

Community-Engaged Service Learning MEDI 2612

Program Information Session

Tuesday, April 25, 2023





Session Agenda

- Welcome and Territory Acknowledgements
- Overview of CESL
 - Leadership Team Intros
 - Program Requirements, Goals and Objectives
- Application timeline
- Developing an experience
- Med 2 student perspective
- Faculty Lead – Why participate?
- Q & A





Overview of Community- Engaged Service Learning (CESL)



Community-Engaged Service Learning Leadership team

Faculty Leads

Dr. Marc Nicholson (Pediatrician in Saint John, NB)

Dr. Dan Boudreau (Emergency Physician in Dartmouth, NS)

Management and Administrative Leads

Sarah Peddle (Program Manager, Office of Community Partnerships and Global Health)

Michelle Glaspy (Longitudinal Curriculum Coordinator, DMNB)

Student Leads

Katherine Houser (Med 2 Rep DMNB)

Madeline Kubiseski (Med 2 Rep DMNS)

Sebastian Hubbard (Med 1 Rep DMNB)

Laura Burge (Med 1 Rep DMNS)

Additional Supports

Shawna O'Hearn (Director, OCPGH), Dr. Christy Simpson (Department Head, Bioethics), Pam Bourque (Chief Operating Officer, DMNB) and Gwen Bartleman (UGME Administrator)





CESL Program Overview

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).





Volunteering vs. Service Learning

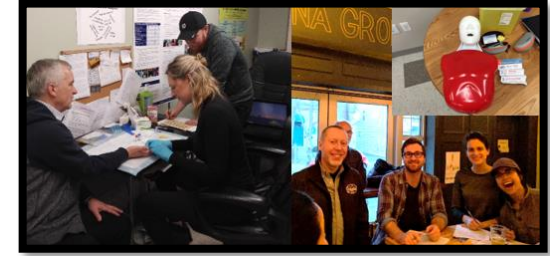


Community-Engaged Service Learning

Volunteerism	Service-Learning
The focus is on the service provided and the service recipient	Equal focus on the service context and the academic context
Yields specific service outcomes	Yields both service outcomes and learning outcomes
Does not emphasize processing the experience	Places intentional emphasis on critical reflection that connects the service to specific learning objectives
Experience may be measured in the amount of hours served	Experience is measured by the learning that takes place and the service work accomplished



CESL: Program Goals



- Practice and reflect on classroom-learned skills in community settings;
- Reciprocal learning and benefits for students and partners grounded in community-identified priorities;
- Contribute to the Faculty of Medicine's (FoM) commitment to social accountability and Serving & Engaging Society;
- Assist faculty in their role as facilitators of CESL & community engagement;
- Lead and contribute to scholarly activity to advance CESL in the FoM with our community partner organizations.





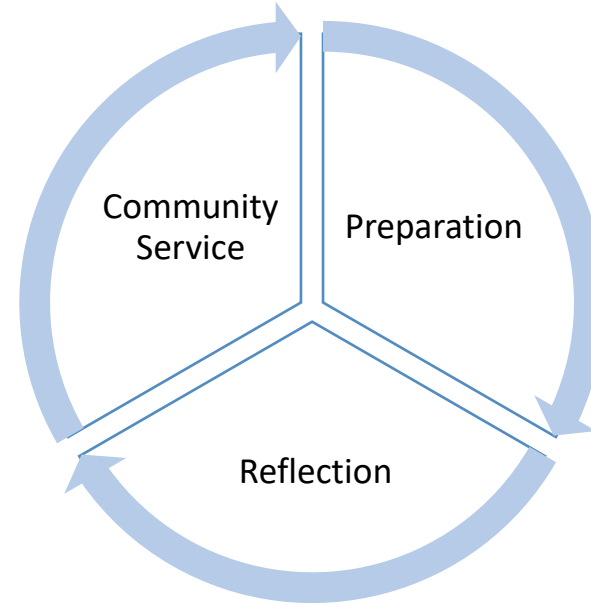
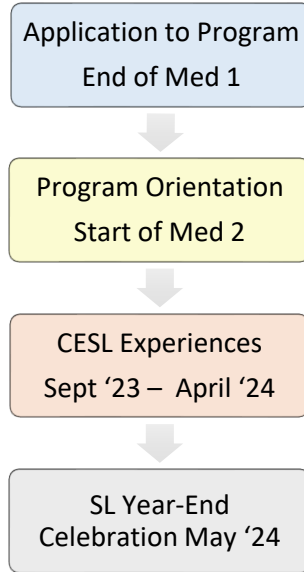
CESL: Learning Objectives

Upon completion of a Community-Engaged Service Learning experience, the student will be able to:

1. Describe the social determinants of health (SDoH) encountered and develop a critical analysis of how they affect the health of individuals;
2. Describe the levels and types of health advocacy and demonstrate the application of health advocacy skills in a community-based setting;
3. Demonstrate the ability to learn through experience and reflection;
4. Demonstrate integration of learning in the classroom and community organization context.



CESL: Program Requirements



- ☐ Optional
- ☐ Minimum of 20-30 hours over two terms
- ☐ MEDI 2612 will appear on your transcript!



