light refreshments during the event and secured thank you gifts for panel members and the film director.</p> <p>Additional experience details: In December I attended a community meeting with Natasha to observe local harm-reduction organizations discuss current and future initiatives and programs, and funding. I also attended a HANDUP drop-in session to become more familiar with group members, see how drop-ins go, and to ask them for feedback on my project.</p>	<p>through user based peer support and evidence based education.</p> <p>https://www.facebook.com/HANDUPHalifax/</p>	
Sophie Church, Northwood (Margaret Szabo)	<p>SL project Summary: For my Service Learning project, I worked with Northwood on the Hi-Tech with heart project, which was an initiative to use technology to enhance the meaningfulness of respite care services. I sat in on meetings and attended mentor training. I met with people from a variety of backgrounds within the organization (CCAs, recreation therapists, etc) and with their help developed a guide for family and friends about using technology with an older adult they care about. This guide included both practical tips, such as a list of applications and common tablet features, as well as some more general information about how to engage with someone to use the technology in a way that is meaningful to them.</p>	<p>Northwood</p> <p>Northwood began in 1962 as a social movement in response to the plight of seniors living alone in Halifax. What emerged was a shared belief that people, committed to an ideal, could make a difference in the world. Since its inception, Northwood has become a powerful voice for seniors in Nova Scotia, demanding a new approach to aging in place. Today, Northwood is the</p>	<p>1st term: 8 hours</p> <p>2nd term: 15 hours</p> <p>Total hours: 23 hours</p>

	<p>Additional experience details: Attended monthly Hi-Tech with heart project meetings; Attended a training session for home care mentors.</p>	<p>largest not-for-profit continuing care organization in Atlantic Canada,</p> <p>Mission: As a leader in continuing care, we build meaningful relationships with our clients every day and make a positive difference in the communities we serve.</p> <p>Vision: People living life to the fullest, flourishing in a community of belonging, dignity and choice.</p> <p>https://nwood.ns.ca/</p>	
<p>Tiffany Richards, Health Association of African Canadians (Sharon Davis-Murdoch and Donna Smith)</p>	<p>SL project Summary: My Service Learning Project was to:</p> <p>1) Co-facilitate/support group sessions for the Second Chancers for a Better Future Program. This program is a holistic health focused program which aims to address the holistic needs of formerly incarcerated people and their children. Sessions included general health, employment, housing, navigating the legal system, nutrition and art.</p> <p>2) The second part of my project was to help increase public engagement for HAAC via co-developing a social media strategy.</p> <p>Additional experience details: Attended several HAAC board meetings; Attended closing ceremony for the Second Chance Program.</p>	<p>Health Association of African Canadians</p> <p>Mission and Vision: HAAC is comprised of volunteers and researchers from academic, community, public policy and clinical agencies who are interested in advancing the current state of health knowledge about African Nova Scotians. The goal of the HAAC is to promote the health of Black Nova Scotian women and their families through community mobilization, development and research. Research on Black health will provide the much needed community capacity, early health intervention, partnership building, and better health outcomes among African Nova Scotians.</p>	<p>1st term: 12 hours</p> <p>2nd term: 8 hours</p> <p>Total hours: 20 hours</p>

		haac.ca/	
Fiona Warde, The Youth Project (Kate Shewan and Skye Cross)	<p>SL project Summary: The project consisted of a pilot program consisting of fitness and nutrition programming. Through connecting with three further partners from the community, we were able to offer a fitness session at a local high school gym and an interactive nutrition information evening during the second week of April. Upon completion of the pilot programming, a longitudinal plan to deliver further programming was also developed with The Youth Project events coordinator, Skye Cross, and the community partners.</p> <p><u>Pilot Program:</u></p> <p>The fitness event focused on education as to the benefits of exercise on overall well-being, how to safely engage in resistance training with emphasis on correct form, and how to exercise at home using resistance bands. It was well attended by youth, with eleven participants for the pilot session. The fitness session was offered by local fitness professional Matt Ryan who partnered with us and has become an official Youth Project volunteer. Matt also helped us connect with Principal Joe Morrison at Citadel high school, who partnered with us to provide gym space for the fitness program free of charge for the remainder of the school year.</p> <p>The nutritional programming was offered in partnership with Samantha Smith of Effective Nutrition, who was recommended to the project by Matt Ryan. This session was unfortunately not well attended, but Samantha was undeterred and helped plan for further sessions to be offered as part of the longitudinal program plan.</p> <p><u>Longitudinal Program Plan</u></p> <p>Fitness programming will continue to be offered once per week at Citadel until the end of the school year. It may then move to being an outdoor 'bootcamp' style program on the Garrison Grounds for the summer, schedule permitting for the instructor.</p>	<p>The Youth Project</p> <p>Mission: Our mission is to make Nova Scotia a safer, healthier, and happier place for lesbian, gay, bisexual and transgender youth through support, education, resource expansion and community development.</p> <p>The Youth Project is dedicated to providing support and services to youth, 25 and under, around issues of sexual orientation and gender identity. They have a provincial mandate so although they are located in HRM, they travel around the province to meet with youth in other communities. They provide a variety of programs and services including support groups, referrals, supportive counselling, a resource library, educational workshops, social activities.</p> <p>http://youthproject.ns.ca/</p>	<p>1st term: 10 hours</p> <p>2nd term: 15 hours</p> <p>Total hours: 25 hours</p>

