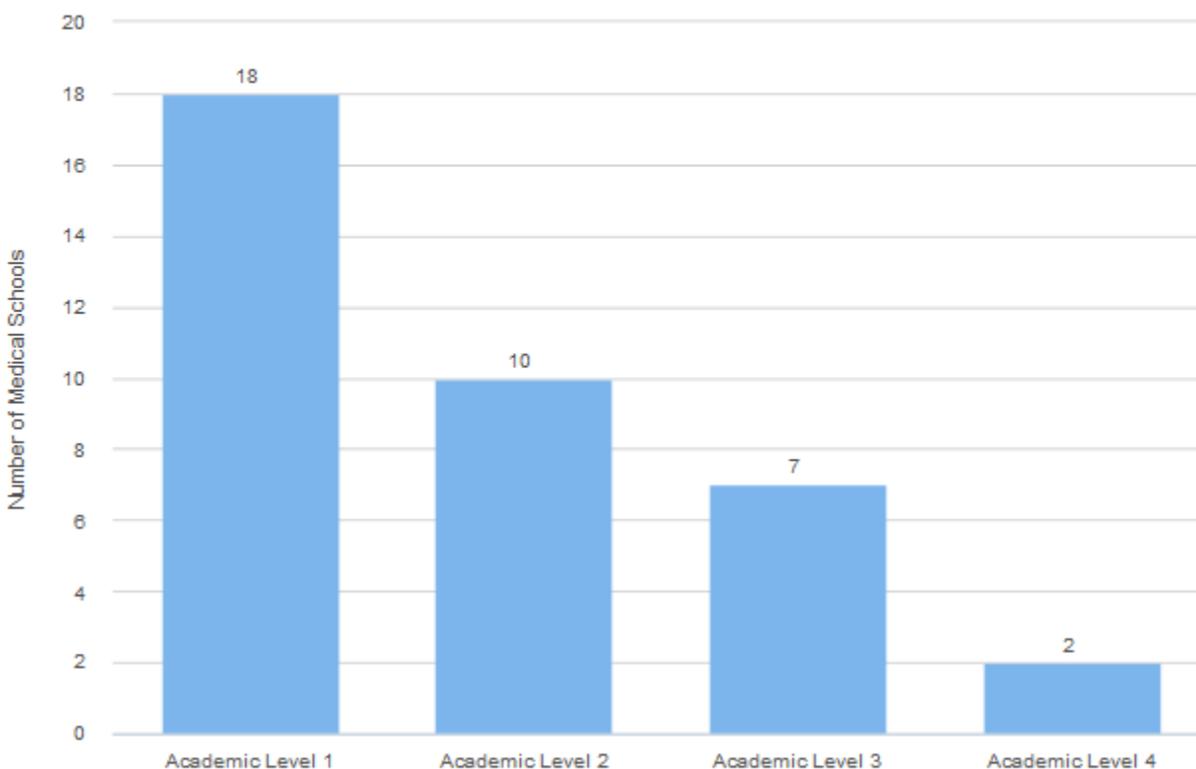


Curriculum Inventory in Context

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U.S. Medical Schools Reporting Service Learning in the Curriculum in each Academic Level

(Click a bar to see the methods used to teach service learning.)



[Click to view complete chart online](#)

Service Learning

Service learning is defined as a structured learning experience that combines community service with specific learning objectives, preparation and reflection (1). It is also based on community identified concerns, developed and implemented in collaboration with the community. Service learning attempts to balance the service with the learning that takes place and takes students out of the classroom into real-world situations. It is a form of experiential learning (1). Based on the aforementioned delineating factors all volunteerism and community service does not qualify as service learning.

The Liaison Committee on Medical Education (LCME) in its Standards for Accreditation of Medical Education Programs Leading to the MD Degree has a specific standard 6.6 called Service-Learning. The standard states that "the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and community service activities." (2)

Thus, while the LCME distinguishes between service learning and community service activities; the Curriculum Inventory lists community service as a synonym of service learning activity leading schools to report both service learning and community service similarly.

For service learning to be an effective pedagogy it should be an integral part of the curriculum blueprint and explicitly integrated throughout the 4 year curriculum. Using national data from the 2014-15 Curriculum Inventory (CI), only 19 schools out of 126 (15%) report service learning coverage; the numbers increased to 25% when the search included both service learning and community service terms. Ambiguity in use of the terms can lead to either under- or over-reporting of service learning in the curriculum. Most of the schools reporting service learning, report that the activities occur in the first year, only 2 schools report activities in Year 4 of the curriculum.

At Albany Medical College (AMC), overall objectives for Service Learning are based on the Program Objectives which define the skills expected of students at the end of their Undergraduate Medical Education. The Curriculum Database is an excellent tool to illustrate, to faculty and students, how service learning integrates with specific pre-clinical and clinical offerings. We have engaged faculty in discussions to improve understanding and use of service learning throughout the curriculum. This is demonstrated through mapping and linking with the curriculum database. As defined by the LCME curricular activities must undergo ongoing review by the faculty at the medical school (2). At AMC, the Service Learning Program is assessed by the Curriculum Assessment Team, which is charged with assessing each component of the curriculum.

It is unclear if most medical schools look at service learning as curricular. Assessment of service learning can be complex and challenging which may limit development of service learning objectives by many schools. The top assessment methods for service learning, as reported by the Curriculum Inventory, are Narrative Assessment, Participation, Self-Assessment, and Exam-Nationally Normed/Standardized, Subject. To our knowledge, the NBME does not offer a subject exam on service learning. Other assessments include Clinical Documentation Review, Exam-Institutionally Developed, Multisource Assessment, Peer Assessment and Research/Project Assessment. Thus, medical schools use a variety of assessments for service learning.

At AMC, every student is required to complete 40 hours of service learning. Critical reflection is an essential part of Service Learning and is the most direct means of assessment of learning objectives. Reflection, both oral and written, is a key component of student assessment. In a systematic review of service learning in medical education, the most common assessment method was written reflection (3). In addition, reflection allows students to have ownership of their experience. Facilitators meet with small groups of students to discuss their service learning experience during verbal reflection. Written reflection may be effectively done through use of rubrics to set the stage for students' writing. Reflection also is an instructional method, yet review of the CI states that no school uses reflection as an instructional method.

As we consider the importance of curricular activities we are reminded of our mission to educate medical students to meet the future primary and specialty health care needs of diverse populations. Service learning is an important curricular component to help students identify needs of the community and the reflective experience may help reduce biases, impact the non-biologic determinants of health and impact the future careers as physicians setting the stage for improved health of individuals.

Editor's Note: The MedBiquitous CI Standardized Vocabulary Subcommittee will address the addition of Community Service as an Instructional Method in its next review of the vocabulary. In the meantime, schools wishing to document Community Service separately are encouraged to use Community Service as a keyword in documenting events that include such activities.

About the Authors

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