Community-Engaged Service-Learning Application Timeline

May 9 2023

- Applications launch
- Available experiences posted
- New partnership development begins

June - July 2023

- June 30th – applications close
- July 14th – deadline for new partnerships
- July 19th – matches confirmed

August 2023

- Registration
- Preparation

September 2023

- Orientation
- Project work plan draft due

October 2023 – April 2024

- 20 hours in SL experience

Additional due dates:

- December 15th – Mid-point reflection assignment
- Early May – Final reflection and projects due



Example of a student experience in CESL



Developing a CESL Experience and Project

Developing a CESL Experience

Where do you start?

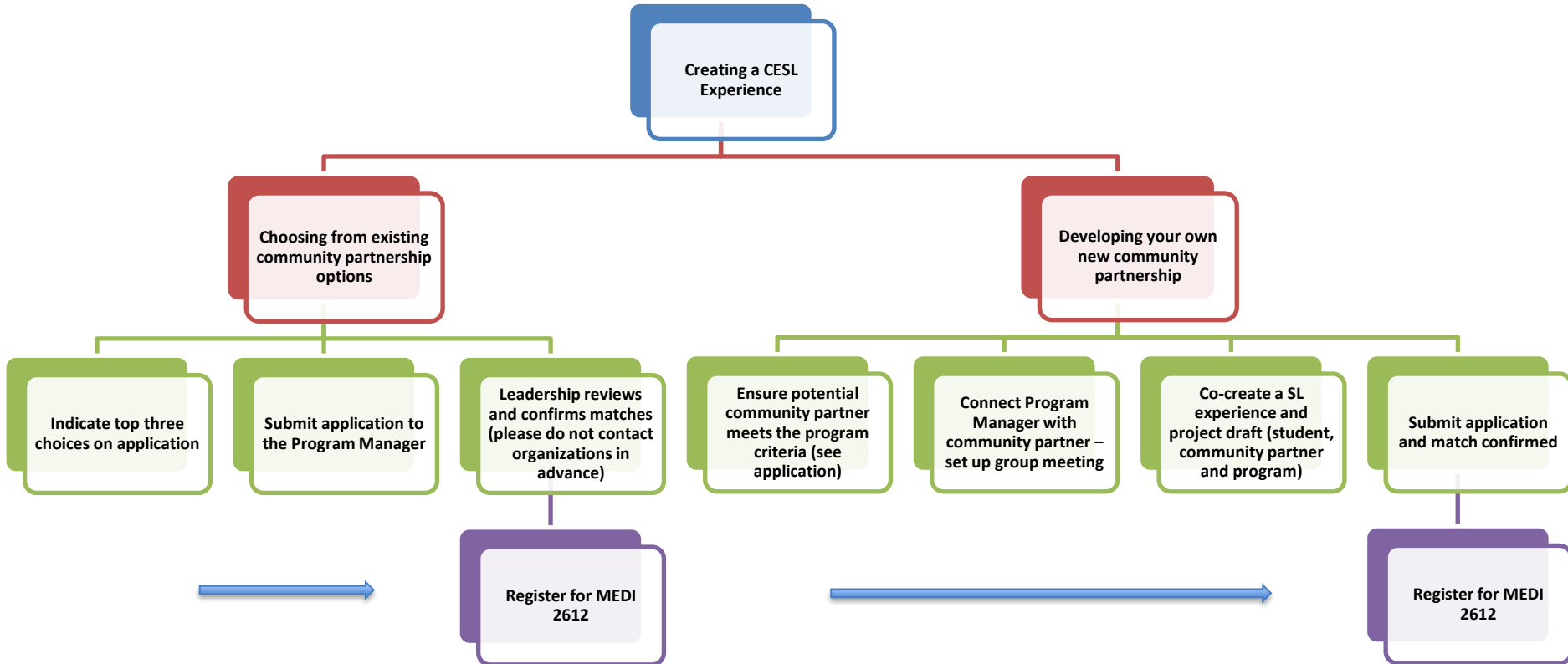
- Determine if there are a few of the established community partner experiences that interest you from the available list of confirmed partners.

OR

- You have a connection (or a desire to connect) to a particular organization to complete your community-engaged service learning experience.



Pathways to CESL Experience Creation





Important Program Links

Program information, including available experiences for 2023-24, and the application form, can be found in two places:

1. Brightspace – In your ProComp I content there is a folder for Community-Engaged Service Learning
2. We maintain all current CESL documents on the Office of Community Partnerships and Global Health [Website](#)





Firsthand Experience

Current Med 2 Community-Engaged Service
Learning Program reps and program participants

Madeline Kubiseski and Katherine Houser



CESL Health Advocacy Project Examples



Olivia McKee-Muir and Troy Hillier (2020-21),
Immigrant Services Association of Nova Scotia

Created a resource for physicians in the community to encourage use of the Language Line interpreter service for patients with limited English proficiency.

To inform our project, they had several meetings with ISANS and one of the key issues they and their clients face when accessing healthcare is around language. An issue they brought forward was that some physicians in the community do not have a great understanding of interpreter services available. The staff at ISANS explained that they receive many questions from physicians on the topic and that their clients receive better care when that care is appropriately provided in a language they are comfortable with.

