

Community Service as an Integral Component of Undergraduate Medical Education: Facilitating Student Involvement

Holly Michaels Fisher, MPH, MSUP*

Abstract. *Urban poverty, of which New York City has the highest incidence, is associated with unmet needs and inappropriate use of emergency rooms and hospitals. Community-based medical practitioners can ameliorate these situations. Medical students from New York City-area schools often are willing to help. The New York Academy of Medicine instituted an Urban Health Initiative to coordinate student and faculty involvement in community service and to emphasize the social responsibilities of medicine. The experience may provide a model for integrating community service into medical school curricula.*

Incorporating a sense of the social contract of medicine into the education of physicians is a responsibility of medical schools and their faculties. Such a focus serves the continuation of an essential and traditional value of the medical profession and fortifies the altruistic inclinations with which medical students enter the educational system. ⁽¹⁾ This paper describes a strategy recently implemented in the New York metropolitan area by the New York Academy of Medicine in collaboration with the 10 medical schools in the region. ^(a) This program, the Urban Health Initiative, supports and enhances the integration of altruistic values into the profes-

*Ms. Fisher is with the New York Academy of Medicine. Present address: Visiting Nurse Service of New York, 107 East 70th Street, New York, NY 10021. This work is supported by the Fan Fox and Leslie R. Samuels Foundation, Inc., and the United Hospital Fund. Address correspondence to Alan R. Fleischman, MD, the New York Academy of Medicine, 1216 Fifth Avenue, New York, NY 10029.

*Albert Einstein College of Medicine; Columbia University College of Physicians & Surgeons; Cornell Medical College; Mount Sinai School of Medicine, CUNY; New York College of Osteopathic Medicine; New York Medical College; New York University School of Medicine; State University of New York Health Sciences Center at Brooklyn; Sophie Davis School of Biomedical Education/CUNY Medical School; and Stony Brook Health Sciences Center, School of Medicine.

sional ethos of Physician in training by complementing and facilitating student-initiated community service activities, making community service an integral component of the medical school experience.

The Need for Community Service

An overview of health status and related socioeconomic factors in many communities in the New York metropolitan area demonstrates great need. There is a higher proportion of poor people living in New York City than in the country as a whole: 25% of the city's population lives below the federal poverty line, compared with 13.5% nationally. (2) Nearly one in seven city residents receives public assistance. (3) The city's overall infant mortality rate is 11.6 deaths per thousand-18% higher than the national rate. (4) The impact of AIDS continues to grow: more than 100,000 New Yorkers are HIV -positive and symptomatic; an additional 200,000 to 400,000 are serologically positive but asymptomatic. (5) Tuberculosis continues to be a major health problem, and its resurgence is correlated with poverty, homelessness, and HIV infection.

In 1992, approximate 17% of the city's population was without health insurance, (6) contributing to wide variations in access to care. A study of ambulatory-sensitive conditions (generally treatable on an outpatient basis) found that communities with the fewest health resources and the lowest economic status had significantly higher rates of hospitalization for these disorders. (7) Those seeking care for the first time in the city's public hospital system are faced with extraordinarily long waits for initial appointments. In certain circumstances a patient might be required to wait up to 120 days for an appointment (8) and so is likely to choose to use an emergency room rather than wait for care. These data describe a city with major unmet health care needs; medical students can play an important role in meeting some of them. All of these populations require care beyond the capacities of existing formal health care systems.

Students and faculty from each of the metropolitan area medical

schools currently respond to these needs through involvement in community service. At some schools, community service activities are closely linked with curricular emphasis, whereas at others they are the result of the independent efforts of students individually or in an organized group. Students provide educational programs on AIDS and substance abuse in local public schools; volunteer in shelters, hospital emergency rooms, soup kitchens, and rape crisis intervention programs; serve as tutors and mentors to area middle and high school students; and organize or participate in local health fairs and immunization projects. Through organized support and volunteer programs at local hospitals, they raise money for local charities, work with cancer patients, and work with pregnant women receiving prenatal care. During the summer between the first and second years of medical school, many have summer placements in community-based health and social service settings to serve populations such as the homeless, welfare recipients, persons with AIDS, drug abusers, runaway teenagers, and immigrants. In addition, a number of schools offer elective opportunities in such settings to students in the first, second, and fourth years of the curriculum.