	<p>The true long-term plan is to launch tandem nutrition/fitness program with the start of the new school year with an initial intro session just before the start of the year. This will be followed by weekly fitness programming, and once a month nutrition events. The location of the program may change from Citadel High School, as the space is small and does not facilitate the offering of nutritional programming. The nutrition programming will be offered once per month, starting with a baseline introduction session to elements of nutrition (carbohydrates/proteins/etc.), with each subsequent session building on that knowledge. A focus on budget-friendly student meals will also be an element of the nutrition program.</p> <p>Additional experience details:</p> <ol style="list-style-type: none"> 1. Meetings with The Youth Project director to establish needs of the organization to guide project development. 2. Attended meetings with the organization's Youth Board to gauge interest of the youth in proposed project, and engage them in the planning process for the specific programming to be offered. 3. Attended volunteer training with new community partners to become official Youth Project volunteers. 4. Attended multiple meetings with organization event's coordinator to plan details of scheduling programming. 5. Attended meeting with Principal and Gender & Sexuality Alliance resource nurse at Citadel High school to facilitate use of their gym for fitness programming. 6. Administered feedback form to youth who participated at end of first pilot fitness session to help inform future programming. 		
<p>Farina Rafiq, Dartmouth Learning Network (Alison O'Handley)</p>	<p>SL project Summary: My service learning project involved six aspects:</p> <ol style="list-style-type: none"> 1) Research needs/challenges of individuals living with low literacy levels to identify potential issues 2) Conduct focus group sessions with DLN learners and staff to identify needs, challenges or barriers faced by the learners that make it difficult for them to attend classes/navigate the community 	<p>Dartmouth Learning Network</p> <p>Mission: The Dartmouth Learning Network provides opportunities for adults and their families to gain the essential skills necessary to live and work in a modern economy.</p>	<p>1st term: 11 hours</p> <p>2nd term: 10 hours</p> <p>Total hours: 21 hours</p>

	<p>3) Identify beneficial resources to introduce to DLN learners based on their feedback</p> <p>4) Plan and implement service provider information sessions for learners</p> <p>5) Create a resource list for DLN learners</p> <p>6) Evaluate project</p> <p>Based on the feedback I received from my focus group sessions, I was able to organize four service provider sessions this semester. Two presentations were on food (budgeting, meal planning and how it impacts mood) from the Dartmouth Community Health Team, one was on Employment Support and Income Assistance and Disability Support from the Department of Community Services, and one was on scholarships and bursaries for adult learners from Literacy Nova Scotia.</p> <p>Based on the organizations I discovered throughout my service learning project, I created a resource list for the DLN learners. This includes organization names/their roles and their contact information. Additionally, I also created a survey to evaluate the presentations conducted this semester. The survey will be distributed to the DLN learners in order to receive feedback, and guide future presentations.</p> <p>Additional experience details: At the DLN, I was able to:</p> <ol style="list-style-type: none"> 1. Observe classes 2. Participate in DLN learner/staff potlucks to celebrate holidays 3. Conduct focus group interviews with staff and learners 4. Observe a service provider information session with staff and learners <p>The above activities helped me interact with the DLN community and learn more about the services they provide, the community they serve, and the needs of their population.</p>	<p>Vision: Everyone has the skills they need to reach their learning and career goals.</p> <p>https://www.dartmouthlearning.net/</p>	
Amanda MacDonald, Regional Residential	SL project Summary: My service learning project consisted of a fifty-page Palliative Care manual. This guide is intended for use by Regional Residential Services Society (RRSS) as they navigate through the	Regional Residential Services Society (RRSS)	1st term: 50 hours

