

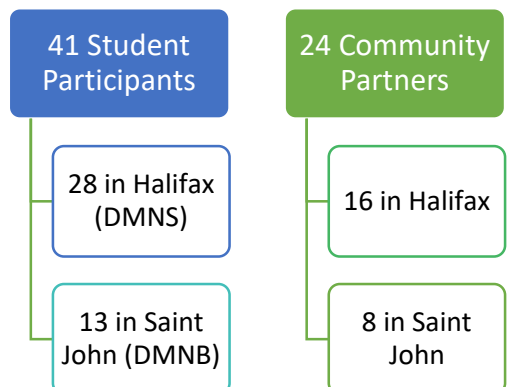
Service Learning Program 2018-19

Mid-Program Report



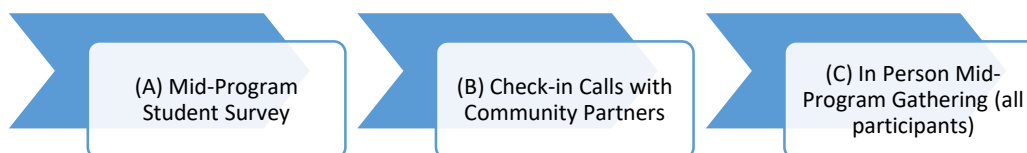
Introduction

At Dalhousie Medicine, the Service Learning Program (MEDI 2612) is offered during the first two years of Undergraduate Medical Education at Dalhousie University. The program integrates community engagement concepts into classroom-based learning (Professional Competencies 1) in first year with an optional community-based project experience in second year. Students who opt to take part in the “for credit” program do a minimum of 20 hours in order to complete the service learning experience during the academic year. Students apply for the program and are either matched with community-based not-for-profit organization who work with marginalized and underserved populations or develop their own experiences based on existing partnerships. The experience includes preparation, critical reflection assignments and a 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 and the Service Learning Program.



For the 2018-19 academic year, there are 41 students participating in the program. The majority of participants identify as female (78%). Students are completing their experiences with 24 community partners, and of which, five are new partnerships for the program. Of the new partnerships, almost all 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.

Data collection sources:



The student survey was distributed by the Program Manager using One45. All check-in calls with community partners were completed by the Program Manager who also facilitated the mid-program gathering.

Executive Summary

- ***The program is accomplishing what it is supposed to:*** The program's on-going comprehensive mixed-methods evaluation continues to demonstrate strong links between the program's outcomes and intended learning objectives.
- ***Valuable way to critically link classroom learnings to real-life experiences in community:*** Participants continue to express that the program plays a practical role in providing students with an opportunity to learn about and reflect upon classroom learned concepts, like the social determinants of health, in real-life settings.
- ***Valuable partnership with future impact potential:*** Community partners value this partnership and the potential positive impacts that their engagement with medical students will have on their future clinical practice, and consequently, on disproportionately affected communities. Students also believe this experience will positively impact their future practices as clinicians.
- ***Re-structuring the program into phases results in more clarity:*** The structuring of the program in two distinct phases, so far, has been an effective strategy in managing expectations and project related stress. Students and community partners feel that it has helped them focus on the experience and manage expectations.
- ***Collective responsibility to ensure students have enough exposure to community experience:*** Building on the importance of the experience itself, there has been more discussion about ensuring that students have sufficient opportunity to meet clients of the community-based organizations. When this isn't possible (i.e., patient confidentiality limitations), students are encouraged to meet with as many staff members as possible to gain a more in-depth understanding of both the organization, surrounding community and the experiences of clients.
- ***Funding for projects a welcome addition to the program's contribution:*** The inclusion of a small pot of funding available to students and community partners has proven to be a successful way to offset any costs associated with hosting service learning students completing projects in community settings. Having this rolled into the project proposal submission with funding cheques issued prior to the second term (project implementation) has gone well.
- ***Program participants continue to want protected time to participate:*** The most common suggested improvement for the program (over the past three years), from both students and the community partners, is the desire to have protected time during the curriculum day to participate in service learning experiences.
- ***Adding more links to curriculum by requiring the use of at least three resources in reflections assignments:*** While the requirement to include at least three resources from other curriculum did improve the quality of the mid-program reflections, many students felt that they did not yet have the depth of experience to know what to include. We will adjust this and make it a requirement of the final reflection instead of the mid-program draft and will extend the word limit to accommodate this addition.
- ***Models of program delivery being explored:*** An exploration of different models of program delivery is on-going with recommendations to be presented in the year-end program report. Ideas include completing the matching and starting the experience in med 1 (similar to half-year electives), protected time within ProComp and a certificate program.
- ***During the mid-program check in calls, community partners described the medical students as: Keen, excited, respectful, very good communicators, friendly, and knowledgeable. In their reflections, Students described the impact and value of the experience as: Rewarding; Eye opening; Educational; Enjoyable; Perspective enhancing; Advocacy informing and Fulfilling.***

