

Working to Build Bridges: Medical Students' Perspectives on Service Learning

Amoli Kulkarni,¹ Alina Razak,¹ Jessica Shi,¹ and Kevin Dao¹

¹ Boston University School of Medicine, Boston, Massachusetts, USA

“Serving requires us to know that our humanity is more powerful than our expertise.”

Rachel Naomi Remen, M.D., Author of “Kitchen Table Wisdom: Stories that Heal”

The first time we set up our preventive health session in the old multi-purpose room of the apartment building, we were overwhelmed by both the excitement to learn new clinical skills and the nagging fear that our patients would see right through us. As we stood with the unfamiliar burden of our shiny new stethoscopes slung around our necks, we couldn't help but feel thoroughly unqualified to be representing medical professionals.

A few building residents trickled into the room, and immediately we leapt into action, asking them about their health concerns, taking their blood pressure, and checking their weight. Within ten minutes of conversation, we had exhausted our entire toolbox of medical knowledge. The history was taken, and the vitals were checked; however, as soon as there was a pause, the residents began to talk. Really talk. They told us about their day and ended hours later after opening up about their journeys, struggles, and the many lives led before settling into a comfortable apartment in a small corner of Boston.

As a part of Bridging Gaps in Care, a service-learning organization at the Boston University School of Medicine, we conduct monthly visits to residents of a subsidized housing apartment building in Roxbury, one of Boston's oldest and most diverse neighborhoods. As medical students, we see these sessions as opportunities

to serve our community, promote healthy living, and understand social determinants of health. However, if there is one thing we have learned from our time in Bridging Gaps in Care, it is that the residents of this apartment building are the ones who are doing all the teaching.

“In this work against sickness, we begin not with genetic or cellular interactions, but with human ones.”

Atul Gawande, M.D., Author of “Better”

Our first resident, a middle-aged African American gentleman, entered our session assisted by his cane. He was diligent in ensuring he maintained good health. His medications were always taken on schedule, his blood pressure was well controlled, and he was never worried about his hypertension. After allowing us students to practice measuring his blood pressure, the resident talked about his life since we saw him last month, what happened that day, and what he was looking forward to in the future.

Through our conversations, it was not hard to recognize that he was lonely. He had some daughters nearby but wasn't able to see them often. After a pause, he contemplated, “One day, my leg will be strong enough, and then I will be able to travel to Africa and reconnect with my ancestral roots.” We served as people with whom he could share his thoughts, feelings, hopes, and dreams. In the presence of students, he was revitalized by sharing his stories and experiences. In his presence, we understood the importance of genuine human connection and interaction.

“At the end of the day, people won’t remember what you said or did, but they will remember how you made them feel.”

Maya Angelou, Civil Rights Activist

Our second resident was a ball of energy. Exuberant, joyful, and bubbly, her warm and inviting personality lit up the room. Seated across from her, conversation flowed naturally, like a stream of water meandering through a creek. She shared details about her life, vehemently voicing her hatred of fruits and all leafy green vegetables, yet conscientious when it came to ensuring that she got all her “steps” in for the day.

Progressing as most medical interactions do, we inquired about other changes in her life: new lifestyle changes, diet changes, or medications. The topic of medication made her face pale, and she got quiet. Hesitantly, she revealed that she was taking medication for her behavioral health disorder and felt that it was making a real difference in her life. Warmly, we celebrated hearing that her medication was helping her regain quality of life. As if by an unspoken evolution in our interaction, she trustingly began to talk even more candidly about her health.

She opened up about the challenges she had been experiencing in her quest to quit smoking. We began exploring parts of this topic: When did she start smoking? What did she like and dislike about smoking? What triggered her urge to smoke? She conveyed the stress and anxiety she had been feeling in response to recent fights with a close family member. In those moments of high emotions, smoking was her escape. Realizing that smoking served as a relaxation technique for her, we brainstormed ways of dealing with this stress. Together, we decided to try some breathing techniques as an alternative. Inhale, I breathe in. Exhale, I breathe out. As the meditation concluded and she prepared to leave, she offered her outstretched hands for a warm embrace.

In this brief interaction, we were able to acknowledge her struggles and share in her triumphs regarding not only her health but also in life. Gaining trust through open and non-judgmental communication helped us to identify one source of her pain and difficulty. The true essence of healing lies in making individuals feel heard and validated.

*“When you help, you see life as weak.
When you fix, you see life as broken.
When you serve, you see life as whole.”*

Rachel Naomi Remen, M.D., Author of “Kitchen Table Wisdom: Stories that Heal”

Our third and oldest resident has a spirit of her own. Having worked as a nurse in the past, she knows that young medical students have a lot to learn when it comes to the gentle art of serving. Her wrinkled face was alive with excitement, anticipating our arrival. In response to our greetings, she asked, “What would you like to learn today?” Intrigued, we asked her to tell us about her recent hospitalization, the difficulties she had been having after her stroke, and the latest dance move she learned at the apartment’s weekly fitness classes.

Despite her myriad of health conditions, she remained calm. We spoke about the support she was receiving and how her godson came to visit often, bringing that night’s dinner. With regret, she admitted that she was not able to leave the building due to some trouble walking. However, she made the most of it and decided that she must stay active and positive, no matter what came her way.

Her struggle to find the right word and to name objects gave us new insight to the sequelae of vascular dementia. Her determination to maneuver through the hallway independently emphasized the energy underscoring resiliency. Her enthusiasm for learning about nutrition, fitness, and aging put a spotlight on the collaborative interaction between patient and

student. As healthcare providers, we can serve our patients by acknowledging both the internal struggle and the profound strength within each and every person.

Initially nervous to talk with our residents, we noticed the importance of being present. Allowing ourselves to actively listen to others' stories and to engage with the experiences of the residents is the most powerful resource we can contribute as students. It is incredibly humbling to know that each resident comes with decades of stories and experiences. At our sessions, we realized we see just a snapshot of their lives. When residents come to our sessions, they do not come for complex medical diagnoses; rather, they come for cathartic conversation and compassion. Medical students pursue this arduous path with the ultimate goal of helping people, but eventually, we all realize that the role of a physician is much more profound and nuanced than that. It is to listen, to empower, and to heal.

A Note from the Authors: Bridging Gaps in Care (BGC) is a service-learning organization that aims to provide physician-supervised screening and health education to low-income older adults in subsidized housing. BGC is not a free clinic. BGC offers preventative health sessions centered around a monthly theme that corresponds with the medical school curriculum. We hope to foster longitudinal relationships with the housing residents through our interactions, as well as develop skills that will serve us as future physicians. Through the stories of our residents, we hope to develop into compassionate, empathetic, and caring physicians. Names and identifying factors have been removed to protect the anonymity of our residents.