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Original Research

What impact does community service learning have on medical students' appreciation of population health?



J. Essa-Hadad a,*, D. Murdoch-Eaton b,1, M.C.J. Rudolf a,2

- ^a Bar Ilan Faculty of Medicine in the Galilee, Department of Population Health, POB 1589, Henrietta Szold 8, Safed 1311502, Israel
- ^b The Medical School, University of Sheffield, Beech Hill Road, Sheffield S10 2RX, UK

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ABSTRACT

Objectives: The Bar Ilan Faculty of Medicine places public health as a priority in its medical curriculum, emphasizing its importance by strategically placing the required course as first on entry into medical school. Students are introduced to the importance of population health and community engagement through participatory community learning experiences. This study aims to examine how participatory community teaching methods impact students' understanding and attitudes towards community health.

Study design: Mixed quantitative and qualitative design.

Methods: 75 first year students completed the required public health course utilizing participatory community methods, including community visits, Team Based Learning, an ethnic forum, and lifestyle medicine. Evaluation comprised skills assessment through project work, analysis of reflective notes and comparison of assessment scores with students in the previous year who experienced a formal lecture-only based curriculum.

Results: Students acquired public health skills, including conducting a needs assessment, searching for research evidence and designing an evaluation framework. Reflective notes revealed in-depth understanding not only of course aims, but an appreciation of the social determinants of health and the local community. Test marks indicated public health knowledge reached a comparable standard (83 \pm 7.3) to the previous year (85 \pm 9.3; P = 0.431).

Conclusions: Participatory community learning equips students with public health skills, knowledge, and enhanced understanding of communities. It offers a way to effectively teach public health, while emphasizing the extended role and societal responsibilities of doctors.

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^{*} Corresponding author. Tel.: +972 722644993; fax: +972 153502900022. E-mail addresses: jamanh.essa-hadad@mail.biu.ac.il (J. Essa-Hadad), d.murdoch-eaton@sheffield.ac.uk (D. Murdoch-Eaton), mary.rudolf@biu.ac.il (M.C.J. Rudolf).

¹ Tel.: +44 (0)114 222 5546.

² Tel.: +972 722644943.

Introduction

Medical schools have an obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve.¹

The WHO consensus on social accountability demands a change in approach to teaching public health. A new focus is required to ensure that doctors are trained not only to provide patient care but also to understand and meet the health needs of the larger population. Bodies such as the Association of American Medical Colleges (AAMC) and the Centers for Disease Control and Prevention (CDC) in the USA are calling for innovative approaches to public health education. These often require a community orientation within medical education which in turn calls for community outreach and partnership working. 4,5

One strategy for providing students with a population perspective of health has been the provision of communityoriented service learning activities.⁶⁻⁹ Although opportunities for this form of service learning are being introduced into health professional training, a recent systematic review indicates a lack of evidence for their impact on student learning outcomes. The values of Bar Ilan Faculty of Medicine in the Galilee, Israel's fifth and newest medical school, are framed within the concepts of social accountability. Established in 2011 in the Galilee region, the medical school aims to contribute to health of the Northern periphery, which is home to a significant proportion of the country's most disadvantaged populations, and is characterized by low income families, low education levels, and high unemployment. Over 37% of the region's population lives in poverty and the majority of towns rate lower than five on the national socio-economic ten step ladder. 10 The region is diverse comprised of citizens from various backgrounds (including ultraorthodox Jews, Ethiopian and Russian immigrants, Druze, Christian and Muslim Arabs), each group with unique cultural and religious beliefs that impact their health.11

In 2012, in line with the WHO consensus, a new public health course was designed to engage with community organizations and provide students with an understanding of the local public health needs. The medical school strategically placed this compulsory course as commencing on entry into medical training. This places emphasis not only on the relevance of public health, it also aims to provide a context for the students for where they have chosen to live and study, and exposes them to essential public health skills and capacities needed in their future medical careers. The course specifically aims to introduce students to social determinants of health, and the role that doctors can play in promoting health equity. Understanding the real health needs of the local community is placed as a priority through a community-based project. This requires students to take on the 'role' of public health experts, including active engagement with identified community organizations to conduct a health needs assessment, and ultimately by the end of the project use their newly acquired knowledge to provide recommendations to the organization regarding the health of the vulnerable populations they serve.

Exploration of the literature suggests that community visits and placements are common in the undergraduate curriculum. However, most are over an extended period of time, typically at least six weeks in duration with some lasting up to three years. One of the most extensive community oriented approaches supports a medical curriculum integrated into the community for its entirety as part of a broader health service. 12,13 Other successful programs predominantly involve placements in medical facilities rather than community organisations working with the vulnerable in a broader sense. 14-16 The few studies that have been implemented with non-clinical placements show strong positive outcomes, including developing student's communication skills, an appreciation of non-medical community health support, and increased understanding of local community health. 17 Community sessions were favored over classroom lectures and students found the program highly valuable to their preparation as physicians. 18 To our knowledge, our form of a brief community engagement within the context of public health teaching is new, and certainly at such an early stage of medical students' training. A 'trade-off' was that a significant proportion of the students' time was spent on project work, so time available for formal teaching through didactic lectures had to be reduced. We were interested to evaluate the extent to which the course aims were achieved, if students gained the intended competences and understanding in population health, and whether due to the reduction in didactic delivered teaching, their knowledge base for public health was jeopardized.

Methods

Teaching methods and content

Community projects with local organizations

Twelve community organisations (see Table 1) were recruited, with the help of the Safed Center for Young Adults, to participate in the community project component of the course. All were located in Safed, where the population is predominantly Jewish, and serve disadvantaged populations including Ethiopian and Russian immigrants, ultra-orthodox Haradi populations, individuals coping with mental illness, children and adults with intellectual disabilities, communities with low socio-economic status, and the elderly.

What did the community project involve?

- Two visits to the community organizations (total of eight academic hours);
- Ongoing contact with organization's key representative throughout the three week course;
- Academic work (27 academic hours under facilitation of public health tutors) including:
 - O Implementation of a needs assessment;
 - O Literature search for public health interventions implemented on a local, regional, and international level;
 - Developing a proposed intervention;

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