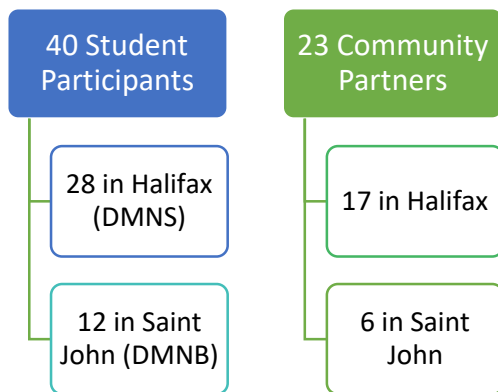


Service Learning Program 2019-20 Mid-Program Report



Introduction

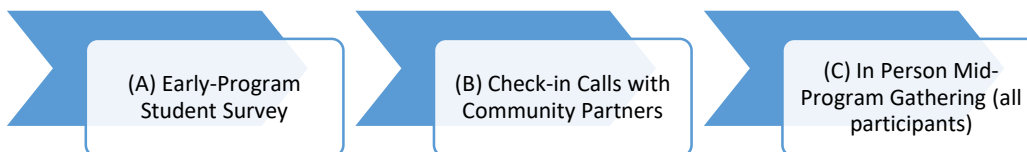
At Dalhousie Medicine, the Service Learning Program (MEDI 2612) is offered during the first two years of Undergraduate Medical Education at Dalhousie University. The program integrates community engagement concepts into classroom-based learning (Professional Competencies 1) in first year with an optional community-engaged experience and small project contribution in second year. Students who opt to take part in the 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 organizations 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 2019-20 academic year, there are 40 students participating in the program. We originally had 30 students at DMNS but two had to withdraw from the program. The majority of participants identify as female (65%). Students are completing their experiences with 23 community partners, and of which, six 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:*** Students and community partners believe that there is the potential for direct community impact, given that the experiences are driven by community-identified priorities. Students are enhancing their own learning through reflection and linking their experiences in community to academic content.
- ***Valuable partnership with potential future impact(s):*** During the community check-in calls, we asked community partners to share what success looks like for them via participating in the program. The majority spoke about the long-term impact of investing in future clinicians to improve the experiences of their clients in healthcare settings and ultimately improving their health outcomes and health equity.
- ***Funding for projects continues to help offset costs associated with projects:*** The inclusion of a small budget (up to \$300 with justification) when the experience and project proposal is submitted continues to be a favourable aspect of the program that also sets it apart from other experiential learning programs. Community partners appreciate having costs associated with hosting student managed projects offset via the project funding.
- ***Program participants continue to want protected time to participate:*** Year after year, the most common aspect of the program that participants feel could be improved is the allocation of protected time which may also help to alleviate communication challenges. However, many also appreciate the flexibility of the program in having exposure to the setting and being able to contribute to project (often working off site) that is valuable to the organization.
- ***Enhanced Integration of the Service Learning Program with ProComp I:*** The program organized and hosted a panel during the ProComp1 December 17th lecture space as a way to enhance the local community connection to the social determinants of health self-study tutorial content. There are discussions happening to formalize this lecture and tutorial for the 2020-21 year.
- ***During the mid-program check in calls, community partners described the medical students as keen, motivated, mindful, engaged, non-judgemental, and respectful.***

(A) Early-Program Survey of Student Participants

The early-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, 31/42 (74% response rate) completed the survey. All of the responses were positive with a range of 3.7-4.7 on all survey items. When compared to the responses from the students in the 2017-19 cohorts, 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

29/31 students provided a written response to the question asking them to describe their understanding of service learning. Students described: how service learning helps them learn about diverse populations, needs, resources and the need for advocacy; community engagement and building reciprocal relationships and mutually beneficial experiences; 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, finally, noting the use of reflection related to this skill application.

“Service learning enables medical students to engage with the community and understand how social determinants can influence health. Thus, service learning will allow me to provide a service to the community while also learning valuable skills, creating a mutually beneficial relationship.”

“Service learning is an opportunity for us students, as future health care workers, to work within the community and have a better understanding of the people that they will care for. It’s also an opportunity to better appreciate the socioeconomic determinants of health and the community resources that exist to support marginalized communities.”

Students unanimously felt that community partners will benefit from participating in the program and the majority felt that 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 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 in December 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 23/24 community partners. All community partners were given the opportunity to contribute to the mid-program gathering experience and project summaries; so this means that even if a call was not possible, issues were able to be raised at the session and addressed.

