Creating community agency placements for undergraduate medical education: a program description

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Abstract

Program objective: To provide first- and second-year medical students with stimulating learning experiences in the community.

Setting: Three hundred placements representing a broad array of urban community agencies providing both general and specialized health care services.

Participants: All first- and second-year medical students at the University of Toronto (n = 354). Other participants include staff of community agencies and tutors from the Faculty of Medicine and from the community.

Program: The Health, Illness and the Community course is mandatory and consists of 3 components. The first, in the first semester of first year, emphasizes the provision of health care in the community for individuals and populations. The second, in the second semester of first year, introduces a health promotion paradigm. The third component, throughout second year, allows students to engage in an in-depth study of the interconnection between a health problem and a social issue in a community agency setting.

Outcomes: Students have expressed high levels of satisfaction with the community agency placements. The feedback from agencies has also been enthusiastic. Patients in the home care program have reported that visits by medical students are a positive experience.

Conclusion: It is possible to recruit and maintain large numbers of urban community agencies as learning sites for medical students. It is hoped that this approach will help to produce socially responsive medical practitioners.

Résumé

Objectif du programme : Fournir aux étudiants de première et de deuxième année de médecine des expériences stimulantes d'apprentissage dans la communauté.

Contexte : Trois cents stages dans un vaste éventail d'organismes communautaires urbains qui fournissent des services de soins de santé généraux et spécialisés.

Participants : Tous les étudiants de première et de deuxième année de médecine de l'Université de Toronto (n = 354). Des membres du personnel d'organismes communautaires et des tuteurs de la Faculté de médecine et de la communauté y ont aussi participé.

Programme : Le cours obligatoire Santé, maladie et la communauté comporte 3 volets. Le premier, offert au cours du premier semestre de la première année, met l'accent sur la prestation de soins de santé à des particuliers et à des populations dans la communauté. Le deuxième, donné au cours du deuxième semestre de la première année, présente un paradigme de promotion de la santé. Le troisième volet, qui dure toute la deuxième année, permet aux étudiants d'étudier en profondeur le lien entre un problème de santé et un enjeu social dans le contexte d'un organisme communautaire.

Résultats : Les étudiants se sont dits très satisfaits des stages dans les organismes communautaires. Les commentaires des organismes ont été, eux aussi, enthousiastes. Des patients participant au programme de soins à domicile ont signalé

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← For prescribing information see page 432

que les visites des étudiants en médecine constituent une expérience positive.

Conclusion : Il est possible de recruter et de garder beaucoup d'organismes communautaires urbains comme lieux d'apprentissage pour les étudiants en médecine. On espère que cette stratégie aidera à produire des praticiens responsables sur le plan social.

Traditional approaches to undergraduate medical education do not always prepare physicians to respond to the health care needs of society.[1] This represents a breach of what Hollenberg[2] has described as the social contract between medical schools and society, whereby resources, rights and privileges are accorded in return for social responsiveness. Participants at the 1993 World Summit on Medical Education acknowledged that medical education must become more community oriented; they recommended that communities participate in the educational process and that "real world settings," medical and nonmedical, be made available to students.[3]

Why have medical schools lost touch with their communities? According to Murray,[4] it is "because they have been and continue to be internally driven"; that is, their faculty believe either that traditional activities constitute a sufficient social good or that it is not their responsibility to respond to the needs of society. Murray suggests that medical schools need to make a paradigm shift to become more socially responsible and responsive. Richards[5] argues that the principal means of achieving social responsiveness is to link medical education, through the community, to society as a whole and that this should be done primarily by creating new settings in which to educate future physicians.

At the University of Toronto, a traditional medical school, a new course — Health, Illness and the Community (HIC) — has been developed to provide all first- and second-year students with stimulating learning experiences in the community.[6] The course occupies 1 half-day per week during the first and second year and involves about 300 community agencies. In this article we describe how these agencies were recruited as partners in a new, socially responsive approach to undergraduate medical education and present the results of a course evaluation.

Program description

The HIC course is presented in 3 distinct sections; participating agencies are listed in Table 1.

The goal of the first semester of first year is to provide opportunities for students to see patients in their homes rather than in hospital or clinical settings and to introduce concepts of population health through experiential learning. Two large community agencies are involved: the Home Care Program for Metropolitan Toronto (HCPMT) and Metropolitan Toronto's municipal public health units. The HCPMT coordinates in-home care for more than 20 000 patients daily, utilizing provider agencies. When approached, senior managers of the program expresssed enthusiasm for involving first-year medical students in home visiting. A member of the management team was designated to assist with course planning. As a result, the HIC course begins with students going out in pairs with HCPMT service providers and coordinators for 4 half-days to observe how people cope with illness and disability in the home environment. On the first 2 half-days students see several home-care patients, and on the remaining 2 they visit a single patient.