Services Society (Ruth Wilkie)	<p>death and dying process of adults with intellectual disabilities under their care. The manual consists of the following sections:</p> <ul style="list-style-type: none"> i) Introduction ii) Palliative Care in Your Home – this portion of the manual includes information on changing health care needs, comfort measures, personal care, nutrition and final stages. iii) Family Relationships and Discussing the Process of Dying- including sections on family dynamics and talking about death. iv) Making a Palliative Care Plan- this includes information on health care providers, advanced care planning, final days and hours, documentation and funeral/ celebration of life planning. v) After Death- grief and house adjustments. vi) Resources <p>I attended several meetings with staff at the RRSS Main Office to discuss the manual and current practices within RRSS.</p> <p>Additional experience details: I attended several meetings with staff at the RRSS Main Office to discuss the manual and current practices within RRSS.</p>	<p>Mission and Vision: Regional Residential Services Society offers residential choices that support the individual dreams and goals of adults with intellectual disabilities.</p> <p>RRSS is a not-for-profit society, registered under the Societies Act of the Province of Nova Scotia. It has supported adults with intellectual disabilities in a variety of residential settings since 1979. RRSS is based in the Halifax Regional Municipality (HRM). It presently supports approximately 175 persons and employs over 450 staff.</p>	<p>2nd term: 80 hours</p> <p>Total hours:130 hours</p>
DMNB			
Allison Maybank, Kevin Russell, Sam Bland, Big Brothers Big Sisters (Kimberly Fawkes)	<p>SL project summary: Our project involved producing a document for Big Brothers Big Sisters - Saint John to use as the basis for their new Mentor Links program. This program is designed as a way to introduce children to the organization while waiting to be matched with a community mentor. The document we created provides structure to the program by detailing five major goals and outlining evidence and activities for each. These educational goals were identified as being important for successful childhood development. Through our project, we outlined rationale for each goal and provided example group games and activities for each goal. The overall goal for our project was to outline lessons and activities that contribute to a goal oriented format while maintaining flexibility.</p>	<p>Big Brother Big Sisters Saint John</p> <p>Mission: We commit to understand and respond to the needs of young people in our communities with relevant volunteer based mentoring programs.</p> <p>Vision: Every child who needs a mentor has a mentor.</p>	<p>1st term: 14, 15 & 10 hours</p> <p>2nd term: 20, 20 and 10 hours</p> <p>Total hours: 34, 35 and 20 hours</p>

	<p>Additional experience details: All three of us have been involved with BBBS-SJ in the community as one-on-one mentors since 2016. This allowed us to gain valuable personal experience working with the population that we are trying to help with the project.</p>	https://saintjohn.bigbrothersbigsisisters.ca/	
<p>Craig Prime, Saint John Human Development Council (Randy Hatfield)</p>	<p>SL project summary: My project was conducted in partnership with the Saint John Human Development Council. It initially involved looking at various socioeconomic indicators within the Saint John region and how they compared between the various wards of the city. As the academic year progressed, through discussion with my community partner, we decided to go in a different direction and focus on some of their data surrounding poverty in a few different New Brunswick communities. We decided to take this information and see how it related to several health indicators from the Primary Health Care Survey Report released by the New Brunswick Health Council. I decided to focus on some key areas and conducted a correlation analysis between the Poverty Report and the Primary Health Care Survey data. Some of the key findings will be presented at our year end Service Learning get together (they are also attached). The hope for this study is to stimulate conversation and the importance of considering poverty and how it can relate to the public's health.</p> <p>Additional experience details: Other than my project, the majority of my learning in this experience was via following/reading various reports conducted by the Saint John Human Development Council, and through several conversations with my community partner (Randy)</p>	<p>Saint John Human Development Council</p> <p>Mission: Identify and address social issues in Greater Saint John through research, information, coordination and networking</p> <p>Goals:</p> <ul style="list-style-type: none"> • Study and identify social needs within the community, and the services that exist to meet those needs. • Advise and assist in planning and developing new services and improving existing ones. • Initiate opportunities for joint action in the development, coordination, and delivery of services appropriate to community needs. • Facilitate local citizens' access to information about community programs and services. • Maintain the strength and vibrancy of the HDC to ensure that the above goals are achieved. Familiar programs include the Point in time count of homelessness and involvement with populating 	<p>1st term: 8 hours</p> <p>2nd term: 15 hours</p> <p>Total hours: 23 hours</p>