Questions posed to the community partners during the check in calls included:

- *As a Community Partner – how do are things going from your perspective?*
- *Anything we could be doing differently to support you in your role or to improve the experience as a whole?*

We also wanted to include community partner input into our evaluation metrics and how they measure and value impact. We asked them all: *“If I were to talk to you one year from now – looking back – what would have had to of happened for you to determine this partnership as a success?”*

Summary of community partner feedback

For many of the community partners, this has been their third or even fourth time participating with the Service Learning Program; not unexpectedly then, much of the feedback confirmed that things continue to go well (or get better each year) and they are glad that they are involved with the program.

Community partners described the students as: Keen, mindful, motivated, engaged, non-judgemental, and respectful.

“I continue to be impressed with the talent at the Med school. By nature of the choices they have made – they all seem to get the social determinants of health. They understand it. Some have a practical understanding and others have an intuitive and educational piece.”

New community partners, in particular, found the program orientation very useful in setting up the experience for the year and also found that it was a great networking opportunity with other community-based organizations. Many of the partners expressed appreciation for the on-going support from the Program Manager, value the realistic feedback on the experience and project proposals and the chance to check-in at the mid-point. There were only a couple of community partners who felt that the students needed some clarification around communication preferences and expectations. The Program Manager followed up with the relevant students and all have since engaged with their partner and are back on track to meet expectations.

Challenges: An on-going challenge, given that this is a co-curricular program without protected time for participation, is the ability for students to set a schedule and be in community consistently. To offset this challenge, students and community partners have been provided with some guidance on setting up flexible schedules, timelines and regular check-ins (which can be done via email if unable to

meet regularly in person). As an additional measure to help alleviate this on-going challenge, the Program Manager will remind students to check in with their community partners after their Neuro unit exam and will also recommend that they revisit their proposal, timelines and communications strategy.

Indicators of Success: When asked to reflect on what success looks like from the perspective of the community partner, most divided their responses between what short-term success looks like and what long-term success could look like. For them, it's the immediate return on investment (having a valuable piece of work completed) but also the long-term investment in what they hope will result in better health outcomes and experiences for the people they serve.

- **Short-term success:** Generally speaking, the completion of the project and having both reciprocal learning and benefits were most commonly stated. A few of the partners expressed that the work the students are doing is something they have always wanted to do but didn't have the resources to undertake.

“Without measurement – seeing people engaged, talking, happy, laugh and do things together. It's a great success. You can teach people and do lectures but nothing compares to the lived experience. Personal involvement. Students will remember that for their lives.”

“A year from now – our peers and the students have gotten together and have learned something from each other. “

- **Long-term success:** Investment in future health care providers (HCPs) who will be non-judgemental, empathetic and kind in their approach when working with patients, especially from socially marginalized and underserved populations. They hope that by having medical students hearing the stories, and learning about community resources and advocacy, that this will have a direct impact on improving patient outcomes in the future.

“...the Dal med students had a learning experience by building relationships with youth that they can carry into their practice that they may not have gotten otherwise and our students gain experience interacting with future doctors and impacts their ability to interact with future clinicians...Humanizing.”

(C) Service Learning Program Mid-Program Gathering (January 15th, 2020 – videoconference between DMNB and DMNS)

47 people in attendance

- 11/12 students at DMNB and 24/28 students at DMNS.
- 3/16 community partners at DMNS and 0/8 community partners at DMNB (not mandatory for community partners to attend).
- 4 Service Learning Leadership Team members (2 at DMNS and 2 at DMNB)

The agenda for the gathering included a welcome and focused on the sharing of service learning experiences and projects. 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). The session closed with an open group discussion.

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.

Summary:

- Out of our 24 original partnerships, we issued sponsorship cheques to offset the costs associated with the service learning experiences to 18 partners (75%) with 6 partners not requesting any funds to complete the experiences.
- DMNS: Total funding allocation was \$3,765
- DMNB: Total funding allocation was \$2,100
- Total funding allocated across the program was: \$5,865.

Enhanced Integration of the Service Learning Program with ProComp I

As part of the on-going efforts to enhance the integration of service learning into the ProComp curriculum, the program was offered the December 17th ProComp I lecture space (in partnership with ProComp vs. as an official lecture). Given that this specific lecture coincided with the take home tutorial for the social determinants of health, we decided to frame the lecture to enhance their understanding of the social determinants of health within our local communities. The session began with a quick introduction to the Service Learning Program presented by the Program Manager, Sarah Peddle, followed by a community-informed panel with two community partners at DMNB (Avenue B Harm Reduction and Saint John Human Development Council) and two community partners at DMNS (Direction 180 and 211 Nova Scotia). Each of the community partner presented a 5 minute ignite presentation (one slide per minute with emphasis on engagement and story telling) followed by a Q&A style discussion between campuses facilitated by our Faculty leads, Dr. Marc Nicholson and Dr. Dan Boudreau.