(A) Mid-Program Survey of Student Participants

The mid-program survey was distributed to all registered students in the Service Learning Program. Questions were posed using a five-point Likert level of agreement 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, 30/41 students (73% response rate) completed the survey. All of the responses were positive with a range of 3.8-4.6 on all survey items. When compared to the responses from the students in the 2017-18 academic year, the responses for the current cohort of students were highly comparable.

Mean level of agreement rating for each section of the survey:



Open-ended questions

21/30 students provided a written response to the question asking them to describe their understanding of service learning. Students described: how service learning differs from traditional volunteer roles; that service learning aims to address a community-identified priority issue and the relationship and benefits are reciprocal (need, gap, etc.); a way for students to take their classroom/tutorial/clinic learned knowledge (particularly related to communication and understanding the impacts of the social determinants of health) and apply it in community-based settings and, noted the use of reflection related to this skill application.

“Service learning is a program designed to immerse medical students into the communities that surround them. This allows for the development of relationships, deeper understanding and learning from marginalized and/or low-resource communities, and reciprocal benefit of the student and the community partner. It allows students to get a hands-on perspective on the social determinants of health, which will be invaluable bringing forward into medical practice.”

“To me, service learning is an opportunity to become involved in the community. It is an opportunity to learn more about the community around you, which will allow you to communicate more effectively and become a leader within the community. It also helps you become aware of social determinants of health, and encourages students to work to identify these.”

Students unanimously felt that community partners will benefit from participating in the program and the majority felt that their project directly addresses a community identified priority which further enhances the feeling of community participation and contribution.

(B) Community partner check-in calls and site visits (December 2018 – January 2019)

A strategy that has proven successful in building and supporting relationships with community partners is the utilization of mid-program check in calls between each of the community partners and the Program Manager (take place between December and January, annually). These calls are an opportunity to see how things have been going from the partners' perspective and offer support as needed. The Program Manager completed calls with 18/24 community partners. All community partners were given the opportunity to contribute to the mid-program gathering experience and project summaries so even if a call was not possible, issues were able to be raised at the session and addressed.

Summary of community partner feedback

For many of the community partners, this has been their second or even third time with us so much of the feedback confirmed that things continue to go well and they are glad that they are involved with the program. A few of the common positive elements included:

- ***Structuring the program in phases:*** Community partners appreciated the clarified structure of the program into two distinct phases (term one being about getting to know the partner and community with emphasis on project development and term two being most focused on project implementation and on-going involvement in community settings). This restructuring served to clarify expectations and enhanced the community-engaged experience aspect.
- ***Knowing about the Neuro unit "blackout" period:*** Community partners who have been with us for previous years noted that it was very helpful to know when students were in the Neuro unit as they found that the drop off in contact and participation last year, without knowing why, was discouraging. All of them talked about having met with the student or had plans to meet with them and heard from them again immediately following their Neuro exam. The Program Manager had also sent out an email after the exam to encourage students to reach out to community partners and plan when they would next be in the setting now that their Neuro exam was over. A combination of approaches led to this being an effective strategy for all parties.
- ***Check in calls:*** Several community partners commented on enjoying having check in calls with the Program Manager. It provides an opportunity to discuss how things are going from their perspective and brainstorm ways to round out the experiential component of the program. Sometimes it proved to be an opportunity to break down the project into multiple parts and isolate a component that could be passed on to the students the following year. This sustainability aspect has worked well for previous partners and reflects a direction we'd like to encourage others to implement in future years. By having the previous students mentor and "pass the torch" to the next students, it helps reduce the burden on the community partner and allows continuity in project progress.

