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Short Communication

Can non-clinical community placements enhance medical students' understanding of the social determinants of ill health?☆

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ABSTRACT

Objectives: Teaching the social determinants of health using classroom methods and medical settings is not effectual, yet few institutions require students to undertake placements in non-clinical settings. We sought to understand through qualitative investigation how non-clinical community placements contributed to students' understanding of health disparities.

Study design: Qualitative methods.

Methods: Semistructured interviews with eight purposively selected students and a focus group were conducted by an independent, non-medical and non-religiously affiliated researcher. A thematic analysis elicited key themes and findings.

Results: On analysis, students valued the placements, reporting a greater understanding of and empathy for the needs of people from marginalised socio-economic, cultural and ethnic groups. Some believed this was better gained in non-clinical settings where doctor-patient barriers were absent.

Conclusions: Non-clinical community placements may provide a special opportunity to teach health determinants and cultural competence to medical students.

In 2016, the Institute of Medicine's Global Forum on Innovation in Health Professional Education contended that if the underlying social causes of ill health remain unaddressed, the risk of perpetuating a cycle of inequity will remain for generations to come.[1] Central to the report is its framework for health professional education, which emphasises that social

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determinants of education must be experiential, integrated and cut across domains of education, organisation and community. Currently, educational efforts are conducted largely through classroom activities, which tend to be ineffectual.[2] Any experiential learning opportunities tend to be short term, volunteer and in the form of clinical-based learning activities with no real outreach into the community.

Community-based service learning was developed as a way to enrich medical students' understanding of social determinants.[3] The underlying driver was the need for more culturally competent doctors, the belief that such opportunities foster social responsibility towards marginalised groups in society, and to encourage the recruitment of doctors in isolated, rural or community-based practices.[3] However, few medical schools require students to undertake placements in non-clinical settings as part of the medical curriculum. Notable exceptions include Durham University in the UK[4] and Monash University in Australia.[5] Evaluation of non-clinical opportunities is crucial in part because students may question their value within a medical curriculum.

The Azrieli Faculty of Medicine, Bar-Ilan University**** was established in 2011 as part of a national regeneration plan to reduce socio-economic and health inequalities between Israel's northern periphery and its more affluent central areas. The region is ethnically and religiously diverse, with 32% of people living below the poverty level.[6] Central to the school's curriculum and values is the concept of addressing health disparities. Non-clinical community-based placements are a key component, involving 47 community organisations with approximately 70 students per year committed to an hour per week for 18 months. Students work with diverse populations including those with physical or cognitive disabilities, mental illness, the frail and elderly, and disadvantaged cultural groups.

The placement aims to develop deeper understanding of local, vulnerable and underserved populations. The concept is that through exposure, students will develop their interpersonal skills, values and attitudes towards vulnerable populations, while contributing capacity and expertise to the community. Secondary aims are to develop students' public health skills (namely critical appraisal, health needs assessment and evaluation) and to provide an opportunity to practice health promotion.

We aimed to explore students' views and determine if our aims and experience were met. Semistructured interviews with eight purposively selected students and a focus group were conducted by an independent, non-medical and non-religiously affiliated UK-based researcher. Discussions, conducted in English, were recorded and transcribed, and thematic analysis of the interviews informed discussion within the focus group.

Acceptability of non-clinical placements

Students were largely positive reflecting that it was a 'worthwhile learning experience'. Many continued working for their host community organisation in a voluntary capacity long after their placement had finished and willingly exceeded the mandatory minimum commitment of 4 h per month. [Quotes A and B].

The non-clinical nature of the placements was central to why most students valued the opportunity. One of the advantages noted was the experience of doing something completely different [Quote C]. Indeed, several students expressed their view that professional roles in medicine can define social interaction and relationships with people and can distance a medic from the real person and issues [Quote D]. Most students recognised that many of the key skills doctors need are not clinical in origin, and therefore, a non-clinical placement can provide equal or better opportunities for communication, caring, understanding and being non-judgemental [Quote E].

However, some struggled with the non-clinical nature of the placements, stating it was too far removed from the role of a doctor, and given the choice, felt their time would be better spent developing clinical experience [Quotes F and G]. Others perceived an imbalance between taught elements in the curriculum and clinical experience, which was exacerbated by the non-clinical placement.

Learning, value and values

Insight into the local community was a significant theme, including the exposure to different cultural, socio-economic, ethnic and religious groups, especially non-Jewish populations. This helped students learn to be non-judgemental and appreciate the effects of social background on health outcomes. Discussion also focussed on values and attitudes that should define a 'good doctor' and whether community placements help to shape these. Compassion and empathy were a theme [Quotes H and I], and students spoke of the closeness of relationships they built over time and situations to which they were exposed that shaped their behaviours and skills, including coping under pressure and dealing with emotional and traumatic events [Quote J].

Negative views from fellow students were also reported [Quote K], with two rationales prevailing—inconsistencies in the quality of placements and a desire for more structured and methodical learning experiences with explicit individualised learning objectives akin to those of clinical rotations.

Acquisition of skills

Opinions were polarised regarding skill acquisition from seeing the placement as entirely fit for purpose to seeing it as conflicting learning outcomes. Many reflected that the inclusion of public health skills seemed at odds with the real learning value of the placement, namely dialogue and understanding, communication and interpersonal skills and reflective practice [Quote L]. The question of how best to evaluate learning and skills was a recurring theme. It was suggested that there should be more time spent reflecting and evaluating the personal relationships, insights and health of the community rather than academic skills.

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