		211nb.ca www.sjhdc.ca	
Devin O'Brien, Saint John Human Development Council & Saint John Regional Hospital Emergency Department (Randy Hatfield)	<p>SL project summary: My completed service learning project is a brochure on the "Options for Care" in the Saint John region. This brochure will be distributed in the Saint John Regional Hospital, and possibly the St. Joseph's Hospital emergency departments. This information aims to help alleviate the overcapacity issues in Saint John emergency departments, that are occurring worldwide.</p> <p>Due to the significant amount of lower SES individuals in the Saint John community inappropriately accessing the emergency department causing overcapacity and using unnecessary health care dollars, this brochure was designed to inform them of their options for a variety of health care, including but not limited to: mental health, family physicians, walk-in clinics, shelters and community health resources.</p> <p>The overall goal of this project is for the Saint John community to have access to the health care resources available to them, in order to allow our emergency departments to run more efficiently, effectively, and safely. This will also look to help community members find a primary care provider to alleviate strain on the health care system, and build strong patient-care provider relationships.</p> <p>Additional experience details: I attended meetings with Randy Hatfield from the Human Development Council, Daniel Doherty from the Horizon Primary Health Care Program, Dr. Serge Melanson from the Moncton Hospital Emergency Department, and Dr. Clouston from the Saint John Regional Hospital Emergency Department.</p>	Saint John Human Development Council	<p>1st term: 15 hours</p> <p>2nd term: 20 hours</p> <p>Total hours: 35 hours</p>
Emily Leaman and Alexander Clark, St. Joseph's Community Health Centre (Heather Chase)	<p>SL project summary: Our project was to create a map of community services in Uptown/South End Saint John that could be used interactively online as well as printed out and distributed in hard copies. There were 3 main steps to the project: 1) meetings and consultations with service providers, 2) confirmation of service provider information, 3) creating the map. In the meetings and consultations with service providers, we asked for feedback on the tool that had been created by last year's service learning students. Service providers gave us input</p>	<p>St. Joseph's Community Health Centre</p> <p>Mission and Vision: This community organization is a community centered interdisciplinary primary health care team. The community health centre provides primary care</p>	<p>1st term: 9 hours</p> <p>2nd term: 21 hours</p> <p>Total hours: 30 hours each</p>

	<p>on which organizations should be on the map, what information would be useful, and formatting suggestions that would make the map easier for them to use. We then reached out and confirmed the contact information, hours, and service description for each organization and created a spreadsheet of this that included the latitude and longitude of each place. There were 35 organizations/services included in total. The last step was to create the map itself, which proved to be more difficult than anticipated, but ended up being completed through Google Maps. We used the Google interface to create the online interactive version, and created the print version in Microsoft Publisher. The last task was to get the paper copies printed, something which also took longer than expected. We are very excited about the final product and hope it is useful to the community!</p> <p>Additional experience details: All meetings explicitly related to service learning were as described above, however my elective in first term was at the Community Health Centre in primary care and we visited many organizations that are included in the map. My elective in second term was in social pediatrics, which also allowed me to visit more organizations in the community.</p>	<p>medical services and community development integrated with other sectors including but not limited to social development, housing strategies, community partners and organizations. The health teams are located in vulnerable and priority neighborhoods in Saint John.</p> <p>http://en.horizonnb.ca/home/facilities-and-services/facilities/st-joseph%E2%80%99s-health-centre.aspx</p>	
<p>Brandon Persaud, Jordan Thorne, Victoria Landry, RECAP (Centre for Research, Education & Clinical Care of At-Risk Populations; Dr. Sarah Gander)</p>	<p>SL project summary: We worked with the team at RECAP to conduct patient interviews to work toward a qualitative research project. The patient population at RECAP mainly consists of patients on opioid maintenance therapy and patients with hepatitis C. Our goal was to understand more of the patient experience in healthcare so that we can work toward educating healthcare professionals about how they can better meet the needs of this population.</p> <p>Additional experience details: We met several times with the clinical care team, the research team, and our service learning team to complete this project. Each of us spent several hours volunteering at RECAP and shadowing the nurse practitioner so that we could understand more about how the clinic works and about the challenges that this patient population faces. Some of us met with Dr. Christie to discuss potentially investigating a Section 56 exemption. Others of us conducted a cursory literature review to further explore this possibility and to gain some background knowledge of harm reduction. We also attended the Harm Reduction Symposium in Saint John.</p>	<p>Centre for Research, Education & Clinical Care of At-Risk Populations (REACP)</p> <p>Mission and Vision: This clinic, located in one of the most vulnerable priority neighborhoods in Saint John began as a grassroots clinic servicing those with Hepatitis C. It now includes programs for methadone maintenance therapy and harm reduction regarding other addiction practices. It provides primary care and specialty care (psychiatry, pediatrics and infectious disease) delivered on site in order to maximize access for patients. Numerous electives and research projects have</p>	<p>1st term: 5 hours</p> <p>2nd term: 15 hours</p> <p>Total hours: 20 hours each</p>