Enhancing opportunities for students to interact with staff and clients in the setting to enhance

learning: Building on the intentional practice of enriching the experience aspect of the service learning program, during the discussions with community partners, the Program Manager probed about opportunities for students to interact with staff and clients of the community partner organizations. Research, and even past critical reflection assignments clearly show that it is the interactions with people in the community and hearing about their experiences firsthand that have

the most impact, especially for learning about the barriers to healthcare access, the disproportionate impacts of the social determinates of health, etc., in order to ignite health advocacy direction.

Capacity enhancement success related to community engagement principles and practices: Based on the evaluation results from last year, we built in more content in the manual and also in the orientation about using a community engagement process in the development and implementation of the project. At the mid-point gathering we noted that community partners and students shared aspects of their process and we are pleased to see that many from this group of students has embraced and applied a community informed approach to their projects.

Funding for service learning projects: First and foremost, community partners appreciated being able to request funds to help offset the costs associated with having service learning students in their setting and completing a project. Having the budget as part of the proposal process made sense and having the money in advance of the project implementation in the second half was also helpful for planning purposes.

Community partners described the students as: Keen, excited, respectful, very good communicators, friendly and knowledgeable.

(C) Service Learning Program Mid-Program Gathering (January 9th, 2019 – videoconference between DMNB and DMNS)

47 people in attendance

- 12/13 students at DMNB and 24/28 students in Halifax
- 3/16 community partners in Halifax and 4/8 community partners at DMNB
- 4 Service Learning Leadership Team members (3 in Halifax and 1 at DMNB)

The agenda for the gathering included a welcome, the sharing of service learning experiences and projects and discussion. To streamline the process, and to help ensure equal participation, we requested that the students and community partners prepare a concise written summary (suggested three sentences maximum) to share during the session (these are included in the appendix). We also asked each to also share the most valuable part of the experience and if there were any challenges (and what was done or could be done to address the challenge).

The session closed with an open group discussion. Given that a recurring and most common suggestion for program improvement would be to have protected time in the curriculum to participate – we asked the participants to tell us, ideally, how they would like to see the program delivered.

Report Back Summary

Most valuable parts of the experience:

- The most valuable part of the experience has been the opportunity to enhance the classroom-based learning by being able to learn more about the impacts that the social determinants of health can have on people. Students and community partners believe that this this will not only impact how they practice but also how they will use the experience to inform their health

advocacy efforts to reduce barriers and improve healthcare access for traditionally underserved populations.

- Students also frequently expressed that they valued being able to learn more about community-level resources that can be used as referral sources for future patients that they didn't know about previously.
- Community partners also appreciated having students contribute to work that has been on their to-do or wish lists for some time and having the students come in and take care of those tasks has been invaluable.
- A few students also appreciated being in community-based settings where they get a significant amount of time to interact with the community served. They shared how much they enjoyed seeing how supportive people can be of each other and found the resilience and strength in community inspiring.

Students described the impact and value of the experience as: Rewarding; Eye opening; Educational; Enjoyable; Perspective enhancing; Advocacy informing and fulfilling;

Of note, the program's evaluation over the past few years has been consistently finding that the most valuable parts of the experience link directly back to the program's goals and learning objectives (for both students and community partners).

Challenges:

Schedule Coordination and a Lack of Protected Time

- The majority of challenges expressed were related to coordination of schedules between the students and their community partners. Part of the challenge is structural in nature because there is not protected time in the student schedule to more easily facilitates their participation. This is compounded for some by the fact that some community organizations do not have activities or working hours outside of a regular working day and this is when students are participating in core curriculum and electives.
 - Given that there is no protected time currently, we continue to provide advice to students and community partners around how to make time to connect. Consider scheduling times to 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.