Interpretation for patients of **Limited English Proficiency** in Nova Scotia



Call Language Line

1-844-590-7765

**Free telephone interpretation for
physicians in Nova Scotia**

Available 24/7

>240 Languages

Immediate. No need to book ahead

Why use an Interpreter?

- Facilitate smooth communication between patients and physicians
- Patients may have unmet needs when interpreters are not used
- Using family members (eg. spouse, children) is inappropriate in many situations
- Untrained interpreters may:
 - Invite bias into interaction
 - Jeopardize confidentiality
 - Not understand the terminology

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Harm Reduction for Substance Use in Saint John



Why Use this Card?

Front-line workers need to be comfortable discussing substance use with their patients and know which resources to refer patients to. Trust between the healthcare system and people who use drugs has been harmed by years of stigma, ignorance, and mistreatment. By using a harm reduction approach and meeting people "where they are at," we can slowly rebuild these relationships, improve health, and prevent unnecessary death.

What is Harm Reduction?

Harm reduction is a non-judgemental approach to improving health in people who use drugs by providing support, education, and new drug use equipment rather than pushing treatment on them.

www.avenueb.ca

Alternative Harm Reduction Resources in Saint John

Prince Edward Guardian Pharmacy

- Safe equipment distribution
- 9-100 Prince Edward St.
- (506) 657-9200
- Hours:
 - Monday, Tuesday, Thursday, and Friday, 8:30am – 5:00pm
 - Wednesday, 8:30am – 5:00pm
 - Saturday and Sunday, 8:30am – 12:00p

Rothsay Community Pharmacy

- Safe equipment distribution
- 58 Marr Rd., Rothsay
- (506) 847-44078
- Hours:
 - Monday – Friday, 9:00am – 5:00pm

Compass Clinic

- Opioid use disorder clinic for those seeking treatment with opioid agonist therapy
- 100 Prince Edward Street
- (506) 214-8511
- Hours
 - Wednesday, 8:30am – 4:00pm

Other Important Resources:

"Surviving the Streets" - Human Development Council of Saint John

- Comprehensive community resources list for Saint John including contacts for services for clothing, shelters, food, mental health crisis, and much more
- <https://sjhdc.ca/surviving-the-streets/>

New Brunswick Provincial Government 211 Phone Line

- Bilingual provincial wide service. Simply dial 211 to help people navigate the network of community resources.

Mid-Program updates of current student experiences will be posted in the service learning folder in PC1 Brightspace.


List of community partners who are or have been involved with the program can be found here:
<https://medicine.dal.ca/departments/core-units/global-health/service-learning/community-partners.html>

Dal medical students give back in the spirit of social accountability and community engagement

Kate Rogers - June 17, 2022



The BIPOC Climbing Initiative, spearheaded by medical student Nathalee Ewers, encourages and supports Black and Indigenous individuals in their pursuit of rock climbing. (Provided photo)

 Like Sign Up to see what your friends like.

A program at Dalhousie Medical School is creating opportunities for students to partner with not-for-profit groups serving communities that may have limited access and experience with health care.

<https://www.dal.ca/news/2022/06/17/dalhousie-medicine-service-learning.html>



CESL Health Advocacy Project Examples

Shared Activism – advocacy “with”

Dominique Salh and Matthew Kivell (2021-22) - CNIB

“We are at an opportune moment in time as the current Motor Vehicle Act does not have much verbiage for e-scooters specifically. As such, the HRM is in the process of developing the Traffic Safety Act where e-scooter regulation is likely to be laid out, making it an important opportunity to make the voices of those with vision loss heard.”

SUCCESS!

“Amendments to the Motor Vehicle Act will permit the safe operation of electric kick scooters (e-scooters) on municipal roadways.

Changes introduced April 5 set the minimum age, maximum speed and other requirements in legislation and will allow municipalities to create bylaws related to where people can operate e-scooters and other rules for their use.”





CESL Health Advocacy Project Examples

Directed Activism - advocacy “for”

Natalie Wallace and Natasha Larivee (2017-18) with Dr. Marianne McKenna (Youth Pregnancy Network) laid the ground work for having the Ortho Evra patch added to the New Brunswick Public Health Formulary.

They completed a background document highlighting the forms of contraception's covered and not covered, a cross-country comparison of formularies, 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.

In 2018-19, Allison Gallant, Kim Mosseler, and Emma Jeffrey continued the project and surveyed various healthcare professionals throughout the province to assess the interest/perceived value in the addition of the patch to the NBPDPF, created a one page "leave behind" to give to policy makers, and wrote an Opinion Editorial piece. They set up various meetings with stakeholders to to advocate for the addition of the patch...

.... And it worked! Ortho Evra was added to the NBPHF!



Why Participate?

Faculty leads, Dr. Marc Nicholson and Dr. Dan Boudreau



Service Learning Program Video





Thank you!

Please contact Sarah Peddle
at sarah.peddle@dal.ca with
any questions or concerns