Feedback from community partners and students was positive. The Q&A session was lively and it is felt that more time is needed to allow more opportunity for dialogue. There are discussions happening to explore a more integrated session with ProComp that would involve both the lecture and tutorial time. It will also be interesting to note whether this new exposure to the program will have an impact on the information session attendance, and applications to the program. The Program Manager has already received several inquiries from Med 1 students looking to develop their own experiences.

Appendix – Summary of Service Learning Experiences and Projects Underway DMNB

Avenue B – Ashley Martel, Christine Crain & Valancy Cole (Community partner: Diane Kerns): Our service learning placement is at Avenue B Harm Reduction and Needle Exchange Organization. The population served at this centre are those struggling with drug addictions. Many of the clients face barriers to accessing healthcare due to a number of different factors, such as stigmatization, mental health problems and low socioeconomic status. Avenue B provides harm reduction supplies to people to promote safer drug use and minimize the risk of infection. We will be collaborating Developing a set of educational materials, targeted towards healthcare students of various disciplines, that will complement the advocacy initiatives already in place at Avenue B and may include wallet cards, pocket cards, bookmarks etc. We will each be taken point on one of the following topics: sexual health (Ashley), mental health (Christine) and Addictions & Withdrawal (Valancy).

Fresh Start – Sarah Wilson & Jenna Meagher (Community partner: Melanie Vautour): We are working on a quick tips sheet available in the hospital, specifically in the ER and obstetrics services, aiming to improve trauma-informed care delivery. The goal is to offer the clientele of Fresh Start a safe, inclusive, and non-judgemental environment to access healthcare by providing the trauma-informed care they require. The quick tips resource will be created based on input from a focus group held with a handful of Fresh Start clients, as well as exploring methods of trauma-informed care used by Fresh Start, other community-based organizations, and hospitals across the country.

NaviCare/SoinsNavi - Miranda Lees (Community partner – Dr. Alison Luke & Dr. Shelley Doucet): NaviCare is a New Brunswick organization that helps children and youth with complex care needs, their families, and their healthcare providers navigate the healthcare system through the use of patient navigators. To assist healthcare providers and NaviCare's patient navigators in referring patients and their families to beneficial resources and programs, a series of brochure-like handouts have been created containing resources for various complex conditions such as autism, ADHD, anxiety and learning disabilities. The goal of this service learning project is to update these handouts, and to then create a new handout containing resources for transitioning from pediatric to adult healthcare. This will provide patient navigators, healthcare providers, and families alike with a tool they can use to help identify resources that will inform and support them and their child as they transition into the adult healthcare system.

Saint John Human Development Council - Jacqueline Mercer (Community partner: Randy Hatfield): Developing an infographic about rates of births to teens in the greater Saint John area. Saint John has a history of disproportionately higher birth rates among teens relative to the provincial live birth to teen birth rate. It is important to update these statistics and establish an understanding of the geographic distribution of births to teens in New Brunswick. With this information, we can strategize ways to improve availability and accessibility to sexual health resources and supports to these young families.

St Joe's Community Health Centre/Horizon Health – Alex Wong, Ilay Habaz & Ilya Abelev (Community partner: Gillian Haycox): In recent years, Saint John has been receiving a large number of Somalian refugees. Serving the health needs of this population has been challenging because of language and cultural barriers. To exacerbate the situation, this population also arrives with many comorbidities and diseases that are not common to North America. As a result of these factors, many of the refugees end up at the ER where waitlists are long, and help is limited. A pilot project ran for 6 months, where a walk-in clinic was set up at the YMCA Saint John community center with a dedicated nurse practitioner for the refugees. In this project we want to analyze the health outcomes and estimate the cost savings incurred by the clinic. When our analysis is completed, we plan to submit a business plan to Horizon Health Network with hopes of securing permanent funding and expanding the scope of practice of this clinic to serve the growing health needs of this population.

Teen Resource Centre, Pathways to Education - Babar Faridi & Alexis Lamontagne (Community partner – Heather Doyle): Our service learning experience has two components. The core of our experience thus far has been a weekly volunteer commitment. As such, we have been tutoring high school students once a week at drop-in homework sessions that run out of the Teen Resource Centre (TRC). Secondly we are developing a project that aims to empower these students with the knowledge to be advocates for their own healthcare. We hope to achieve this by running workshops that will give youth the skills and knowledge to confidently navigate our healthcare system. We are looking forward to our first workshop which is scheduled for the end of this month! As an adjunct to this, we will be gauging the knowledge that youth have surrounding these topics and in turn teaching our peers where gaps exist.

