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Bridging the Gaps: Lessons from a Collaborative Community Service Program

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Bridging the Gaps: Lessons from a Collaborative Community Service Program

"Health is not simple, but is a complex interaction of the healthcare delivery system, human biology, environment, and lifestyle. I think that by understanding how a health challenge affects a community in all of these areas, a health professional could better serve the needs of the community." Supria Gupta, JMC 1998, Bridging the Gaps Student, 1995.

Over the past four years, Jefferson Medical College has been part of a consortium of Philadelphia academic health centers committed to promoting interdisciplinary community service in underserved urban areas. The program around which the consortium formed is the Bridging the Gaps: Philadelphia Community Health Internship Program, which began at one Philadelphia medical school in 1991 and has come to encompass all of the city's medical schools as well as their related health and social service disciplines. Bridging the Gaps consists of a seven-week summer experience in which health professions students are placed in the community in mostly interdisciplinary teams, to work in collaboration with community organizations on projects that improve the quality of life while teaching students about community health.

Since its inception five years ago, the program has undergone significant changes in size and composition. From 20 students in 1991, the program has grown to 148. From one health discipline (medicine), the program now encompasses all major health disciplines, as well as social work, law and art therapy. In contrast to a core curriculum once relatively limited in scope, the program now offers presentations and interactive sessions on a range of topics, including different health belief systems, use of conventional and non-traditional health promotion resources and techniques, comparisons of different types of health insurance systems, and the historical, ideological and political factors that have shaped American "Safety Net" programs. Faculty for core curriculum and for student projects are drawn from the academic health centers and the communities served by Bridging the Gaps students. A great deal of funding for the program has been raised collaboratively by the consortium in the past from foundations, corporations and the federal government. Funds are used to cover the administrative and materials costs of the program and to pay for student stipends.

Maintaining a collaborative program has been a challenge. Consortium representatives had to deal with demand for Bridging the Gaps student placements, the difficulty of constructing core curriculum, as well as the formidable goal of raising sufficient funds for the administration, teaching and student stipend.

The organizational and logistical issues raised by the growth of the program were resolved through a series of strategic planning meetings held in 1993-94. Institutional as well as consortium challenges were openly discussed, and a stable organizational structure was agreed on, along with standard operating procedures for the major activities of the program. Simultaneously, Bridging the Gap's growing reputation required that the consortium agree on the program's defining principles for purposes of dissemination. This resulted in a formal statement of the Bridging the Gaps model, which clearly articulates the consortium's commitment to partnership with communities, skills development for students related to underserved

populations, shared supervision of students by community and academic faculty, regular program evaluation, and the priority of keeping communities informed through a public forum and annual report.

Jefferson's program has provided program administrators, students, communities and faculty a variety of lessons in how to break through barriers that inhibit institutional responsiveness to community needs. The most important of these has been communication with each other and with the world outside of Jefferson. Good experiences for students and communities are impossible without a mutual understanding of the goals of the experience, commonly-held expectations about the course of day-to-day activities, and a respect for the richness and variety of community wisdom and student creativity. Dialogue with multiple parties has come to form the foundation for the program, both here at Jefferson and throughout the city, as well as within the Bridging the Gaps consortium.

This year, Jefferson has 19 students participating in Bridging the Gaps, 10 from JMC and 9 from CAHS. Students are working at 12 different community sites, mostly in interdisciplinary teams. Whatever their site, students undergo an intense learning experience about communication, cultural competencies, health challenges faced by the underserved, and the meaning of community service. They also learn a great deal about each other and themselves, while engaging those of us who serve as faculty in a challenging dialogue about the complex meaning of health.

About the Author

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