

THE DISTINCTION IN SERVICE TO THE COMMUNITY (DISC) PROGRAM

Overview

This prestigious and rigorous program is intended to support and recognize Robert Wood Johnson Medical School students who have shown exceptional interest, leadership and commitment to volunteering in the community and working with underserved populations. Students will distinguish themselves by assuming a significant level of responsibility in the collaborative planning, implementation, evaluation and dissemination of a focused, sustainable community health initiative. Students who are accepted into this program and who fulfill all requirements as certified by the DISC committee will receive diplomas at Commencement stating that they have graduated with “Distinction in Service to the Community.” Students who are interested in improving the public health and eliminating health disparities are ideal candidates for DISC. The work students do through community service-learning projects in collaboration with community partners, will contribute to the growing movement to promote evidence-based population-oriented health interventions.

Service-learning will be guided by faculty advisors and community mentors, drawing on the relationships the school has built with community organizations in central New Jersey and the Camden region. We expect that students’ projects will address local community health needs identified through Healthy People 2010, Healthy New Jersey 2010 and locally focused priorities such as Healthier New Brunswick 2010 and Camden’s Urban Health Initiative. Students are encouraged to work in **pairs or teams** and their work must be guided by the following **principles of community engaged scholarship**: Projects will be based on community identified needs and built on community resources and strengths. Community partners and academics (faculty and students) will contribute their unique expertise and share responsibility and ownership of the project. Projects will be developed through a collaborative approach that equitably involves community members and academics in assessment, defining goals and expected outcomes, program planning, implementation, evaluation, and dissemination. Assessment tools and interventions will be used that reflect the culture of the community. Assessments will be expected to lead to action to improve community health. Interventions will be designed to be sustainable and project results will be shared with all community partners who may be involved in the project. Students are encouraged to start developing a project in the summer following their first year through community-based opportunities available at the medical school.

Global Health/Latino Health Tracks within the DISC Program:

Students in the DISC program may also choose to specialize in either **Global Health** or **Latino Health**. These students will participate in a nuanced program specific to their area of interest.

Goals of DISC

The goals of the DISC program are: to recognize students who have demonstrated exceptional and sustained commitment to and advocacy for the community, to provide mentorship for students in conducting a community project, and to promote effective community/campus partnerships that lead toward improved and sustainable health outcomes.

Objectives

- Students will learn to identify health issues of concern to communities and explore the root causes (historical, social, cultural, environmental, economic and political factors) of health issues.
- They will learn to develop culturally and linguistically appropriate tools to assess the extent of an identified community health care problem, existing community resources and gaps in resources, in order to determine the most appropriate intervention.
- They will design and implement an intervention.
- They will learn to evaluate the effectiveness of their health intervention.

Working in partnership with the community in designing a sustainable and culturally appropriate intervention that directly impacts an underserved, at-risk or vulnerable population is the final and ultimate goal of DISC.

Priority Areas and Populations of Focus for DISC Projects

Projects should be geared toward addressing the priority health needs of a defined underserved, at-risk, vulnerable* population within a community and in closing the gaps in healthcare disparities. (See “National/State/Local Health/Global Priorities” at the end of this application for more information.) Each student must understand that partnering with a community organization and identifying their priority issues are KEY to the development of a successful DISC project. We define “underserved, at-risk and vulnerable” populations as those meeting one or more of the following criteria: language, cultural, educational, transportation, economic barriers, or disability status, those receiving care from community health centers and those populations who are currently experiencing, or have a greater than average chance of experiencing the noted priority health issues. DISC projects that identify existing “communities” for the focus of their projects will be most successful. A community is defined as a group of people with something in common, e.g. a shared language, geographical boundaries, cultural background, age, shared cause, bond of identity, history or values. Community members perceive a commonality among themselves. A community can include groups drawn together by mutual interest, ethnicity, disease experience, disability status, or organizational affiliation such as church members, students in a school or youth group or members of a senior center. (Mullan & Epstein. 2002 Community-Oriented Primary Care: New Relevance in a Changing World.” *American Journal of Public Health*.) Projects may take place in either clinical or non-clinical settings such as a soup kitchen, church or youth organization, and may include but not be limited to: initiating a new client/patient

health service, improving access and quality of care and increasing patient safety, developing a community-based health promotion/disease prevention project. Assessment methods may include qualitative (e.g. focus groups/interviews), quantitative (surveys) and mixed methods. It is expected that projects will take place in New Jersey, with the exception of those students with a Global Health concentration.