Project Delays and Managing Expectations

- Aside from the desire to have protected time in the curriculum to participate, we asked students and community partner to also think through potential solutions (or solutions they implemented) to address challenges. Many noted challenges related to their projects and detailed thoughtful plans of how they have or will be addressed. The Program Manger has also followed up as needed to assist in this process.

Modifying Reflection Reference Requirement and Adding Length:

- A few students found the mid-point reflection word limit challenging and also didn't feel that they had the experience yet to be able to integrate references.

Ideally, how could the program best be delivered? What would it look like? Where would it fit within the curriculum?

Suggestions/solutions:

- Start the program in med 1: Students tend to just get a high level orientation and then jump into the experience and project component in med 2. Similar to previous years they are suggesting that students could be matched or at least introduced to community partners (i.e., a community fair as part of O week or other time of the year) on their first year.
- More Integration with ProComp: Students echoed previous evaluation results in stating that the Service Learning Program does add function as a practical component of ProComp.
 - Students felt that having community tutors added significantly to the tutorial discussions (i.e., the value added by having Mi'kmaq community members attend tutorial). We discussed whether or not adding more community first voice panelists would help and the students expressed that having small group discussions allows for more participation, depth of dialogue and comfort in asking questions that you may not ask in front of a large group of people.
 - Another way to integrate it is that over the 4 week blocks, two weeks could be lecture and tutorial and 2 weeks could be more about community and practical applications of the things they discussed in the first two weeks. This could be made optional or mandatory.
- Certificate Program: One student on the survey suggested that there would be more value, from the student perspective, to have service learning be a certificate program vs. a course on a transcript. They suggested that having it be a certificate would allow for exploring/learning about the social determinants of health via public lectures (or theme seminars) or optional assignments (i.e., short guided critical reflections) along with a capstone project and a certain number of hours working with the community partner in the setting.

Miscellaneous Program Updates and Recommended Enhancements

- *Experience and project funding*: Funding provided in partnership between the Global Health Office and DMNB.
 - DMNB: \$1,760 (across 8 community partner organizations)
 - DMNS: \$2, 325 (across 12 community partner organizations)
 - Total: \$4,085 (across 20/24 of our community partner organizations)
- *Critical Reflection Assignments*: To further enrich the link between classroom learned concepts and real-life experiences, we added the requirement that students include at least three references from ProComp or related curriculum. While this did enhance the quality of the draft reflections, based on the student feedback, we have decided to modify this for next year. We will require the mid-program assignment to be more of a personal reflection with feedback provided and the final reflection will require the addition of three references and also an increased word limit to allow for this addition as part of the final assignment.
- *Program name change contest*: The Global Health Office hosted a rename the program contest this year and the Service Learning Leadership Team will be meeting to discuss the entries and the potential of a program name change.

Appendix – Summary of Service Learning Projects Underway

DMNB:

