Personal and Professional Growth through Community Service: A Medical Student Reflection
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Abstract
Service-learning activities can greatly enhance medical student awareness of community issues affecting health care. With the Liaison Committee on Medical Education’s 2007 adoption of an accreditation standard requiring availability of service-learning opportunities for medical students, there have been many reports of formal curricular programs that have been developed, but less has been described for the benefits of volunteering through community-based organizations. Here we describe the partnership between The Johns Hopkins University School of Medicine and the Incentive Mentoring Program to work with underperforming high school students who confront significant barriers outside of the classroom, and the personal and professional growth that medical students can gain from first-hand experiences in their community.
Introduction
The choice to pursue a medical career often stems from the desire to help others, with the opportunities to make a difference in other peoples’ lives and serve community needs being among the top motivations for students choosing a medical career (Wagoner and Bridwell, 1989). Numerous undergraduate studies have demonstrated that service learning experiences have been found to increase the social responsibility beliefs of students (Giles and Eyler, 1994, Markus et al., 1993) and increase awareness of multiple dimensions of social problems (Batchelder and Root, 1994). Furthermore, community service experiences have been associated with improved academic performance, leadership skills, critical thinking, conflict resolution, and ability to work cooperatively; enhanced understanding of the nation’s social problems; greater knowledge and acceptance of different races and cultures; and increased commitment to community service in the future (Astin and Sax, 1998). Even short-term, small-scale service learning projects have a positive impact on the outlook and attitudes of student participants (Reed et al., 2005).

Altruistic ideals of medical school matriculants are consistently reflected in community service reporting in the annual Association of American Medical Colleges (AAMC) Matriculating Student Questionnaire. In 2011, 93.6% of survey respondents reported volunteering or working in the health care field in preparation for a career in medicine or science, and 83.1% expected to participate in community service/activism during medical school (Association of American Medical Colleges, 2011). Such expectations also influenced their medical school choice, with over 70% reporting that community-based experience/opportunity was a very positive factor or a positive factor in their decision-making (Association of American Medical Colleges, 2011). Once in medical school, opportunities for community service abound and can be some of the most rewarding and educational experiences during the years of medical training. Such activities provide unique insight into the richness of neighborhood culture, history, languages, and fascinating people as well as the hardships faced by many, such as poverty, unemployment, homelessness, illiteracy or poor education, and lack of access to health care, insurance, healthy food or transportation. By getting involved in the community, an understanding can be developed regarding assets and obstacles that help or hinder community members.

The importance of gaining community awareness to deepen understanding of health care issues contributing to social determinants of health during medical school was acknowledged by the Liaison Committee on Medical Education’s (LCME) 2007 adoption of a standard requiring availability of service-learning opportunities for medical students. According to the LCME accreditation standards in the Functions and Structure of a Medical School:

Standard IS-14-A: “Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation.”
“‘Service-learning’ is defined as a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals” (Liaison Committee on Medical Education, 2008)

Many medical schools have already adopted various approaches to service-learning and community service volunteer work, and range from a successful university-based community service office providing resources for student selection of volunteer opportunities (Sheridan et al., 2010) to formal curriculum-based service-learning programs (Averill et al., 2007, Ferrari and Cather, 2002, Meurer et al., 2011, Schaechter and Canning, 1994). Compared to formal service-learning which includes reflection, community service has less formal curriculum but rather aims to help others (Blue et al., 2006). Many of the programs with more formalized curricula often aim to enhance medical student competencies such as professionalism, communication and leadership skills, and social accountability through community service experiences (Goldstein et al., 2009, Meili et al., 2011, O'Toole et al., 2005). With these activities, there is direct community benefit as well as individual student growth largely related to the use of personal reflection. Additionally, there is an association between levels of involvement and academic performance measures in medical school and beyond. Compared to students with no community service hours, students with the greatest level of community service (≥ 18.5 hours) had significantly higher grade point averages, United States Medical Licensing Examination Step 2 scores, scores on residency director Accreditation Committee of Graduate Medical Education core competency assessments (patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice) as well as residency director global quartile ranking of the intern’s performance compared with other interns (Blue et al., 2006).

In this article, we focus on medical student community service and the resulting benefits for the community and the students themselves by reviewing a model mentoring program for underprivileged youth.