1. Guidelines for Developing a Community-Based Project for DISC

Prior to application, Students must meet the minimum requirements of the Students Interested in Restoring Community Health (SIRCH) elective during their M1 or M2 year.

Required work done through the Patient Centered Medicine course or other required courses will NOT be counted toward SIRCH or DISC program requirements, although sites visited during these curricular experiences may later serve as a setting upon which to develop a proposal.

TIMELINE- The DISC Committee provides this timeline as a general guide for students:

M1 year:

- Keep records of volunteer service experiences and SIRCH attendance
- Identify student partners of similar interests
- Meet with Ms Susan Giordano and Dr Anna Looney to identify faculty mentors and community partners

Summer:

- Begin work on community project (possibly through summer COPC assistantship. The summer COPC program satisfies half of the SIRCH lectures and volunteer experiences.)

M2 year:

- By the start of the M2 year (ideally during the summer after M1 year), interested students will identify a faculty advisor to work closely with in designing a DISC project. The student will be expected to develop culturally and linguistically appropriate tools to assess the extent of an identified community's health care problem, existing community resources and gaps in resources, in order to design an appropriate intervention and plan for sustainability. The student will complete the DISC application. When the project is approved, the student will plan a timeline for implementing the project and will meet regularly with his/her faculty advisor to discuss progress.

M3 year:

- Continue to work with student partners, community mentor and faculty advisor to develop and implement DISC project

M4 year:

- Student projects will be reviewed by the DISC Steering committee at their November and March meetings. Students are encouraged to complete their projects by November of their M4 year, if possible.
- Students must produce a 15-page (minimum) double-spaced paper explaining their project and prepare a presentation for the year-end DISC Symposium in May.
- When these requirements are met, the student will receive on his/her diploma a Distinction in Service to the Community notation and a record of this accomplishment will be put into the student's MSPE.

2. PREPARING THE DISC APPLICATION:

The DISC application must include the proposal, agreement form and biosketch.

a. DISC PROPOSAL

The following information is required for the DISC proposal:

- Title of Project;
- Abstract: (150 words or less) containing the names of collaborating organizations/community partners;
- Introduction/Background/Statement of Importance (including a literature review with at least 3 references)
- Project Goal;
- Expected Outcomes (including the impact on the community and implications for physician practice)
- Methods: Definition of the population to be impacted (describe the ways in which the population is underserved, vulnerable or at-risk);
- Method(s) of Assessment to determine appropriate intervention;
- Potential intervention idea(s);
- Evaluation plan;
- Risk/benefit analysis for subjects;
- Timeline for completion of the proposed work;
- If more than 1 student involved in the project, please detail the specific roles for each student
- Resources needed
- Plan for sustaining project as needed
- Plan for involving community throughout project

b. Agreement Form:

The application must also include the signed "Faculty Advisor/Community Mentor and Student Agreement" form which states that the proposal:

- adheres to the principles of community scholarship;
- has been written primarily by the student(s) in collaboration with the community partner;
- can be accomplished within the proposed time frame;
- and that the student(s) (as opposed to the faculty advisor) will take primary lead on the project in collaboration with the community partner

c. Biosketch:

Although one joint application may be submitted by a group of student partners, the application must be accompanied by a biosketch (or CV) for each student.

3. Decision on Acceptance into DISC Program

The Robert Wood Johnson Medical School DISC Committee will make the final decision as to whether a student's proposal is acceptable. Applicants can expect to be notified of the decision following receipt of the student's DISC proposal after the November or March meetings of the DISC Committee. M1 and M2 students whose applications are not accepted by the Committee will have an opportunity to revise and resubmit their applications for consideration.

4. Procedures during the course of the DISC Program:

A). Once a student or group of students is accepted into the program, they will work with a DISC Student Advisory Committee (SAC) consisting of their faculty advisor and a community mentor. (If the faculty advisor is not a member of the DISC Committee, then student(s) are required to identify a DISC committee to serve as their DISC Committee liaison. The student should meet with the SAC committee within one month of acceptance into the program, should document the meeting on the DISC/SAC Initial Meeting Form, and submit the form to the Predoctoral Education Office. The purpose of this meeting is to review with the student(s) the requirements of the DISC program.

B). At least biannually, the student should submit a progress report on the Interim Meeting Form to his or her DISC SAC committee (with a copy to Dr. Anna Looney in Predoctoral Education), documenting progress made on the project and listing meetings that have occurred between the student(s) and advisor and mentor. Dr. Looney will acknowledge receipt of the form and retain it in the project file.

5. Requirements for Successful Completion of the Program for all DISC applicants

A). Submission of online portfolio which documents 40* hours of community service activities (including community service done through the DISC project) evidence of leadership and advocacy activities, the seminars/electives attended to fulfill didactic requirement, and reflection on the DISC process and experience.