- **Eric Comeau & Gabrielle Hibbert at St. Joseph’s Community Health Centre (Community Partner: Heather Chase):** The student portion of the project is to develop a survey that will be administered to targeted stakeholders. The survey will be designed to assess awareness and understanding of ACEs and resilience, as well as impacts on patients/clients. We will be administering the survey through in-person interviews. If time permits, a report will be compiled with the results of the survey, and the information gathered will help guide the dissemination of training and education to the stakeholders to empower them to embed the science of ACEs and the concept of resilience in their daily practice in order to reduce/mitigate the negative impact of ACEs in our community. The survey will be administered again following the training/education phase to assess the impact of the project.
- **Gabrielle Robin at the Saint John Human Development Council (Community Partner: Randy Hatfield):** Developing an understanding of Saint John priority neighborhoods to realize various community needs. Partnering with the Human Development Council to appreciate their programs and services, especially those impacting youth. Complete an inventory of local mental health services and programs for youth in Saint John to ease access and knowledge of services in the future. Organize a focus group to gain some expertise from the population and to understand barriers they may be experiencing. Create a navigation tool to describe where and how services can be accessed to aid in the timely delivery of mental health care for Saint John youth.
- **Lucy Eum & Victoria Kulesza at Research, Education, and Clinical Care for at Risk Populations – R.E.C.A.P. (Community Partners: Lisa Frechette and Dr. Sarah Gander):** Learning about social determinants of health affecting patients at the RECAP undergoing addiction therapies by having the patients take pictures of their daily lives. We will lend out single-use cameras to select patients to take pictures of their surroundings, first/last things they see before bed, meals, etc and return them for a Tim Hortons card. We will display select pictures with captions in a gallery showing for community stakeholders and other medical learners.
- **Brynn Aucoin & Nicholas Quinn at the Teen Resource Centre, Pathways to Education (Community Partner: Heather Doyle and Harry Daley):** Partnered with Pathways to Education to develop and deliver program workshops to high school students related to post-secondary preparedness and awareness. The focus of the first workshop was to gain insight into students’ perceptions of their awareness of post-secondary life (education, careers, and finances) and to get student input on the direction of program development. Surveys were also developed and administered before the focus group to measure confidence, attitudes, and awareness of particular career topics, and a post-survey will be administered after the workshop to measure any changes. Our intent is to develop and host a career workshop that is youth driven in the Spring.
- **Allison Gallant, Kimiko Mosseler & Emma Jeffrey at the Youth Pregnancy Network (Community Partner lead: Dr. Marianne McKenna):** Advocating for the expanded coverage of birth control options in New Brunswick in partnership with the Youth Pregnancy Network (YPN). Currently, several contraceptive methods are covered under the New Brunswick Public Drug Plan Formulary (NBPDPF), but the patch is not. The patch is an excellent birth control option for many young women because it is user friendly, low maintenance and generally has higher adherence rates. We will produce a pitch to present to local government officials highlighting the benefits of adding the Ortho Evra birth control patch to the NBPDPF.
- **Sophia Miao at Hestia House (Community Partner: Elaine Northrup):** Spending time on site to get to know the organization with a focus on assisting Hestia Houses’ child care support worker with the children at the shelter. Building on this experience, the project component will involve the creation of a community resource brochure (resources, organizations, and services) that will be given to women as they enter and/or leave the shelter after their stay.

- **Molly Jackson at NaviCare/SoinsNavi (Community Partners: Dr. Alison Luke & Dr. Shelley Doucet):** Developing a piece(s) of theatre that will explore the experience of children with complex care needs and their families. These individuals face unique challenges as they navigate the health care system and encounter obstacles related to organizing, managing, and accessing care, particularly in New Brunswick. This project will allow us to disseminate some of the interview data that has been collected by NaviCare/SoinsNavi in an innovative way to best illustrate the patient and family experience as well as opportunities for improvement in the system. Through collaboration with local theatre groups and a local English professor with a special interest in play-writing, we will be creating multiple short vignettes to bring to life some of the common themes and experiences we've found in the data. The goal is to be able to record the vignettes for sharing online, and potentially presenting at medical conferences, which would also help promote NaviCare/SoinsNavi to health care providers who could connect their patients.
- **Jillian McNally at Special Olympics New Brunswick (Community Partner: Jane McKeown):** Staff at Special Olympics NB and I are planning and implementing a Healthy Athlete event in Saint John. I am recruiting other health care professionals and community members to assist in health screening and education for current SO athletes. This program provides a fun, welcoming atmosphere for people with intellectual disabilities to access healthcare and learn about their health. It also helps present and future health care professional as well as community members learn how to interact and communicate with people with intellectual disabilities.