The Incentive Mentoring Program
One of The Johns Hopkins University (JHU) School of Medicine’s premier community-partner programs is the Incentive Mentoring Program (IMP). The mission of this Baltimore non-profit organization states: “The Incentive Mentoring Program engages underperforming high school students confronting significant barriers outside of the classroom by providing each one with a family of committed volunteers and increased access to community resources. We foster students’ academic advancement and personal growth into self-motivated, resilient and responsible citizens” (Incentive Mentoring Program, 2010a)
IMP includes volunteers from multiple JHU undergraduate, graduate, medical, and post-doctoral programs, as well as Baltimore community professionals. The family-style mentoring approach of IMP pairs multiple volunteers with each IMP student from two high schools that serve some of Baltimore’s most at-risk youth: Paul Laurence Dunbar High School (Dunbar) and the Academy for College and Career Exploration (ACCE). Students at both schools are selected during their freshman year based on a variety of characteristics including poor academic performance, history of detention or suspension and/or chronic absenteeism as well as multiple psychosocial challenges personally or within their biological families such as extreme poverty, substance abuse, depression, and/or having an incarcerated or deceased parent(s)/guardian(s). Each high school student is then paired with an IMP “Family” of up to 10 volunteers led by a “Head of Household” (HOH), an experienced IMP volunteer that leads the “Family” in developing an individualized and comprehensive approach to mentoring the student. Additional “Family” support is provided by “GrandParents,” senior IMP volunteers that provide mentoring for the HOHs and “Families.” GrandParents also serve to facilitate communication between “Families” and the organization’s staff. See Figure 1. Volunteer “Family Members” work closely with their high school student and each other to provide individualized assistance for the student at home and at school.

Additionally, IMP offers various programs and services to the high school students and their mentoring “Families” to support both academic and personal advancement (Incentive Mentoring Program, 2010b, Incentive Mentoring Program, 2011). See Figure 2. Numerous teams of IMP volunteers use the services listed below to provide a tailored program for each high school student:

- **Academic Achievement Programs**, including afterschool tutoring through the Academic Affairs Committee, studying and practice tests with the SAT Preparation Committee, and college application support through the College & Career Planning Committee.
- **Enrichment Programs**, including monthly volunteer work for high school students and volunteer mentors with the Community Service Committee, fun and interesting activities with the Enrichment & Teambuilding Committee, and educational workshops with the Life Skills Committee.
- **Student Services**, including Health & Wellness support and counsel by Legal Affairs.
- **Volunteer Services**, including a Communications consultant to facilitate problem solving and awareness within IMP, Historian Committee to record the IMP history of events and student development through pictures and other media, Life Coaching support for mentors, Recruitment Committee enrollment and training of new mentors, and Technology Committee development of internal electronic resources to track events and interactions with the students.
- **Summer Programs**, which works in conjunction with the JHU School of Medicine to plan and execute the Diversity and Academic Advancement Summer Institute to provide high
school students with academic support, community service, skill-building exercises and job training over the summer.

Woven through all of these interactions, IMP high school students and their mentoring “Families” incorporate the IMP core values: (1) others before self, (2) adaptability, (3) learn from everyone, (4) unwavering humility, (5) family, and (6) never give up hope (Incentive Mentoring Program, 2010a).

Since its foundation in 2004, IMP has grown to include over 500 volunteers from both Johns Hopkins undergraduate and medical campuses and has 95 high school and college students enrolled into six cohorts: four cohorts (two now in college and two in high school) from the original Dunbar site and two cohorts at ACCE which was included beginning with the IMP expansion in 2010. Many JHU medical students volunteer with IMP. In fact, according to the 2012 IMP Directory, 28% of leaders and roughly 25% of the nearly 300 volunteers at the Dunbar site are medical students (internal data). Although the most rewarding accomplishments of IMP include the personal relationships created between the volunteer mentors and IMP high school student mentees, the programmatic successes are evident in IMP outcomes: 100% of IMP high school students have been retained in the program, 100% of IMP high school students have received a high school diploma or GED, 97% of IMP students have matriculated to college after high school graduation, and 7-plus years of IMP support are provided to the high school students beginning after their selection during freshman year of high school (Rios, 2012). These accomplishments are even more staggering in light of the overall educational statistics in Baltimore City. In 2007 and 2010, the first two IMP cohorts graduated high school at rates of 100% and 94%, while the Baltimore City graduation rates were 60.1% and 65.9%, respectively. Subsequently, the college enrollment for the fall semester immediately following graduation in 2007 and 2010 for IMP students was 100% and 88%, respectively, compared to 46.9% and 46.7%, respectively, for Baltimore City (Durham and Westlund, 2011).