DMNS

211 Nova Scotia - Lucas Clow (Community partner: Mike Myette)– 211: Developing an information snapshot that we will distribute to health care professionals (mainly family physicians) outlining the services that Nova Scotia 211 offers to the people of Nova Scotia. It will focus on statistics that detail the service provided and how it could be better used to assist their practice.

Arthritis Society of Nova Scotia - Margaret Sun (Community partner: Nik Harris): Together with the Arthritis Society, we are working to conduct a pre-clerkship curriculum review at Dalhousie Medicine to examine how arthritis diagnosis and management is being taught and how the patient population is being portrayed. The aim is to identify any knowledge gaps and needs that currently exist and to utilize resources from the Arthritis Society to assist physicians and medical trainees in the identified gaps. This project will utilize available tools to increase awareness of arthritis, highlight signs and symptoms, increase overall knowledge, and provide resources for patient self-management of the disease.

Autism Nova Scotia - Inhwa Kim (Community partner: Yevonne Le Lacheur): The Women’s Autism/Autistic Project (WAAP) serves a particularly underserved population of autistic women in Nova Scotia. In the lens of intersectionality, women with Autism Spectrum Disorder (ASD) face the unique struggle of being both female and being on the spectrum (in addition to the other intersections of race and minority sexual orientations). This service learning project will aim to develop a guidebook and/or drop sheet for WAAP in hopes of being reproduced at other chapters of Autism Nova Scotia (ANS) across the province. These materials will be necessary for WAAP to develop from a pilot program to a tiered program.

Brigadoon Village –Claire Bullock, Jamie Patterson & David Greencorn (Community partner: Jenn Ross): Brigadoon Village is an overnight camp for children with chronic medical conditions and other special life challenges in Aylesford, NS. Through this project we are working to develop and implement in-city programming for Brigadoon campers. These programs will allow campers to connect with one another outside of the summer months, helping to strengthen friendships and community support. The first two programs, archery/outdoor skills at Bass Pro Shops and a pool party are for returning campers and their families only. However, the final event, a coffee house, is open to new campers and their families as well in order to help them meet other new and returning campers prior to the summer in an inclusive atmosphere.

Dalhousie School of Social Work Clinic – Victoria Howatt (Community Partner: Cyndi Hall): The Dalhousie School of Social Work Community Clinic is an interprofessional clinic that provides low barrier case management and counselling services to clients in the HRM (from the Service Learning partner summaries). For many clients, the NSHA system is confusing and difficult to navigate, especially for those without a primary care provider, and can make accessing healthcare services seem like a daunting task. My project will be to create a

map-like resource that is usable by both clients and clinic staff to help them understand what services are available, when you would access them, and how you would access them.

Dartmouth Learning Network - Sarah Brothers (Community partner: Alison O’Handley): I am working with Dartmouth Learning Network to distribute books to children in the Dartmouth North community. Once a month I attend the Dartmouth North Community Food Centre’s community meal where I host a book give-away followed by a reading circle. So far, we have given away 102 books. I am also working on developing a list of literacy resources available in the Dartmouth North community, as well as information on how to obtain a library card.

Dartmouth North Community Food Centre – Garrett McDougall & Armon Hadian (Community Partner: Rob MacNeish): Our aim is to develop a health education and evaluation component to the Dartmouth North Community Food Centre Men’s Cooking Group. The group’s main focus overall is to get men involved in the centre and to develop positive male bonding relationships, while learning to cook inexpensive, healthy, good tasting food. Most of the men who participate are older and it can be hard for men in the later stages of life to make new friends and social connections, that we know have positive health outcomes. The health education and evaluation work will complement the pre-existing food preparation and walking programmes present at the site. This program will focus on providing education related to the significant benefits of healthy lifestyle choices. In order to accomplish this, weekly health living sessions will be provided. This will be complemented with the provision of, and staff training on, automated blood pressure cuffs and glucometers to provide the community with accessible means to measure these health metrics which will be integrated into the programme.

Direction 180 – Clarissa Brisseau & Maddie Harlow (Community partner: Frances Lundrigan): Developing and will provide an indication session for Dal Med and other health profession students that bring together them with persons with lived experience of injection drug use to talk about their experiences in the health care system and receive naloxone training. The focus of this session will be the interaction of people who use drugs with the health care system and how to reduce stigma and better serve this population.