Medical students in the New York metropolitan area are not alone in their interest and commitment to community service. A recent list of projects supported by the American Medical Student Association (AMSA), for example, described 43 community service projects, indigent-care programs/clinics, and school outreach programs organized by medical students throughout the country. These efforts usually are managed by the students themselves through organizations such as AMSA, the American Medical Women's Association, and the American Medical Association, which often work with students to develop and implement program ideas and sometimes provide limited funding. Examples of such projects include Students Teaching AIDS to Students (STATS) and the Adolescent Substance Abuse Prevention Program (ASAP), both sponsored by AMSA, which provides guidelines and program curricula. These efforts reflect the interest of medical students in

being involved in community service, either as volunteers or in formal curricular activities.

Enhancing, Current Efforts: Needs of Students and Schools

Although there is obviously significant motivation and interest among medical students! to engage in community service, there also are significant obstacles. Finding appropriate curricular and volunteer placements can be difficult and time-consuming and requires an understanding of the needs of agencies and of the capacity of volunteers. Student time is limited by the demands of course work and clinic rotations. Working with government agencies to develop programs at shelters, housing projects, or schools often is fraught I with bureaucratic problems. Individual faculty members or students often do not have the needed contacts or relationships with appropriate personnel in government or volunteer agencies to accomplish their desired goals.

Discussion with faculty and students at the medical schools in downstate New York led the professional staff at the New York Academy of Medicine to understand that students need assistance in making easier and more satisfying their involvement in community service. A Planning group, consisting of students, medical school faculty, and Academy personnel, agreed that an extra-institutional vehicle would be useful to facilitate the development and expansion of ongoing community service activities. Although these discussions demonstrated that there was a significant level of community service activity, most of which was student initiated, they also identified a number of important opportunities to foster collaboration and expansion and to reduce duplication.

Over a 6-month planning period, the Academy identified an advisory group, which included faculty and administrative representatives from nine medical schools (SUNY Stony Brook later joined the effort), held several planning meetings, and met with students and faculty at each school. This planning phase highlighted the potential usefulness of a program that embraced all of

the area medical schools, was based at a neutral institution, and emphasized the importance of an effective community service focus in each school. The formation of the New York Academy of Medicine Urban Health Initiative, the program which resulted from this planning process, also helped the individual schools by fostering increased student interest and identifying individual faculty with whom they could work. The program staff developed a funding proposal and found relationships with appropriate community and government agencies. Foundation support was obtained.

The Urban Health Initiative

The core concept behind the Urban Health Initiative is that the efforts of medical students to provide community service and to reach out to the underprivileged has intrinsic educational value for students and benefits the community. Students have the chance to do, see, and learn things in settings to which they might not otherwise have access as part of their formal medical education. In addition, conceiving, planning, and implementing projects and activities enhances leadership skills and provides students with insight into community-based organizations. The possibility that some students might be intrigued by the challenges of health care in these settings, with some effect on career choices, is an additional latent advantage of the program.

The objectives of the Urban Health Initiative are to:

- 1) offer students opportunities to learn about community-based, health-related programs to foster a better understanding of medicine and its responsibilities to the community;
- 2) provide needed community service, particularly in underserved communities; and
- 3) imbue students with a sense of obligation to society by facilitating student and faculty volunteer service.

The immediate goals are to:

- increase collaboration among medical students and schools;
- increase the number and types of community service projects in which medical students participate;

COMMUNITY SERVICE AND MEDICAL EDUCATION

- increase the number of students active in community service;
- enhance the skills of students providing community service;
- recognize individual student accomplishment and commitment to community service;
- help provide access to or develop volunteer programs in government-run agencies and community-based organizations; and
- provide technical and administrative support to facilitate student efforts to develop and participate in community service.