**Medical Students Benefit Professionally from IMP Community Service**

Like many service-learning opportunities, IMP provides invaluable learning experiences, leadership roles, community involvement, opportunities to work with amazingly talented mentor colleagues and unique high school students overcoming socioeconomic and academic challenges. IMP volunteers learn of challenges the IMP students face at home, including: financial hardships requiring tough decisions about which bills to pay; struggles to attain a stable source of food; threats of home eviction; instability at home with students bouncing from one family member’s house to another; communication troubles with phone lines getting disconnected or disposable cell phone numbers changing; transportation hardships due to the necessity of taking multiple buses to school and student jobs; and insufficient positive educational role models and support from homes where many parents did not graduate from high school. Seeing these hardships encountered by the students and their families, JHU medical
student volunteers gain greater empathy for their urban patients who can be difficult to reach by phone, may miss or be late for appointments, may eat unhealthy but inexpensive and readily available food, or may be non-adherent with medical therapy.

Despite mostly coming from very different backgrounds, the IMP experience helps medical students relate better to diverse patient populations. More specifically, IMP internal data for the 95 IMP students reveals the following demographic information. The 31 high school graduates are composed of 30 African-Americans and 1 Hispanic, with 19 males and 12 females. The 64 current high school students are composed of 60 African-Americans, 2 Caucasians, 1 Hispanic, and 1 biracial student, with 48 males and 16 females. Medical student volunteers can learn a tremendous amount from these students and the challenges they face outside of the classroom, which may include: drug/alcohol addicted parent, incarcerated parent, deceased parent, absent parent, illegal immigrant family, homelessness, severe poverty, gang member, drug dealer, substance abuse, sexual abuse, domestic violence, anger management problem, learning disability, depression, anxiety, deceptiveness, or teenage pregnancy/parenthood. Although the mentors can teach the students about academics as well as professional and life skills, the students teach the mentors an equal, if not greater, amount in return. Such teaching is particularly relevant for medical student volunteers who may otherwise know very little about such challenges, but are undoubtedly going to have patients suffering from one or more of the above issues. As a result, medical student volunteers can develop greater cultural and socioeconomic understanding of patients’ backgrounds, leading to mutual trust and provision of better overall medical care.

Core Values for IMP and Medical Students
In addition to improving medical student understanding and cultural awareness for future patient populations through interactions with the IMP students, the IMP core values (Incentive Mentoring Program, 2010a) are central characteristics valuable to the practice of medicine. “Others before self” represents the sacrifices of time, sleep, and effort gladly offered to help our patients. This value of serving others returns to the heart of why students often originally become involved in community service and later devote themselves to careers in medicine. “Adaptability” refers to the necessity of thinking on one’s feet and changing care plans when clinical conditions and information evolve. “Learning from everyone” applies to our medical professors, medical student colleagues, residents, attending physicians, other professionals on our medical teams including nurses, social workers, pharmacists, physical/occupational/speech therapists, but most importantly from our patients who all teach us something new every day. “Unwavering humility” is a characteristic that should be valued as we remember that we are all fallible, but we can always strive for the best possible patient care through teamwork to catch errors before they happen and learning from mistakes to improve future care. “Family” in medicine encompasses our patient population of all ages and their families, the desire to provide optimal care like we would want for our own family members, the medical student friendships
providing family-like encouragement, as well as the medical team that creates a family of support at work. Finally, “never give up hope” is critical throughout the journey to becoming a physician. Medical school and residency trainings are filled with challenges, but also overflow with invaluable teaching, patient triumphs, and opportunities to make a difference in someone’s life.

**Conclusion**

Nationally, there is growing interest in medical student service-learning opportunities to fulfill the LCME accreditation standard adopted in 2007. Many studies have described formal curricula to fulfill this purpose and enrich student altruism, professionalism, and leadership skills through outreach projects to the underserved. Such experiences are tremendously important; however, less formal community service can be just as valuable for medical students wishing to learn about their patients and their community from hands-on experiences. By becoming involved in local programs and working directly with community members, students become invested in the community, the individuals they work with directly, while gaining a greater knowledge of the hardships patients face and developing an understanding of the social determinates of health. With this improved understanding, students can provide better medical care by treating patients with greater empathy, dignity and respect.
References


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Rios, N 2012 pers. comm. 4 Feb 2012.

