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ABSTRACT

- In under a month, faculty and students worked together to transform the service-learning curriculum into a safe and structured telecheck-in experience.
- Learning Communities (LC) used tele-check-ins to contact families in the community and used a standardized questionnaire as a guide for assessing any needs. LC's then designed a resource guide and presented it to their families.
- A reflection was completed to share what they learned about tele-check-ins in general. Survey results show most teams spending 10-30 minutes with their family, and food-related resources were one of the most common requests.

INTRODUCTION

- Detroit was initially one of the hardest hit cities from COVID-19.
- Other medical schools have used service learning to respond to natural disasters (e.g. Hurricanes) before.¹
- Original service-learning curriculum had to be entirely scrapped due to safety concerns, and new curriculum was designed in under 1 month, relying heavily on student input to help design it.
- Project was designed to help serve members of the community, while educating students about many of the difficulties Detroiters have in procuring resources, especially during a pandemic.

METHODS

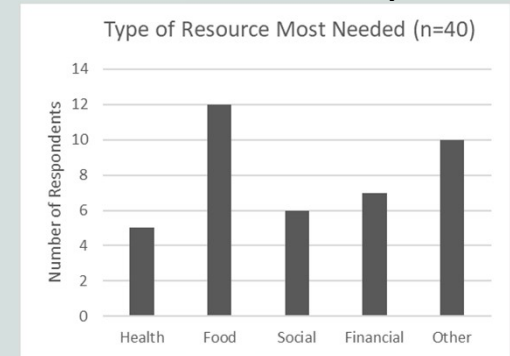
- Each Learning Community (6 students) was assigned a family to contact.
- Three team members reached out initially and used a standardized 14 question questionnaire to ask families about diet, free time, medication access, etc.
- The LC looked up resources for any problems elicited from the questionnaire and put together a resource guide for the family.
- Resource guide was crafted using a SMART (specific, measurable, actionable, relevant, time bound) plan using a PDSA (Plan, Do, Study, Apply) approach. Teams were encouraged to be creative and make colorful infographics.
- Learning Communities completed a reflection assignment as a team. This reflection centered around food security, but also asked teams to reflect on resources they discovered to help themselves during COVID-19.
- Surveys were used to gauge students' experience with service learning over telemedicine, as well as gain valuable feedback for future development of this program.

References

(1) Steiner B, Sands R. Responding to a natural disaster with service learning. *Fam Med.* 2000;32(9):645-649.

RESULTS

- Learning Communities submitted their resource guides, which were peer graded by other learning communities.
- Surveys were used to assess students' experience with telemedicine, as well as the needs of the Detroit community.



CONCLUSIONS

- Teams of medical students were able to successfully engage with members of the local vulnerable population to conduct medical, social and economic needs assessment and determined resources available to mitigate social isolation and increase emergency preparedness during a disaster, as measured by the evaluation of a SMART plan to be provided to the patient.
- Utilizing tele-check-ins, the medical students engaged patients that they will need to use to connect with their primary care physicians.