		<p>seen successful here for students.</p> <p>http://www.recapsj.ca/</p>	
<p>Natalie Wallace and Natasha Larivee, Youth Pregnancy Network (Dr. Marianne McKenna)</p>	<p>SL project summary: Our goal, in partnership with the Youth Pregnancy Network (YPN), was to have the Ortho Evra patch added to the New Brunswick Public Health Formulary. After our primary meeting with the board members of the YPN, we completed a background document highlighting our research into what forms of contraception are currently covered or omitted on the NBPHF, a comparison of the safety and efficacy of the Ortho Evra patch and its hormonal components, rates of adherence and factors influencing these, and finally cost-effectiveness. Additionally, we also did a pan-Canadian analysis of all provinces and their public formularies and compared this to NB. We then produced a "Contraceptive Needs Assessment" questionnaire to be distributed to partners in health around the province. We were able to reach out to 24 different parties including physicians, pharmacists, nurse practitioners, public health nurses, and educators. To properly do this project justice we believed that it would be well served by next years cohort of DMNB service-learning students partnering with the NBCC nursing faculty as an interprofessional education (IPE) community-based project. We met with interested parties in the faculty of nursing and with Dr. Nicholson who is in charge of IPE at DMNB, and both sides are enthusiastic about the next phase of this project. The next phase of the project will involve next years students partnering with a group of NBCC nursing students to complete a comprehensive provincial needs assessment, and use this information to lobby to NB health policy makers to place the Ortho Evra patch on the NBPHF.</p> <p>Additional experience details: We attended all meetings with the Youth Pregnancy Network and created the "Needs Assessment" questionnaire that we distributed to partners in health.</p>	<p>Youth Pregnancy Network</p> <p>Mission: Our mission is to support outcomes of sexual choices among the youth of Greater Saint John through Advocacy, Education, Collaboration and Navigation of existing resources.</p> <p>Vision: Empowered youth with easy, readily available access to resources, education and support to allow them to make the best possible choices around healthy sexuality.</p> <p>Values: Non judgemental; Supportive; Inclusive; Respectful; Experts in our field; Caring</p> <p>http://www.nbinfo.ca/record/HDC0370</p>	<p>1st term: 15 hours</p> <p>2nd term: 35 hours</p> <p>Total hours: 50 hours each</p>
<p>Tess Robart, Dulanga Ranasinghe and Patrick Iles,</p>	<p>SL project summary: After interviewing clients from AIDS SJ, we have identified quotes that reflect experiences and insights of clients at AIDS SJ, and some difficulties that they face when accessing healthcare. The information gathered during our interviews will be</p>	<p>Avenue B Harm Reduction (formerly AIDS Saint John)</p> <p>Mission: Avenue B is dedicated to saving lives &</p>	<p>1st term: 13 hours</p> <p>2nd term: 11 hours</p>

<p>Avenue B Harm Reduction (Formerly AIDS Saint John; Diane Kerns)</p>	<p>combined with data collected through similar interviews held by Service Learning students at RECAP. The purpose of the study was to create a database of first-hand perspectives from at-risk community members. The data collected will be used for research purposes to gather information to help with designing healthcare initiatives, and community and healthcare staff education resources.</p> <p>Additional experience details: Volunteered at the needle exchange front desk at AIDS SJ.</p>	<p>improving communities based on the philosophy of Harm Reduction. Our goal is to minimize the negative consequences associated with risky behaviours through prevention, education, and support. Avenue B believes in personal empowerment in which every individual has the right to health and well-being, and we acknowledge our clients' capacities—given the right tools—to protect and help themselves, their loved ones, and their communities. We will strive to eradicate stigma, challenge personal and political boundaries, and demonstrate advocacy in action. Services will always be provided in a non-judgmental, unprejudiced manner that guarantees individuals their right to anonymity and confidentiality.</p> <p>Vision: Clients of the Needle Distribution Programme shall have access to anonymous services; No limits shall be place on the number of needles/syringes or other drug use equipment that a client may take during any given visit unless supply is low; No limits shall be placed on the frequency of visits an individual may make; Access to services are low threshold; i.e. minimum amount of information requested from client; Exchange of needles will be recommended; however, it shall not be mandatory; The Needle Distribution Programme can be used to facilitate access to drug treatment,</p>	<p>Total hours: 24 hours each</p>
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		<p>counselling, and other services, if this is the agenda that belongs to the client. However, a client shall never be persuaded or coerced into any service(s).</p> <p>http://www.aidssaintjohn.com/</p> <p>http://avenueb.ca/what-is-harm-reduction/</p>	
<p>Cameron Ashe, Teen Resource Centre, Pathways to Education Program (Harry Daley and Heather Doyle)</p>	<p>SL project summary: Pathways to Education has the vision of breaking through the cycle of poverty through education. They provide the resources and a network of support to help the impoverished youth from the Waterloo Village and the south end graduate from high school and build the foundation for a successful future. This area has an overall poverty rate of 30 percent and a child poverty rate of almost 50 percent. Pathways to Education works alongside the school system to provide academic financial, social, and one-on-one supports to help the youth.</p> <p>The identified need of Pathways to Education in Saint John was the recent influx of Syrian refugees who have arrived in the last several years. This group has difficulties with the English Language and the way the curriculums in all subjects are implemented. When taken together, this is a highly at risk group of individuals who would benefit from additional academic instruction. However, the tutors who provide Pathway's instruction do not have an organized way of assessing the educational level of their pupils and a logical flow of exercises and assignments to help the students progress effectively. I spent time looking at various assessment tools used by school boards, governments, and other NGOs, as well as how to best develop educational lesson plans than could be implemented on an individual basis in a tutoring setting. Eventually I provided the recommendation to Pathways to Education that they should see if IXL would suit their needs. IXL is a subscription based learning site that provides an assessment of the students' language and math abilities and then will customize the lessons to the students needs. Not only will this be useful for the recent influx of Syrian refugees, but also for the normal population Pathways is used to working with. In addition, IXL is</p>	<p>Pathways to Education</p> <p>Mission and Vision: The Teen Resource Centre (TRC) provides a safe and encouraging environment for our youth to explore their full potential. Pathways to Education's Vision is to break the cycle of poverty through education. For youth in low-income communities, Pathways to Education provides the resources and network of support to graduate high school and build the foundation for a successful future.</p> <p>https://www.pathwaystoeducation.ca/pathways-saint-john</p>	<p>1st term: 15 hours</p> <p>2nd term: 15 hours</p> <p>Total: 30 hours</p>

