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### **“A Translation Of First-Year Medical Education Into Service Learning”**

Objective: To assess the integration of first-year medical education into Camp tiger, a week long service-learning summer camp for children with a variety of disabilities.

**BACKGROUND:** Camp Tiger is a service-learning project established at LSU New Orleans School of Medicine in 1985. It is organized and fundraised by our rising second-year medical students and staffed by them along with incoming first-year medical students. This 1-week summer day camp is of no charge to campers or those serving as counselors and there is a minimum 2:1 camper to counselor ratio. Camp Tiger is hosted around the City of New Orleans for local children ages 6-15 with a range of disabilities. Service learning plays a key role in the education of medical students and assists in the development of professional, interprofessional, and patient care skills of budding physicians serving members of their community. Previous studies demonstrated medical students' participation in a 1-week overnight condition-specific summer camp for children with disabilities allowed them to translate their medical education to real world patients (Beck et al, 2015). This experience can be correlated in the suggested components of service-learning including “Active participation, thoughtfully organized experiences, focus on community needs and school/community coordination, academic curriculum integration, structured time for reflection, opportunities for application of skills and knowledge, extended learning opportunities, and development of a sense of caring for others” (Billig, 2000).

**METHODS:** A post-camp assessment survey was emailed to counselors (n = 189) as required by receipt of a summer camp specific grant from The Joe W. and Dorothy Dorsett Brown Foundation. The grant was written by Camp Tiger Executive Committee Members with assistance from the LSU Health Foundation New Orleans. This 10-question survey was composed of six Likert scale questions regarding the use of basic knowledge and skills (2), clinical applications and BLS knowledge (2), advocacy mechanisms (1), and team/group working skills (1) from first-year medical education during the week of camp. Participants were also asked yes-no questions regarding their 'perceived' ability to apply first-year clinical and BLS knowledge (1), and advocacy mechanisms (1). Participants were additionally asked free response questions inquiring 'where' the knowledge and skills used during camp were from (1), an explanation of how advocacy skills 'could' apply to future patients (1), and which team/group working skills best helped throughout camp.

**RESULTS:** Rising second-year students (n = 40) endorsed being able to apply their didactic first-year medical education to interactions with local children with a variety of disabilities while volunteering as counselors. These students further noted (90%) feeling confident in being able to understand and apply didactic education to create a safe and enriching environment for children participating in camp. Importantly in their roles as future physicians, students overwhelmingly endorsed (97.5%) learning advocacy mechanisms for campers who lacked full self-advocacy, including overcoming communication barriers.