****Community service done through any required medical school courses such Patient Centered Medicine, and the family medicine clerkship will NOT***

be counted toward DISC program requirements, although additional community service time at these sites beyond the required hours can certainly be counted.

B). The student must submit a paper of at least 15 double spaced pages in the following format:

- **Title of Project**
- **Abstract:** (150 words or less). Must include names of collaborating community organizations
- **Introduction/Background/ Statement of Importance** (include literature review)
- **Project Goal** and/or research question(s) addressed
- **Objectives/expected outcomes** (including impact on the community and implications for physician practice)
- **Methods:** Definition of population (describe how the population is underserved, vulnerable or at-risk) Methods of assessment, description of Intervention and description of community involvement
- **Evaluation**
- **Results/outcomes**
- **Discussion** (including challenges, suggestions for overcoming them, plan for sustaining project as needed)
- **References**
- Attach assessment tools used, any products developed (not included in the 15 page count).

C). Final Evaluation forms and Paper Submission

The student will meet with their DISC SAC committee to review the completed work, receive endorsement of, and feedback on, their work, and complete the DISC final evaluation form.

An electronic copy of the paper and a hard copy of the signed, completed Final Evaluation Form will be submitted to Dr Anna Looney, who will disseminate them to members of the DISC Committee for final review and approval. The final evaluation form must state that the student has successfully created and implemented the DISC project and that it has been deemed by the Community Mentor as a culturally appropriate intervention.

D). A positive evaluation and reference letter from community partner upon conclusion of student's work is required.

E). If a student wishes to gather and analyze data for research purposes in addition to fulfilling the stated requirements for the DISC program, he or she may do so. The student will work with DISC mentors to submit an IRB proposal. However, data analysis for the purposes of publication is not a necessary component of the DISC program.

F). Presentation of findings

Students are required to present completed projects at the DISC SPRING SYMPOSIUM. This symposium is held at RJMS, The audience is comprised of members of the medical school community and the sponsoring community organization. In addition, representatives from Healthier New Brunswick 2010 Community Health Advisory Group (CHAG) or other relevant group are invited to attend.

Requirements for DISC Projects in the Latino Health Track:

All requirements for the DISC program as outlined above are applicable to the Latino Health Track, with the following modifications.

- a. The DISC project goals and expected outcomes must be specific to Latino patient populations.
- b. Students must complete 2 years of the non-credit Medical Spanish course instead of the required SIRCH elective requirement.
- c. Four volunteer service community events must be completed (in lieu of the SIRCH volunteer requirement) which serve Latino patient populations in the community. (Completing the summer COPC assistantship with a project that focuses on Latino patient populations may be used to fulfill 2 out of the four community service requirements). Community service done through any required medical school courses such Patient Centered Medicine, and the family medicine clerkship will NOT count toward DISC program requirements, although additional community service time at these sites beyond the required hours can certainly be counted.

Requirements for DISC Projects in the Global Health Track:

All requirements for the DISC program as outlined above are applicable to the Global Health Track with the following modifications:

- a. We will encourage Global Health projects relevant to our Central New Jersey immigrant populations (e.g., Latinos, Asians).
- b. The projects should bring awareness on clinical and cultural issues relevant to our New Brunswick community
- c. These projects should be collaborative (e.g., New Brunswick and an international site) and there should be team members participating at both sites.
- d. The results of the projects should bring benefit to both local communities.

**MD DEGREE WITH DISTINCTION IN SERVICE
TO THE COMMUNITY**

UMDNJ-Robert Wood Johnson Medical School

Student Name*: _____ Date: _____

Campus: _____ Piscataway/New Brunswick _____ Camden

Mailing Address: _____

Phone: _____ Email: _____

Projected Year of Graduation: _____

Title of Project:

Faculty Advisor: (Name, Department, phone/ e-mail):

Faculty Advisor Mailing Address:

Community Mentor: (Name, organization, phone, e-mail (if available):

Community Mentor Mailing Address:

DISC Committee Liaison (required only if the Faculty Advisor is not a member of the DISC Committee)

Other students working as part of this DISC project team:

Site where community project will be conducted:

Time period during which project will be implemented:

Names & departments of potential additional faculty or community members for the student's committee

1. _____

2. _____

BIOGRAPHICAL SKETCH: On a separate page, provide a summary of your education, previous service-learning experience, DISC-approved electives/lectures

ACADEMIC STANDING: Students must be in good academic standing and have completed the appropriate requirements for their current status in medical school to be considered.