matched to the New Brunswick curriculum from elementary to the end of high school, ensuring good continuity of learning with the program and the schools the students attend.

Additional experience details: To gain a better understanding of the organization and the population which is served I first met with Heather and Harry to discuss what the needs of the organization and then had regular meetings with Harry throughout my experience. I was then trained as a tutor and worked with several students to see what their needs were and what resources the tutors had at their disposal. I also met with the students outside the tutoring session on multiple occasions to talk and brainstorm about what potential projects they would want to undertake. I then met with some students as they began working on their projects, most notably at the UNBSJ campus radio station. After we agreed to switch my focus to establishing resources for the tutors, I met with individuals at the YMCA Newcomers association to investigate their resources.

Appendix B – Early Entry and Post-Program Survey

SURVEY (Early Entry) – Med 2 students enrolled in Service Learning

Dear Student,

We invite you to participate in this survey focusing on your perceptions of service learning. This survey is being facilitated by the Service Learning Leadership Team (Faculty Leads – Dr. Dan Boudreau and Dr. Sarah Gander) as part of the program evaluation for service learning.

We are seeking to evaluate the program and gain an understanding of how medical students perceive the role and impacts of service learning participation in their medical education training and future practice. This survey is being conducted early on in your entry into the program in order to compare your early perceptions of the program to your perceptions upon program completion. Your participation in this survey is voluntary and your assessments will not be affected by whether or not you participate.

This survey will take about **5-10 minutes** to complete.

Please note: by filling out this survey, you give permission for leadership team to use the data to inform the program evaluation which may directly impact the future directions of the program. Your answers to this survey are anonymous so your name will not be associated with any data.

If you have any questions or concerns regarding the survey content please email, the Program Manager for Service Learning, Sarah Peddle via email (Sarah.peddle@dal.ca) or via phone at (902)494-8054.

Section 1

To begin, we'd like to ask you some basic demographic questions.

1. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Prefer to self-describe (please specify): _____

2. Which campus of Dalhousie Medicine are you from?

- ☐ Saint John
- ☐ Halifax

Section 2

We would like to be informed about your perceptions and expectations of service learning.

Please indicate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<i>Perceptions</i>					
Service learning is different than volunteering					
Service learning will allow me to practice some of the concepts I learn in lectures and/or tutorials					
Service learning will help me to better understand some of the concepts presented in my lectures and/or tutorials					
Service learning can help medical students to learn about the social determinants of health					
<i>Experience</i>					
Service learning will allow me to learn about different social and economic environments					
Service learning will provide opportunities to interact with people of different cultures/backgrounds that I would not otherwise have in medical school					
Service learning will influence my understanding of communities that are different than my own					
The context of my service learning experience will allow me to view people and communities differently					
<i>Preparation</i>					

I plan to prepare on my own in addition to any training provided through the University on Brightspace					
<i>Reflection</i>					
Reflection is an important tool to learn and grow					
Reflection will be useful in service learning programs					
I use reflection in preparation and review for my learning					
<i>Reciprocity</i>					
Partnerships between community, students and the university are important					
I will learn from the community in which I work					
Community organizations are well prepared for having students come and participate in aspects of their mandate					
The community will benefit from the work we will do together					

Section 3

Open-Ended Questions

1. Please describe your understanding of service learning.
2. Do you think the community partner will benefit from service learning as intended?
If yes, describe why you believe this to be so. If no, why not?
3. Do you think the assessment of this service learning will have to be different from other courses in the curriculum? Why or why not.

