

Form for HM640 Service-Learning in the Community

Medical students are required to participate in 40 hours of a structured service-learning experience that combines community service with preparation and reflection. It is hoped that students will learn about community concerns in context, and will connect their service with their academic coursework, and their future roles as citizens and professionals. Seifer, DS. "Service-learning: Community-campus partnerships for health professions education." Academic Medicine, 73(3):273-277(1998)

Section 1 – Student Information			
Name:M		Graduation Year	:
Email:		_ Campus:	
Section 2 – Demonstration of Preparation			
Organization:			
Contact Name:		Phone:	
Contact Email:			
Contact's signature: (Contact Name can	be typed)		Date
Project/Activity Description:			
Reading(s) and Other Preparation:			
CHM Faculty Advisor Name/Email:			
Project/Activity Approved by K 8	Yes N	No	
		Date	



Project/Activity Evaluation by Organization							
Organization Poncorontativo:			Dat	· • ·			
Organization Representative:				e:			
Hours worked: Comments:							
Student Reflection – Faculty Advisor Assessment							
List any Products (Health Materials, Hea	List any Products (Health Materials, Health Survey, etc.):						
Reflection/Synthesis will be written essay or other product such as journal, paper, film, video.							
Faculty advisor will evaluate essay or pr	oduct u	ising the		I			
			Overall Rating	Second Review			
	YES	NO	(Pass or No Pass)	Requested*			
Shows understanding of							
assumptions, etc., and any changes							
Shows understanding of social issues							
and relationship to medicine							
Communicates approach to							
reflective practice							
Communicates consciousness of							
responsibilities to respond to							
community/national/global needs		ability	 	oduct will ack for a			
	*Faculty advisor with question as to the acceptability of the essay or other product will ask for a						
second review by course director or other faculty person.							
Advisor Comments:							
Advisor signature or typed name:				Date:			
Course director to enroll student and assign grade at end of semester.							
Please send to K 8 @ goldingj@msu.edu							