Halifax Area Network for Drug Using People – Prathana Nathan and Sawini Fernando (Community partner: Megan Horochuk): We would like to host a discussion event open to students in the Faculty of Medicine and Faculty of Health at Dalhousie. At this event, we would like to showcase the work of our community partner, HANDUP, and focus on the first-voice perspectives of individuals who have experiences with substance use. We would also like to focus on advocacy around harm reduction and practical ways in which health care providers can support community advocacy initiatives. There is potential to create an educational module based on these discussions which could be shared with medical students or residents.

Health Association of African Canadians - Perrine Tami (Community partners: Sharon Davis-Murdoch & Veronica Marsman): The health association of African Canadians (HAAC), primarily serves the populations of African ancestry. We will be developing a NS Sisterhood Initiative that hopes to engage and support women of African Ancestry to access health care. This includes weekly clinic, extended hours and personalized care from doctors and health care workers of African descent. It will begin with engaging and receiving support from the NSHA and strategy meetings that will plan the NS Sisterhood Initiative around the already established infrastructure.

Hope Blooms - Lydia Li & Emily Rogers (Community partner: Jessie Jollymore): Offering the youth of Hope Blooms the opportunity to shadow career mentors outside their immediate community for a day. Hope Blooms brings together and empowers at-risk youth in the North End community of Halifax. The older youth leaders who have diverse career interests may not have the means to properly explore these paths. It’s our goal to

organize days where the youth are invited to shadow a pediatrician or health care professional for example, and hopefully foster a lifelong mentorship relationship."

Immigrant Services Association of Nova Scotia (ISANS) - Marie Charles, Carmen Landry & Ben Callaghan (Community partner: Zrinka Seles-Vranjes): The goal of ISANS is to help new immigrants build a promising future in Canada. Our group was paired with the ISANS Immigrant Health Coordinator, and it was then decided that refugee families would be the population best served by our project. The overall aim will be to identify particular barriers and challenges in accessing healthcare, as well as the social determinants that impact the quality of care *experienced by refugee populations in Nova Scotia. We have been spending time with and have been conducting interviews with newly arrived families for the purpose of creating cases to educate future physicians about the unique healthcare needs of refugee populations and to increase their awareness of program availability in NS. These mini-cases will hopefully be used for "Refugee Rounds," a new event that will be organized by the Newcomer's health interest group for 1st and 2nd year medical students.*

Newcomer Health Clinic/ISANS: Rumana Rafiq (Community Partners: Dr. Tim Holland & Zrinka Seles-Vranjes): This is an opportunity that allows students in Med 1 and 2 to volunteer at the Newcomer Health Clinic. The main goal of this experience will be to train students in cross-cultural medicine and engage them with newcomer populations. During this opportunity, students will complete the newcomer post arrival health assessment history and have the opportunity to work with interpreters during the interview. Students will then review their findings with a physician to complete the rest of the history and physical examination.

Northwood – Clara Long and Faisal Jarrar (Community partner: Margaret Szabo): Northwood is a not-for-profit organization that offers community programming and residential living for largely older population. Using the *Age Care Technologies* person-centred survey tool, we will be surveying a population of older adults with diverse needs and abilities. Our aim is to explore the needs and priorities of individuals using Northwood services, and to use the results to inform resource allocation. We have selected our survey population such that it is representative of older adults who use Northwood services. Based on an area of priority identified in our survey results, we will work with Northwood to organize a community event to help address and raise awareness around this area.

The Schizophrenia Society of Nova Scotia - Thomas Helson (Community partner: Adrienne Power): Provides education and support for people living with mental illness, including schizophrenia and other psychotic disorders, and those who support them. From Recovery to Discovery is a weekly peer-led education and support group open to all with lived mental illness experience with new topics each week. My service learning project is to develop and coordinate a session that will help educate and support people in recovery. I am also helping develop promotional material for the organization, including social medical posts and a newsletter that will promote the annual Schizophrenia Society conference held in March.

I am Potential – Natalie Horne; Mike O'Leary and Farah Henry (Community partner: Kevin Jolly): I Am Potential is an afterschool youth mentorship program aimed at increasing exposure to post secondary education for inner city youth. For the Service Learning Project, 3 medical students plan and facilitate 12 afterschool events throughout the year for the Grade 7 students. The program reaches children throughout the North End of Halifax and this year has been expanded to include 4 students from Ross Road Junior High in Dartmouth. Several of our students identify as African Nova Scotian and face unique barriers to pursuing post secondary education. To start our journey of understanding and addressing these barriers we are facilitating the partnership of I Am Potential and PLANS (Promoting Leadership in health for African Nova Scotians). We hope to collaborate with PLANS for a one day event over the March break where we would bring I Am Potential and PLANS summer camp programming to students in North Preston, a predominantly African Nova Scotian community.