The partnership with the municipal public health units was formed to address concepts of population health. Representatives of the units participate in course planning. Each unit recruits community agencies and programs relevant to specific population health themes. Students, again in pairs, spend 2 half-days at the public health unit and 2 half-days exploring a particular public health theme by interacting with staff at selected community agencies. Some examples of themes are domestic violence, sexually transmitted diseases and smoking cessation. Thus, through public health personnel, the HIC course gains access to an array of population-focused agency placements.

In the second semester of first year the HIC course focuses on health determinants and health promotion strategies. Four networks representing about 150 community agencies were recruited. Course organizers formed

Table 1: Participating agencies in the Health, Illness and the Community (HIC) course for first- and second-year students at the University of Toronto, 1995–96

Session	Participants (no. of agencies)
1 (year 1)	Home Care Program for Metropolitan Toronto and provider agencies (6)
	Municipal public health units and affiliated agencies (25)
2 (year 1)	Drug and alcohol programs (91)
	Community health centres (18)
	Agencies for child and family services (40)
	Centres for elderly people (19)
3 (year 2)	Pivotal agencies (177), e.g., Bereaved Families of Ontario, Casey House (AIDS hospice), Daily Bread (food bank), Scott Mission (for homeless people), Shout Clinic (for street youth), Sojourn House (for refugees)

partnerships with network structures already in place. A group of community health centres with experience in teaching medical students were recruited to provide placements. Members of this network were affiliated loosely with one another, and a government initiative to increase the number of medical students provided a stipend for a liaison officer. A large network of agencies for people with drug and alcohol problems was eager to provide student placements. This network also benefited from having a clearly defined representative designated by the Addiction Research Foundation to promote educational initiatives. Social and recreational programs for elderly people funded by the provincial government were approached to provide students with experience with this age group. A Ministry of Health employee responsible for these programs agreed to represent them. Finally, contact was made with a network of individuals and agencies concerned with children and families and eager to increase awareness in their area. A psychiatrist involved in these issues worked with the HIC course planning committee initially and was succeeded by a volunteer experienced in working with these agencies.

Members of the HIC course planning committee worked closely with the network representatives to develop a system for selecting and coordinating placements. Each pair of students spends 4 half-days in one agency in one network studying health determinants and 4 half-days in another agency in a different network learning about health promotion. Meetings are held regularly with network representatives. Strategies were developed to help representatives recruit appropriate agencies and monitor the success of student placements.

The third section of the course occupies 1 half-day per week throughout second year. The goal is to allow students to observe the interconnection between a health problem and a social issue. A different approach to agency recruitment was taken to decentralize the process and prevent the central course administration from becoming overburdened. To this end, course planners approached the directors of the 4 hospital-based academies of the Faculty of Medicine, which provide facilities and teachers for a portion of the medical school curriculum. The academies developed a menu of potential pivotal agency placements to offer to students. These agencies are pivotal in that they allow students to focus on particular issues and to explore other sites to gain additional information. These tend to be agencies that are affiliated in some way with teaching hospitals or that relate to specific areas of expertise. Students select an agency placement from the menu and are interviewed by that agency to determine suitability and discuss potential projects. Agencies have the final say with regard to student placement. Students also may select agency placements that are not on the menu and submit them for approval to the academy coordinator for the HIC course. The HIC course organizers facilitate meetings of the academy coordinators to work out the details of the placement selections and the curriculum. The academies, however, are responsible for mobilizing suitable resources and liaising with the individual agencies.

Program evaluation

The HIC course has been evaluated by means of student surveys, focus groups and feedback from community agencies. The course has been offered to 4 cohorts of students. Cohort A entered in the fall of 1992, cohort B in the fall of 1993, cohort C in the fall of 1994 and cohort D in the fall of 1995. Cohort A consisted of 252 students; cohorts B, C and D each consisted of 177 students. Table 2 presents student ratings of agency placements for 1995–96 (cohort D).