4. Anything else you would like to share about the service learning program and your experience?

Thank you for your participation in the program evaluation for Service Learning!

SURVEY (POST-PROGRAM) – Med 2 students who completed the Service Learning program

Dear Student,

We invite you to participate in this survey focusing on your perceptions of service learning. This survey is being facilitated by the Service Learning Leadership Team (Faculty Leads – Dr. Dan Boudreau and Dr. Sarah Gander) as part of the program evaluation for service learning.

We are evaluating the program in order to gain an understanding of how medical students perceive the role and impacts of service learning participation in their medical education training and future practice. This survey is about your perceptions of service learning now that you have completed the program. Comparing the results of this survey to the first round of surveys completed early on in the program will provide us with invaluable insights that could impact the future directions of the program. Your participation in this survey is voluntary and your final assessment will not be affected by whether or not you participate.

This survey will take about **5-10 minutes** to complete.

Please note: by filling out this survey, you give permission for leadership team to use the data to inform the program evaluation which may directly impact the future directions of the program. Your answers to this survey are anonymous so your name will not be associated with any data.

If you have any questions or concerns regarding the survey content please email, the Program Manager for Service Learning, Sarah Peddle via email (Sarah.peddle@dal.ca) or via phone at (902)494-8054.

Section 1

1. To begin, did you participate in the Service Learning program this year?

- ☐ Yes
- ☐ No

If **yes**, please continue with the survey.

If **no**, thank you for your time. You will not need to complete the survey as it requires you to have participated in the full program.

2. What is your gender?

- ☐ Female
☐ Male
☐ Prefer not to say
☐ Prefer to self-describe (please specify): _____

3. Which campus of Dalhousie Medicine are you from?

- ☐ Saint John
☐ Halifax

Section 2

Please indicate your level of agreement with the following statements:					
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<i>Perceptions</i>					
Service learning is different than volunteering					
Service learning has allowed me to practice some of the concepts I learned in lectures and/or tutorials					
Service learning has helped me to better understand some of the concepts presented in my lectures and/or tutorials					
Service learning can help medical students to learn about the social determinants of health					
<i>Experience</i>					
Service learning has allowed me to learn about different social and economic environments					
Service learning has provided opportunities to interact with people of different cultures/backgrounds that I would not otherwise have in medical school					

Service learning has influenced my understanding of communities that are different than my own					
The context of my service learning experience has allowed me to view people and communities differently					
<i>Preparation</i>					
I prepared on my own in addition to any training provided through the university on Brightspace before my service learning experience					
<i>Reflection</i>					
Reflection is an important tool to learn and grow					
Reflection has been useful in service learning programs					
I used reflection in preparation and review for my learning					
<i>Reciprocity</i>					
Partnerships between community, students and the University are important					
I learned from the community in which I worked					
Community organizations were well prepared for having students come and participate in aspects of their mandate					

The community has benefited from the work we did together					
I will use this experience to inform my work with future trainees					

Section 3

Open-Ended Questions

1. Please describe your understanding of service learning
2. What new knowledge, skills/attitudes did you gain through participating in service learning?
3. Do you think the community partner benefited from being involved in service learning?
4. Anything else you would like to share about the service learning program and your experience?

Thank you for your participation in the program evaluation for Service Learning!

PRE-PROGRAM SURVEY - Community-Partners engaged in Service Learning

Dear Community Partner,

We invite you to participate in this survey focusing on your perceptions of service learning. This survey is being facilitated by the Service Learning Leadership Team from Dalhousie Medicine (Faculty Leads – Dr. Dan Boudreau and Dr. Sarah Gander) as part of the program evaluation for service learning.

Through this survey, we are looking to gain an understanding of how community partners perceive the role and impacts of service learning participation on their organization and the peoples served. This survey is being conducted early on in the program in order to compare your early perceptions of the program to your perceptions upon program completion. Your participation in this survey is voluntary and if you decide to not participate, your relationship with the program/University will not be impacted.

This survey will take about **5-10 minutes** to complete. Please ensure that the staff person completing the survey is the one who is directly involved in a supervisory capacity of the service learning student(s).

Please note: by filling out this survey, you give permission for leadership team to use the data to inform the program evaluation which may directly impact the future directions of the program. Your answers to this survey are anonymous so your name will not be associated with any data.

If you have any questions or concerns regarding the survey content please email, the Program Manager for Service Learning, Sarah Peddle via email (Sarah.peddle@dal.ca) or via phone at (902)494-8054.

Section 1

To begin, we'd like to ask you some basic demographic questions.

Where is your organization located?

- ☐ Saint John
☐ Halifax

Is this your first experience with service learning students?