** If more than one student is working on this project as part of a team, each student must complete page 1 of this application.*

DISC APPLICATION Checklist

1. Initial Application (submit items for the DISC project team members together)

Each participant on the team completes and submits:

- Page 1 of application
- Biosketch
- Documentation of completion of SIRCH elective prerequisite
- Or applicable substitutions (Medical Spanish for Latino Health Track) and specific volunteer community service events
- Throughout the DISC project, each student will maintain an on-line portfolio tracking project involvement, meetings, issues/reflections

As a team submit one copy of:

- Proposal (using outline)
- DISC Community/Faculty Mentor and Student Agreement Form

2. Interim Progress Report:

- Biannual SAC interim meeting forms and progress reports

3. Final Approval of completed project:

Each participant on the team completes:

- Documentation of completion of total community service hours (40)

As a team submit one copy of:

- Cover letter (or signed checklist from mentors)
- Final paper (minimum 15 pages) plus all assessment tools and samples of any materials developed
- Final evaluation form

***Note:** In the fall of 2009, a special site will be created for DISC students to track progress and keep notes in connection with their projects. Students will be notified when this site is available.

DISC Community Mentor/Faculty Advisor and Student Agreement Form

By signing this agreement, the faculty advisor and community mentor commit to working with RWJMS student(s) as they implement (*DISC project title*)

Faculty/Community mentors and student(s) agree that:

1. The project adheres to the principles of community scholarship: it is based on community-identified needs and built on community resources and strengths. Faculty/students and community partner will contribute their unique expertise and share responsibility and ownership of the project. The project will be developed through a collaborative approach that equitably involves community members and academics in assessment, defining goals and expected outcomes, program planning, implementation, evaluation, and dissemination. Assessment tools and interventions that reflect the culture of the community will be used. Assessments will be expected to lead to action to improve community health. Interventions will be designed to be sustainable and project results will be shared with all community partners involved in the project.
2. The application has been written primarily by the student(s) in collaboration with community partner.
3. The project can be accomplished within the proposed time frame.
4. The student(s) (as opposed to the faculty advisor) will take primary lead on the project in collaboration with the community partner.
5. Students will adhere to the community organization's rules and procedures, including confidentiality of any patient/client/organization information.
6. Students will be open to feedback to facilitate learning and personal growth.
7. Students will meet with faculty advisor and community mentor on a regular basis to review the project and will maintain communication with the DISC committee as indicated.
8. Faculty advisor and Community mentor agree to provide information and assistance for the completion of the project and to provide feedback to the student on the DISC project and his/her performance in order to facilitate the students' learning and personal growth.

Community Mentor signature

Organization

Date

Faculty Advisor signature

Department

Date

Student(s) signatures

Date

National, State, New Brunswick and Camden Health Priorities

The following links can serve as a guide to help students identify an area of focus for a DISC project; however, meeting with community members and identifying their priority areas is KEY to the development of a successful DISC project.

1. Healthy People 2010: a set of health objectives for the nation to achieve over the first decade of the new century to guide states, communities, professional organizations, and others in developing programs to improve health.

<http://www.healthypeople.gov/>, then select LHI/Priorities.htm for the 10 leading health indicators.

Access to Health Care

<http://www.healthypeople.gov/About/hpfact.htm>

to view the 28 HP2010 focus areas. Use the “search” tab to explore your particular area of interest in detail including over 450 specific objectives and data.

2. Racial and Ethnic Health Disparities: The Centers for Disease Control and Prevention, Office of Minority Health, is charged with addressing six main focus areas identified through HP2010 in which racial and ethnic minorities experience serious disparities in health access and outcomes:

<http://www.cdc.gov/omh/AboutUs/disparities.htm> (infant Mortality; Cancer Screening and Management; Cardiovascular Disease (CVD); Diabetes; HIV Infection/AIDS; Immunizations

In addition, the following diseases and conditions disproportionately impact racial and ethnic minorities: Mental Health; Hepatitis; Syphilis; Tuberculosis (TB)

3. Healthy New Jersey 2010: <http://www.nj.gov/health/chs/hnj.htm>

4. Healthier New Brunswick 2010: mission is to build a healthier community to insure the health of our children and generations beyond.

<http://www.healthiernb.org/> click on ‘curr_initiatives.htm’ to learn more about the efforts of community coalitions in addressing fitness/nutrition, lead, domestic violence and mental health.

5. Priorities identified through the Urban Health Initiative in Camden.

http://www4.umdnj.edu/rwjcweb/uhi/documents/newsletter_sp06.pdf