With regard to the first semester, students in all 4 cohorts expressed high levels of satisfaction with both types of home-care visit. However, students were less satisfied with the public health experience. They reported that too much time was spent in public health units and not enough time in the field. Students in all 4 cohorts rated the field visits in the second semester very positively. Of the placements at the 4 agency networks, those at agencies for people with drug and alcohol problems and at community health centres were somewhat more popular than those at agencies concerned with children and families and at centres for elderly people. Three-quarters of the students rated their pivotal agency placements and agency staff in the third semester as excellent.

Feedback from agencies involved in the course has been uniformly positive. Staff of the home care program stated that their experience with all 4 cohorts of students exceeded their expectations. Of the 88 home care patients who were surveyed, 84 thought that the visits by the medical students were a positive experience, 87 felt that the students benefited from the experience, 88 reported that the students behaved appropriately, and 77 said that they would volunteer to participate again. Many patients stressed the importance of new physicians becoming aware of community services. For cohort C, feedback was obtained from the 6 public health units: 3 units indicated that they had benefited from the student placement experience, 4 felt that the students had benefited, 4 indicated that they were prepared to continue in the course (2 did not answer), and all 6 reported that their program was making a valuable contribution to the education of future physicians.

About 90% of the agencies involved in the 4 networks during the second semester reported that they felt they

had provided the students with valuable learning experiences. Two-thirds to three-quarters felt that they had benefited from the placements. For cohort A, representatives of 16 agencies were interviewed after the second semester. The agencies were delighted and enthusiastic about the course and felt that they had provided important experiences to students. They sought to influence medical students' attitudes, and all 16 agencies were committed to continuing in the program. Thirteen agencies recommended that students spend more time at each site, and 9 recommended that the course develop "internships" to allow students to deepen their experience. Many of the agency representatives interviewed were anxious to participate further in the planning, implementation and evaluation of the course.

For the third section of the course, over 90% of the supervisors at the pivotal agencies reported that students in cohorts A, B and C completed their work in a manner appropriate to the agency's expectations. Almost all (98%) said that the project was relevant to their agency's mission, and 90% reported that the student's project had benefited the agency.

Discussion

Our experience with the HIC course demonstrates that it is possible to recruit large numbers of urban community agencies as learning sites for first- and second-year medical students. Several principles must be considered.

First, the choice of agencies or networks of agencies is important. It is helpful to approach agencies that already have a commitment to teaching or have the organizational structure to accommodate the introduction of student placements.

Second, liaison between the university and community agencies should be an integral part of the process. Someone who is familiar with the agencies and feels comfortable representing them in discussions with the university should be appointed to provide this liaison. He or she should be flexible in changing placements or arrangements as needed and feel comfortable letting the university representatives know when changes are necessary to accommodate the needs of the community.

Third, good working relationships between community and university representatives are vital if such collaborative ventures are to work. Community representatives should give significant input into the planning, implementation and evaluation of the course. Frequent meetings and informal gatherings may be needed to develop a good rapport. Reducing the barriers to the university and making the community agencies feel like true partners is part of this process. Access to library resources and to information about events at the university may strengthen the partnership. Ultimately, responsibilities will have to be delegated away from the central course planning committee to other partners if large numbers of placements are to be organized and maintained over time.

The strength of the HIC course clearly resides in the quantity and quality of field placements in the community. The course is weaker on the theoretical side, because

Table 2: Student ratings of community agency placements in the HIC course, 1995–96

Placement (no. of respondents)	Rating; % of respondents*				
	Excellent	Very good	Good	Fair	Poor
Session 1					
Home care: multiple patient visits (139)	12.9	45.3	23.7	10.8	7.2
Home care: single patient visits (139)	15.8	33.8	29.5	17.3	3.6
Public health (139)	10.8	15.8	24.5	26.6	22.3
Session 2					
Drug and alcohol programs (95)	38.9	41.1	12.6	4.2	3.2
Community health centres (35)	37.1	31.4	8.6	11.4	11.4
Agencies for child and family services (141)	19.1	35.5	17.7	15.6	12.1
Centres for elderly people (46)	37.0	41.3	4.3	8.7	8.7
Session 3					
Pivotal agencies (100)	43.5	40.5	9.0	4.0	4.0

*Percentages may not total 100 because of rounding.

an integrating conceptual model has not yet been developed. The HIC course is larger than most similar endeavours. Moreover, it is mandatory, whereas many other such courses are offered as electives. We believe that the HIC experience will help our medical school to produce more socially responsive and responsible physicians.

In future, we plan to include inner-city schools in our array of community placements, to involve students from other health care disciplines and to integrate more theoretical materials related to the determinants of health.

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