

Learner Driven: M1 Peer Led Medical Spanish

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Learners' Identified Needs:

- 1. Chicago has a growing number of Latino patients with "Limited English Proficiency"
- 2. Medical students have a demonstrated interest in receiving medical Spanish training
- 3. Surveyed M1 students to determine interest in teaching and/or learning medical Spanish.
- 4. No formal medical Spanish classes or programs exist at many medical schools

Implementation:

- Medical Students with advanced Spanish-speaking skills began weekly peer led classes
- 2. Four levels of classes were offered to address learners varied levels of proficiency
- 3. Peer leaders designed Spanish curriculum to parallel required coursework; layered learning was intended to enhance recall in both content areas as well as both languages
- (attendance rate / level of participation) indicating a strong commitment to the program and its intended outcomes

Teaching & Learning Experience:

- Peer leaders tested and refined instructional design, teaching skills, and assessment techniques
- Application and evaluation of students' learning was provided through a Standardized Patient experience with Spanish-speaking patients approximately 6 months after starting classes.
- Each learning experience motivated individuals to continue to enhance skills and to participate actively in the formation of their curriculum
- 4. Enhanced competencies in professionalism, communication and lifelong learning



From Practice to Theory . . .

(abstract conceptualization) for future

program goals and objectives

In reflecting on the first year of peer led medical Spanish, the authors identified with the experiential learning cycle of *Kolb's Model* (see below) as the framework in which the implementation of courses and curriculum development occurred:

1. Learning by doing: Courses implemented and curriculum evolved through active experimentation

Active Experimentation

Active Experimentation

Active Experimentation

A. Conclusions: Implementation, participation, evaluation and reflection led to new conclusions or hypothesis

Abstract

Concrete Experience

2. Participation in teaching/learning: provided the concrete experience of teaching and coordinating program to parallel medical school curriculum

Reflective Observation

3. Critical reflection; Feedback from program to participation, evaluation and reflection meetings, student and administration meetings, student and administration meetings, student and administration meetings.

Critical reflection; Feedback from peer evaluations and surveys, facilitators meetings, student and administrative focus groups provided reflective observations to enhance program for more effective

Reflections:

- Participants surveyed twice during the year; 71% of first-year students responded by providing feedback on peer teaching, motivation for learning, content, application, program strengths and weaknesses
- 2. Three focus groups were held with (1) students, (2) school administrators, and (3) Interpreter services to assess current program and to discuss future goals and objectives
- Components of the program that were deemed important based on the coordinator's experience and student feedback:
- Integration with medical school curriculum
- A safe learning environment; peers participating as both teachers and learners were better able to identify learner needs
- Cultural competency training
- Opportunities to interact with individuals from the Latino community and to shadow medical interpreters
- Connecting students with physician mentors and preceptors who work with Latino populations locally and internationally
- Formal training to enhance teaching
- Formal acknowledgement of proficiency
- Elective credit for teachers

Outcomes:

- 1. Program currently includes 150 M1/M2 students
- 2.18 peer teachers are enrolled in a Medical Spanish
- Teaching course recently approved as an elective by SSOM provided a foundation for the program's continuation
- Sustainability is achieved through the volunteer peer-teacher program, which successfully operates without a budget
- 5. Faculty, administration, and campus centers (Teaching & Learning Center, Center for Service & Global Health, Clinical Skills Center) continue to support the program and lend vital resources such as classrooms, teacher training, research support, and program guidance
- Model can be applied to future endeavors in program and/or curricular planning

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