

GUEST EDITORIAL

Service based Learning: The missed opportunity in the MBBS Curriculum in Pakistan

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Pakistan Medical Commission has recently released a revised curriculum framework for undergraduate medical programs in Pakistan (PMC, 2022). The curriculum framework proposes a “seven-star” doctor with following generic competencies:

1. Skilful
2. Knowledgeable
3. Community Health Promoter
4. Critical Thinker
5. Professional
6. Scholar
7. Leader and Role Model

Various traits are defined under each competency. Community Health Promoter is an important competency which focuses on health promotion. Pakistan ranks very low when it comes to the health sector. The neonatal and mortality rates are highest in the region with malnutrition. A report in 2020 recommends improving the educational and nutrition status of pregnant women (Aziz et al., 2020).

Access to healthcare is another issue which affects rural as well as urban areas where facilities are either non-existent or beyond means of a common person. The number of doctors produced in Pakistan is also disproportionate when compared to those who are in active workforce (Siddiqui, 2019). This implies that we need to look beyond medical graduates and learn from other institutions. Medical students can play a vital role in improving health outcomes. They were at forefront during covid pandemic in delivering the healthcare to the public at large wherever and whenever it was required. Though it comes under volunteering, one cannot deny their contribution at a much-needed time. Using this one example, medical schools can think of structured service-based learning experience to address health inequities and social determinants of health.

Service-based learning balances service and learning through a

structured learning experience with reflection and community engagement (Borges, Hartung, & Education, 2007). On the other hand, volunteering is more about giving time and effort such as student managed blood banks and drug banks. One example of service-based learning is of a course where the learning outcomes included analysis of social issues addressed in a community service setting. Students spend three hours per week for the duration of the course in a community setting which provided meals to people living with HIV and AIDS. They took care of the day to day work of organization, understand the importance of nutrition to those living with the disease, and interact with other volunteers who have been personally touched by the AIDS epidemic, and in some instances, were the recipients of the meals. The class met once per week, and the students spent the second hour of each class with a teaching assistant reflecting on their service experiences and integrating academic course content into these experiences (Jones & Abes, 2003).

There is evidence that such an approach for teaching social determinants of health is an effective and appropriate strategy for teaching and developing public health literacy (Cashman & Seifer, 2008). Another example is of a course on “Psychology of Aging” where students were offered a ten-week intergenerational project which yielded positive impact on students’ attitudes about aging (Yoelin, 2022).

There are some critical steps to be considered in incorporating service-based learning in the curriculum which include:

- a. Identify the champions. A service-learning champion is vital to the development and implementation of the program with adequate support from the school (Playford et al., 2019).
- b. Establish the Service-based learning framework. Service based learning can be categorised into three types of activities as proposed by Cene et al (2009).
 - Educational/training programs which cater to implementation of health behaviour interventions in communities and educational institutions.
 - Clinical-based programs which relate to patient care for example prenatal check-ups, immunization.
 - Medical school implemented service-learning activities within

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the social justice and philanthropic paradigm.

c. Create a network of organisations and support groups to plan the activities with faculty. Engage the leadership of these groups to identify their needs and how these needs can be addressed through the projects. Develop policies and communicate these policies to all stakeholders to avoid any unintended consequences.

d. Allocate resources both physical and human for successful implementation of the program. Funding was also highlighted as a major barrier in a review of Service-Learning in Medicine (Stewart, Wubbena, & Medicine, 2015).

e. Specify how the experience will be assessed. As this is part of a course/unit, students need to know how this section of the course will be assessed and if there is a score attached to it.

f. Consider research opportunities: Each service-based learning project has a potential to become a research project. It is worth considering those opportunities and apply for the human research ethics approval. Again, it should also be embedded in the policies developed with partner groups/organisation so no conflicts arise at later stage.

g. Incorporate interprofessional experiences Where institutions are offering multiple programs, service-based learning is a great vehicle to create inter professional learning experiences to work together (Danhausen et al., 2015).

h. Plan evaluation. The purpose behind the service-based learning is creating better workforce for the future as well as improved health outcomes so evaluation at various levels will be required.

Service based learning is a much-needed requirement for all health profession students and more specifically medical students. A practical learning experience for students around the social determinants of health within Pakistan can serve as a change agent at all levels and for all stake holders thus contributing positively to crippling healthcare services.

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