DMNS:

- **Carley Bekkers & Emily Haynes at Direction 180 (Community Partner: Cindy MacIsaac):** Emily and Carley have shadowed at Direction 180 a few times each during the fall semester, where they became more familiar with the work that Direction 180 does, the clients it serves, and some of the challenges they face. For their final project, Emily and Carley will work with Francis and Megan to host a learning event at Direction 180 for medical students. Subjects will focus on harm reduction, Naloxone training, what Direction 180 is and the services it provides, and will include a first voice panel of people who use Direction 180. The panel will focus on the topics of stigma, discrimination, treatment and recovery and will allow for student questions. For this event, the Family Medicine Interest Group will partner to increase awareness of the event and to provide some financial honoraria for the first voice peers.
- **Peri Fenwick & Marissa Ley at the Schizophrenia Society of Nova Scotia (Community Partner: Adrienne Power):** We have been working to develop media resources to help educate the general public as well as physicians about the work that the Schizophrenia Society of Nova Scotia (SSNS) does. One project we are working on is a bank of social media posts aimed at dispelling common myths and educating the general public about mental illness. A second project we have been working on is an article about the SSNS, which will disseminate information to healthcare providers, medical students, and the general public about the services that the SSNS provides. In doing so, more momentum will be built in terms of demand for the SSNS's services, with the hopes of increasing funding for this not-for-profit organization. Moreover, discussing the shortage and demand for mental health services will help lessen the stigma surrounding mental illness within the community.
- **Ryan Densmore, Emily Chisholm & Bartosz Orzel at I am Potential (Community Partner – Kevin Jolly):** Hosting a fundraiser event to create and spread awareness about I Am Potential and how the actions of the program benefit children in the local community (details on where and when TBD). Advertising the fundraiser to the broader community to both demonstrate the positive impact of the program on shaping young minds and to have as many fundraiser attendees as possible. The main objective of the fundraiser will be to raise funds to sustain the IAP program, as there is an ongoing need to pay for transportation and purchase supplies for the events to run each week.

- **Jenna MacDonald, Kendra MacCuspig & Amy Silver at Big Brothers Big Sisters (Community Partner: Jonathan Leard):** Our experience with Big Brothers Big Sisters has been through the in-school mentoring program, in which volunteers are paired with elementary aged youth identified by partnering schools as students that would benefit from mentoring. Although we have had limited encounters at this point in the year, we have already witnessed some of the barriers to education that our matches experience, including transportation, inconsistent housing and school, unexplained absences, limited access to learning aids, materials, and resources at home. With regard to our project, we met with volunteer coordinators Bernadette Fagen, Nicole LeBlanc and Jonathon Leard to determine where we could make the most impact. In early discussion, they identified their largest barrier to successfully matching community volunteers with children in need was the disproportionate number of volunteers and children waiting to be matched, particularly for male children. The first component of our project was participating in a volunteer fair at Dalhousie University to recruit volunteers from the university population to the in-school program, which better suits volunteers that can only commit for the current school year. Going forward, in conjunction with Big Brothers Big Sisters we will be identifying which recruiting strategies have been most successful over the past year. This will also include a literature search of published and gray literature, and contacting similar local organizations to identify strategies that can be implemented in the coming year to expand and increase recruitment. In addition to investigating recruitment on the volunteer end, we will be discussing with our community partners, the potential benefits of developing an information pamphlet or session for participating schools. This would outline the logistics of in-school mentoring with emphasis on the long-term benefits of mentoring for children. Scheduling conflicts with the schools concerned many students that expressed interest in volunteering but were not available during the schools lunch hour. We feel that highlighting both the immediate and long term benefits programs like in school mentoring would have for the children may encourage participating schools to develop a more flexible approach to scheduling which may help with the recruitment and retention of more volunteers. Between these three initiatives, our goals are to increase volunteer recruitment by raising awareness of the various mentorship programs available, identifying effective recruitment strategies, and increasing flexibility of community partners to allow more access for Littles to have positive mentorship opportunities.
- **Tina Kim & Talia Bond at the Immigrant Services Association of Nova Scotia (Community Partners: Zrinka Seles-Vranjes and Halima Omar):** Our project is to take the information we gain from this experience and transmit this knowledge to other students in the form of a reflective piece, to be shared either online or in a student journal to help with acceptance and understanding of the barriers that many newcomers face when arriving to Canada. So far what we have done has been learning about Immigrant Services Association of NS (ISANS) and settlement support for newcomers, especially Government Assisted refugee population. Connecting with Youth Life Skill Workers to provide practical orientation to new arrived refugee clients, learn about newcomers settlement experiences, challenges and successes.
- **Chelsea Howie at the Dartmouth Learning Network (Community Partner: Alison O'Handley):** Coordinate logistics of children's book acquisition and distribution to children in low income families including fundraising, liaising with book distribution organization to order/pick-up books, liaising with community partners to coordinate book distribution in the community and working with the DLN team to manage logistics and evaluate programming.
- **Ashley Whelan & Cameron Taylor at Mainline Needle Exchange (Community Partner: Diane Bailey):** Our project with Mainline Needle Exchange will focus on developing a document/brochure pertaining to HIV prevention, screening and management in the HRM community. There are many different sources of information regarding HIV prevention, screening, and steps to take following a diagnosis that can be overwhelming and rely on a certain level of medical knowledge and/or level of education. We seek to present this information in a flow-chart style, making it accessible for individuals of different education levels and backgrounds. Mainline staff have also stated a need for a simplified, stepwise resource for