The success of the Urban Health Initiative can be measured over time by monitoring the number of students seeking assistance, the number of new projects developed, the number of students referred to community-based organizations for volunteer placements or for the development of collaborative projects, the number of networking and collaborative opportunities provided, the number of training programs offered, and the number of students who participate.

To achieve its goals and objectives, the Urban Health Initiative works with students on a regular basis to provide limited financial, administrative, and secretarial support, as well as coordination of student activities. Students and faculty have been better able to develop new projects and to expand existing ones. New projects and activities were developed by students at all ten schools, and project planning has been enhanced at each. It is estimated that more than 60 programs are currently in place or under development, and nearly 800 students are participating at the region's medical schools. Although some of this activity was in place before the initiation of the Urban Health Initiative, substantial increases in activity can be attributed to the program.

Activities of the Urban Health Initiative include the development of guidelines to ensure that volunteer placements benefit both students and agencies; development of community projects; provision of technical support and assistance in developing new and expanded opportunities; and provision of a forum for exchange of ideas and collaboration in the development of activities and educational programs. In addition, the Initiative serves as a ...

clearinghouse and links students from various schools interested in similar activities.

The Advisory Group serves as an oversight body. The student members, usually in the second year of medical school, serve liaison roles with their classmates and student organizations. The faculty/administrative members represent the school's participation in the program. Staff of the Initiative work with the Advisory Group members on a regular basis. Notices about planning and education programs are provided; they identify students interested in participating in various projects and help to coordinate student participation in their schools. The program structure affords flexibility, because no specific participation requirements are placed on the school or its faculty. The program is viewed as a vehicle to help those interested in community service. Students are encouraged to work with their student organizations, schools, and affiliated hospital clinical and volunteer departments.

The Initiative staff serve to:

- coordinate the activities of the Advisory Group
- develop a clearinghouse of community service activities
- coordinate and extend activities among schools
- bring students together for mutual education, sharing of experiences, and recognition of accomplishments
- identify and address common issues faced by all of the schools, such as liability questions and transportation
- work with government agencies to develop new opportunities, e.g., the New York City Department of Homeless Services, the City Department of Health, the Health and Hospitals Corporation, and the Board of Education
- bring visibility to these important volunteer activities within the general community and the medical schools
- promote student and faculty volunteerism
- publish a newsletter that goes to students at each of the involved schools
- provide administrative and secretarial support.

Issues and Concerns

At the conclusion of 1 1/2 years, the project has elicited an enthusiastic response from students, faculty, and administration, as well as from the community agencies. During the planning process, the Advisory Group recognized that each of the participating schools is unique, and as such, would participate in and benefit from the Urban Health Initiative in distinct ways. For all schools and students, the Initiative serves an important role as convener and facilitator.

Because some schools have a greater curricular emphasis on community-based clinical placements or provide staff support, the needs and interests of students in Initiative program activities vary. The program in no way defines what students should do or how they should do it; rather, it encourages them and their student groups to expand and develop their own projects.

This diversity has resulted in varying levels of participation. Students from schools most committed to community service but offering the least structure for such activities appear to take greatest advantage of the services and opportunities offered by the program. Students and faculty from schools that have a significant curricular emphasis or with existing and structured approaches to community service appear to participate to a lesser extent. The level of student participation in some cases appears to be directly correlated with the involvement of the school faculty on the Advisory Group. Regardless of the degree of participation, all the participating schools and their students have, over the past 9 months, benefited from the sharing of ideas and experiences, recognition of the value of community service, development of targeted education programs, and opportunities to meet and work with students from different schools.

Despite the success of the program to this point, a number of tensions have been identified by the Advisory Group. Because the primary emphasis of the program has to date been the support of student-initiated community service, staff have been required to balance student leadership with staff assistance. In some in-

stances, students have perceived offers of assistance as threatened takeovers. Pride in their own work has occasionally made it difficult for students to see the opportunities afforded by working with those from other schools and capitalizing on the assistance available from the program. These instances have been sporadic, but program staff have had to be aware of student sensitivities, making certain that their efforts are seen solely as supportive and ensuring that program activities are responsive to students' interests, involving students in all phases of planning and development, and reminding students that these are their activities.