- ☐ Yes
☐ No

Section 2:

We would like to be informed about your perceptions of and experiences with service learning.

Please indicate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<i>Perceptions</i>					
Service learning is different than volunteering					
Service Learning will help to prepare students for their careers					
Service Learning will help students to better understand some of the concepts taught in the classroom when they see them in real life settings					
Service learning can help medical students to learn about the social determinants of health					

<i>Experience and Role</i>					
I see myself as a mentor to the student(s)					
Because of this experience, I am more interested in developing an extended partnership with the University					
In general, the benefits of working with service learning students outweighs any burdens it may have added to our work					
<i>Preparation</i>					
I plan to prepare on my own in addition to any training provided through the university on Brightspace					
The goals of service learning are clear to me					
I feel well prepared for having students come and work on a project based on our community's identified needs and assets					
<i>Reflection</i>					
Reflection is an important tool to learn and grow					
Reflection will be useful in service learning programs					
<i>Reciprocity</i>					
Partnerships between community, students and the university are important					

The student, our community and the University will all benefit from the work we will do together					
I will use this experience to inform my work with future trainees					

Any additional comments you'd like to make about your service learning experience?

Thank you for taking part in our pre-service learning survey. We greatly appreciate your time and dedication to providing a collaborative and rich community-based service learning experience for future clinicians.

POST-PROGRAM SURVEY - Community-Partners who engaged in Service Learning

Dear Community Partner,

We invite you to participate in this survey focusing on your perceptions of service learning. This survey is being facilitated by the Service Learning Leadership Team from Dalhousie Medicine (Faculty Leads – Dr. Dan Boudreau and Dr. Sarah Gander) as part of the program evaluation for service learning.

We are looking to gain an understanding of how community partners perceive the role and impacts of service learning participation on their organization and the peoples served. As you recall, we completed the first round of surveys early on in the academic year and are now completing a year end survey so that we can explore your early perceptions of the program to your perceptions upon program completion. Your participation in this survey is voluntary and if you decide to not participate, your relationship with the program/University will not be impacted.

This survey will take about **5-10 minutes** to complete. Please ensure that the staff person completing the survey is the one who was directly involved in a supervisory capacity for the student(s).

Please note: by filling out this survey, you give permission for leadership team to use the data to inform the program evaluation which may directly impact the future directions of the program. Your answers to this survey are anonymous so your name will not be associated with any data.

If you have any questions or concerns regarding the survey content please email, the Program Manager for Service Learning, Sarah Peddle via email (Sarah.peddle@dal.ca) or via phone at (902)494-8054.

Section 1

To begin, we'd like to ask you some basic demographic questions.

Where is your organization located?

- ☐ Saint John
☐ Halifax

Is this your first experience with service learning students?

- ☐ Yes
☐ No

Section 2:

We would like to be informed about your perceptions of and experiences with service learning. Please indicate your level of agreement with the following statements:					
	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<i>Perceptions</i>					
Service learning is different than volunteering					
Service Learning helped to prepare students for their careers					
Service Learning helped students to better understand some of the concepts taught in the classroom when they see them in real life settings					
Service learning helped medical students to learn about the social determinants of health					
<i>Experience and Role</i>					
I saw myself as a mentor to the student(s)					
Because of this experience, I am more interested in developing an extended partnership with the University					

In general, the benefits of working with service learning students outweighed any burdens it may have added to our work					
<i>Preparation</i>					
I prepared on my own in addition to the training provided through the university on Brightspace					
The goals of service learning were clear to me					
<i>Reflection</i>					
Reflection is an important tool to learn and grow					
Reflection was useful in deepening my critical appraisal of classroom learnings in real life settings					
<i>Reciprocity</i>					
Partnerships between community, students and the university are important					
I felt well prepared for having students come and work on a project based on our community's identified needs and assets					
The student, our community and the University have all benefited from the work we have done together					

Any additional comments you'd like to make about your service learning experience?

Thank you for taking part in our post-service learning survey. We greatly appreciate your time and dedication to providing a collaborative and rich community-based service learning experience for future clinicians.

Appendix C – Community Partner Year-End Interview Guide

Interviews guide for Community Partners: May/June 2018

1. How has your experience been over the past year as a community partner of the Service Learning Program?
 - a. Anything the leadership team could have done differently to support you or the student?
 - b. Do you have any changes you would recommend for how the SL program is structured?
2. We would like to ask you a question from the survey (we don't know if you willed it out or what your response was to the question). I will read the statement and then I would like you to tell me if you agree or disagree with the statement and then provide me with some insight into your response.
 - a. "In general, the benefits of working with service learning students outweighs any burdens it may have added to our work."
3. Anything else you'd like to share with us about your experience as a Community Partner of the Service Learning Program?