themselves when members of the community inquire about resources and support related to HIV. The staff will be able to use it as a reference guide, and it can be handed out to members of the community they serve. The two main portions of the document will focus on (1) Answering commonly asked questions in a concise and accessible manner for a variety of literacy levels (e.g. What times during the week are HIV screenings offered at Mainline? If I'm HIV positive but being treated, is it safe to have sexual partners? Etc.), and (2) An Infographic Flow Chart showing how to navigate the community based and hospital-based systems and resources pertaining to HIV.

- **Lucas Coxhead at The Youth Project (Community Partner: Brie MacKinnon):** Partnering with a physical fitness expert to provide fitness in a safe space for LGBTQ+ youth as gyms are not often safe spaces or welcoming to LGBTQ+ youth and cost prohibitive. It will focus on activities that can be done to increase or maintain fitness at home as well as give LGBTQ+ a taste of different types of fitness that they may not have had the opportunity to try yet (for example: yoga, Pilates, dance, swimming). My main role involves finding affordable spaces to host the sessions, finding affordable instructors to run the sessions and promoting the program to the youth.
- **Adedeji Ologbenia at Imhotep's Legacy Academy (Community partner: Sidney Idemudia):** Designing an after-school activity called "Matters of the Heart" for Grade 7-9 students of African descent. This activity will educate the kids about the human heart and how it functions. The kids will learn about tools and techniques that doctors and health practitioners use to examine the heart. They will also get to use household items to build a stethoscope and use it to listen to heart sounds. African Nova Scotians do not have enough representation in the sciences and health professions, hence the goal is to stimulate the interest of these kids and inspire them to consider a career in the health professions.
- **Kaleigh MacIsaac & Jelisa Bradley at the Halifax Sexual Health Centre (Community Partner: Kate Calnan):** Developing evidence-based material for the Halifax Sexual Health Center (HSHC) that clearly explains and outlines abortion options and access in Nova Scotia with a special focus on medical abortions and how they differ from surgical abortions and how medical abortions differ from emergency contraceptives. We are now in the process of reaching out to the Nova Scotia Choice Clinic to clarify the timeline associated with accessing an abortion in Nova Scotia and the barriers that still exist in obtaining the service.
- **Alexandra Reda & Jenna Coles at the Halifax Sexual Health Centre (Community Partner: Kate Calnan):** Purpose: To examine the feasibility, demand, and potential benefits of Point-of-Care and/or multiplex HIV/STBBI testing at the Halifax Sexual Health Clinic (HSHC). We are tasked with collecting evidence-based information on these types of testing services and reviewing existing academic literature to inform us of the benefits, demand for service, and the costs associated with offering this service.
- **Moyin Adesanya at the Health Association of African Canadians (Community Partner: Sharon Davis-Murdoch):** The Health Association for African Canadians (HAAC) serves the interest of the entire African descent population in Nova Scotia and beyond. My project involves developing a proposal to support the development of a NS Sisterhood Initiative that caters specifically to Black women in Nova Scotian. So far, I am in the process of completing a literature review to develop an understanding of the barriers that Black women face when accessing healthcare. Moving forward, I will learn from and work with individuals who run the NS Brotherhood Initiative. I will also host a focus group consisting of women of different ages, perspectives and familiarity with the healthcare system to gain an understanding of what is needed in the community. The development of a Sisterhood Initiative that caters specifically to Black women in Nova Scotia would positively impact health outcomes and overall wellbeing by providing culturally competent care.
- **Setareh Lahsae at Northwood (Community partner: Margaret Szabo):** Administering validated surveys of seniors in Northwood medical clinic in order to empower seniors to think about their needs and identify their priority needs from their own perspective. The results of this survey will be used to create a baseline dataset which can later be utilized to evaluate targeted interventions in the community and inform policy makers. The first survey has been administered by the community partner