Another issue of concern has been timeliness of responses. Because students are in class during the day, it has often proved difficult to connect with them to provide feedback, make arrangements, etc. In addition, the sheer number of students and the diversity of activities sometimes make it difficult to be timely in responding to student inquiries. Part of this is caused by difficulties involved in working with government or community-based agencies, which, although interested in having medical student volunteers, have little time to help with the details of arrangements. One project, opening the door for students to volunteer at city-run shelters, took more than 9 months to initiate. Students, unaccepting of the bureaucratic complexities, were frustrated by what appeared to be lack of responsiveness on the part of the staff. Encouraging students, whenever possible, to be a part of the organizational issues has helped to provide opportunities for them to understand better the difficulties of implementing new programs.

A third issue has been the difficulty in evaluating the effectiveness of the program. The Advisory Group decided not impose disincentives by requiring student registration or mandating reports. Therefore, the Urban Health Initiative has little information about the actual implementation of projects it helps to develop or expand. An annual inventory of projects is available to monitor the number and types of programs and the number of students participating. In addition, students who call the program receive

follow-up surveys in an attempt to evaluate the impact of the interaction.

Conclusion

The Urban Health Initiative has benefited students in a number of ways: involvement in community service is made easier, and organizations and government agencies seeking help are identified and connections made with them and with student groups. Further, students meet on a regular basis with peers from other schools, sharing ideas and learning from each other. Skills and knowledge are enhanced through participation in workshops and training programs.

The broader community benefits from the Urban Health Initiative because of the increase in the number of programs and participating students. Collaborative planning makes it easier for government agencies to allow medical students to participate in their activities, and makes it easier for community-based organizations to develop new volunteer opportunities for medical students. The credibility of the New York Academy of Medicine helps to overcome bureaucratic obstacles and helps to open doors for students.

There are a number of requirements for an effective centralized program such as the Urban Health Initiative. The first and most important is student interest in community service; a necessary adjunct is support and recognition from the individual medical school and its faculty. The second requirement is the need for ongoing funding. Regardless of the size of the effort, core staff are required to support a program; facilities in which meetings can be held and where staff can be located are essential; and funds for printing, postage, phone, travel, supplies and equipment, meeting expenses, etc., must be available. Although initial funding can be provided by philanthropic organizations, long-term funding for school-based activities and the central coordinating activities should be provided by the schools themselves. Community service is a part of the

medical school experience and therefore must be integrated into the structure of the school and its relationship with the community.

Instilling a strong sense of medicine as a social enterprise should be a goal of medical education, and supporting and encouraging community service is an important component of this educational process. A consortium of schools, such as that developed by the Urban Health Initiative, adds to the depth and richness of the community service experiences of all and fosters a greater understanding of the health and social needs of the community. Supporting and enhancing the efforts of medical students in community service makes essential contributions to the community and to the professional development of the students.

References

1. Barondess JA, Glaser RJ. Attitudes toward the medical career: findings from the Alpha Omega Alpha survey of college and university undergraduates. *Academic Med.* 1993;68:323-328.
2. Community Service Society. *Poverty in New York City, 1991: A Research Bulletin.* New York: Community Service Society; 1992.
3. New York Times: New York City Now Has One Million on Welfare. August 16, 1992.
4. United Hospital Fund. 1992 Health Care Annual: An Update on Trends and Facilities in New York. New York: United Hospital Fund; 1992.
5. New York City Department of Health. AIDS Surveillance Report; June 1992.
6. New York State Governor's Health Advisory Board. Briefing Book; February 26, 1991.
7. Health Systems Agency of New York City, Inc. *Medicaid Managed Care Data Book.* New York City, Vol. I, April 1992.
8. Report of the Mayoral Commission to Review the Health and Hospitals Corporation, New York. New York: The New York Academy of Medicine, 1992.