and Northwood is now in the midst of finalizing a date for interviewers' training session and scheduling interviews in the medical clinic.

- **Alexandra Munroe & Nicholas Cochkanoff at Regional Residential Services Society (Community Partner: Ruth Wilkie):** Working with RRSS, a group that organizes group homes for adults with a variety of disabilities. With this organization we have taken on the goal of helping educate various residents within these homes about various aspects of their health. Many of these individuals have not been provided the degree of information or detail that they deserve and that is regularly given to other patients of physicians. From this, many residents have several questions about their health. After initially meeting with a group of elected council within the organization we developed a plan to present a number of presentations to any residents that wish to learn about the topic at that session! So far we have completed one of these three presentations. The topic of the first meeting was Mental Health, Stress, and grieving. It was a great success, and we have received lots of positive feedback from the residents that attended. At the meeting we encouraged residents to share their stories and thoughts, discussed what these terms mean and how you might better cope with stress, and essentially allowed an outlet for residents to express their feelings on these topics that are often not discussed. Our next session is taking place later this month, and will be discussing common conditions they have, why they take medications, and why sometimes medications cause other effects.
- **Kyle Kilby at Mobile Outreach Street Health, Housing First (Community Partners: EJ Davis & Katie Rennie):** With Kyle's support, we are gathering and piecing together what is called a Tenant Handbook: an in-depth but easy-to-comprehend guide to the MOSH Housing First Program for the folks we work with. The difficulty is finding a balance between providing our clients with the information they need, but avoiding long policy jargon which can cause anxiety in those whose levels of understanding or literacy may be compromised. The handbook contains things like: explanation of confidentiality and client rights, outlining the principles of Housing First, important information about finding and maintaining housing, important contacts and organizations within the community which our folks can access, key Housing First policies which folks should be aware of, and other pieces about our program. The goal is to create a comprehensive, but accessible, guide for all 60 clients on our case load. Each member of Housing First is an individual, thus meaning that there is no "one size fits all" when it comes to any kind of project. However, with the support of Kyle, it is becoming as accessible as possible for a broad range of individuals, with various levels of literacy and comprehension.
- **Libby Morrison at the Dalhousie School of Social Work Community Clinic (Community Partner: Cyndi Hall):** My experience to date has involved participating in an open house for the clinic, as well as shadowing social workers in both in-take and follow up appointments for clients at the clinic. In discussion with my community partner this fall, it was determined that the largest barrier the clinic is currently facing is sustainability regarding funding. As such, my project will be to update grant applications and generate a list of possible smaller grants to which the Clinic can apply. I will also be beginning discussions with Dalhousie's Health Services to see what process would need to be undertaken to access a more efficient health record system through Dalhousie.
- **Sonja MacDonald at The Club Inclusion (Community Partner: Jackie Rivers):** The fundraiser project includes making a short video to send to potential funders. It has allowed Club members to attend short workshops to explore what The Club means to them. It has allowed members to reflect on what The Club contributes to their lives and additionally, what each member contributes to The Club. It has facilitated positive group sharing, recognition of individual strengths and bring up happy memories from their time at The Club. The testimonials from members are contributing to a small video that will help show the unique, supportive and inspiring environment to potential funders.