

EXPERIENTIAL LEARNING PROGRAM FOR PREMEDICAL STUDENTS IN
COLLABORATION WITH SHRINERS HOSPITALS FOR CHILDREN

A CREATIVE PROJECT

SUBMITTED TO THE GRADUATE SCHOOL

IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE

MASTER OF ARTS

IN

STUDENT AFFAIRS ADMINISTRATION IN HIGHER EDUCATION

BY

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ABSTRACT

Title: Experiential Learning Program for Premedical Students in Collaboration with Shriners Hospitals for Children

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The purpose of this creative project was to develop a voluntary, experiential learning program for premedical students within Shriners Hospitals for Children. The program was formed to allow premedical students to gain tangible patient experience within a clinical setting to supplement the educational foundation they develop within the premedical curriculum.

The objective of this creative project was to connect premedical students with professional development opportunities within a philanthropic hospital during their undergraduate coursework. While premedical curricula are created to develop a strong foundation of biological knowledge prior to the student being admitted to a professional medical school, they often focus entirely on the classroom experience without affording students the opportunity to gain clinical experience. By providing premedical students immersive, experiential learning opportunities which relate directly to their classroom experience, the students can obtain a deeper understanding of their subject matter while gaining hands-on experience in their area of interest.

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CHAPTER ONE

INTRODUCTION

Premedical students take part in a highly rigorous and competitive curriculum intended to prepare them for professional medical school admissions. This intense course load has been known to create “cut-throat” students (Hackman, Low-Beer, Wugmeister, Wilhelm, & Rosenbaum, 1979) which do anything to attempt to stand out among their peers. This curriculum—which is predominantly focused on sciences such as chemistry, biology, and physics and is full of laboratory requirements—offers little experiential learning opportunities which are not driven by grade achievement.

Over the past century the premedical curriculum has received harsh criticism because of the lack of humanities courses, the type of students it creates, and the disconnect it perpetuates from the traditional undergraduate experience (Thomas, 1979). While volunteer opportunities have started to develop across the country to afford students the opportunity to gain clinical experience during their premedical tenure (Norman, Silverman, & Marschall, 1980), these positions often become highly competitive as students seek to obtain them for the sole purpose of adding them to their resume.

Statement of Purpose

The purpose of this creative project was to develop a voluntary, experiential learning program for premedical students within Shriners Hospitals for Children. The program

was formed to allow premedical students to gain tangible patient experience within a clinical setting to supplement the educational foundation they develop within the premedical curriculum.

Significance of Study

The objective of this creative project was to connect premedical students with professional development opportunities within a philanthropic hospital during their undergraduate coursework. While premedical curricula are created to develop a strong foundation of biological knowledge prior to the student being admitted to a professional medical school, they often focus entirely on the classroom experience without affording students the opportunity to gain clinical experience. By providing premedical students immersive, experiential learning opportunities which relate directly to their classroom experience, the students can obtain a deeper understanding of their subject matter while gaining hands-on experience in their area of interest.

Scope and Limitations

The experiential project was developed to provide premedical students with voluntary experiential opportunities within the philanthropic hospital environment of Shriners Hospitals for Children under the assumption that their undergraduate curriculum did not already provide these opportunities. Given the regional locations of this particular branch of hospitals, this particular opportunity may not be available to all students. However, the location of these hospitals should not impede on the development of similar experiential programs within other accommodating hospital environments.

The voluntary nature of this program could also limit the beneficial impact on participating students. Experiential programs which are poorly structured and executed

have been found to have no significant influence on student learning (Eyler & Giles, 1999; Vogelgesang & Astin, 2000), so through a lack of participation this program could potentially reap less educational benefits for the involved students. Given the grade-focused, competitive students that premedical programs often attract (Hackman et al., 1979), lack of participation could present a significant limitation to the benefits of this program.

Organization of the Paper

This creative project was organized into four chapters. Chapter two reviews the existing literature as it relates to experiential learning, the role of student involvement and service learning, and the Shriners International organization and their Shriners Hospitals for Children. Chapter three examines the methodology used to create the project and how it was applied. Chapter four contains the final project which includes sample timelines and syllabi for under- and upper-division participants, learning outcomes, and a sample newsletter.

CHAPTER TWO

LITERATURE REVIEW

Summary of the Project

As the amount of time needed to complete a professional degree in the medical field has been prolonged over the past century (Conrad, 1986), the amount of stress faced by these pre-professional students has also increased (Coombs, Perell, & Ruckh, 1990). The increase in stress in combination with the competitive pressure already created by these elongated preparatory programs has created cut-throat students which are prone to express severely high competitive levels, lack social skills, and focus entirely on grades (Hackman et al., 1979).

One method to help alleviate these competition levels within the classroom is to incorporate field experiences for students. According to Eyler (2009), professional programs have been known to traditionally include these immersive experiences to build professional skills as well as facilitate the move from theory to practice. In 1987, Resnick identified a significant difference between the ways students learn within the classroom environment and how they will eventually learn within the professional field, so by utilizing experiential field experiences, students are presented with a different learning environment in which they can hone their collaborative learning skills while gaining real-world experience.

At Ball State University, premedical students do not take part in any experiential education opportunities as part of their curriculum (Ball State University, n.d.).

Providing an experiential learning opportunity would not only alleviate the competitiveness created by a completely classroom-based curriculum, but would also provide the professional skills developed through strong experiential education opportunities.

While experiential educational opportunities have been found to successfully increase learning while providing self-worth to a student's education (Kolb, 1984; Seaman, Beightol, Shirilla, & Crawford, 2010), poorly executed and structured experiential plans which do not include service within the curriculum have been shown to have no impact on student learning (Eyler & Giles, 1999; Vogelgesang & Astin, 2000). Therefore, it is imperative to find an institution committed to service which will also provide an atmosphere conducive of reflective learning.

At Shriners' Hospitals for Children, such a service environment exists. According to Shriners International (Shrinershq.org), there are 22 hospitals in three countries which service for free children under the age of 18 with orthopedic problems, cleft lips, burns, and spinal cord injuries. Not only is this service organization committed to the well-being of children in North America, but in the past 20 years more than 8,000 medical students have received residency education within the Shriners health care system. This combination of service and educational experience makes them an optimal center for higher education to develop experiential learning programs for their premedical students.

Role of Experiential Learning

While many theorists have reflected upon aspects of experiential learning (Dewey, 1938; Lewin, 1939; Lewin, 1951), David Kolb's (1984) famous four-part model has increased the emphasis on experiential learning among higher education practitioners. According to Kolb, individuals must not only have experiential moments to learn (either through concrete experiences or abstract conceptualizations), but they also must mold these moments based on their own styles (reflective observation or active experimentation) in order to truly gain knowledge (Kolb, Boyatzis, & Mainemelis 1999).

Kolb (1984) suggested that individuals utilize this four step model in an invariant sequence, meaning that everyone learns by moving through the cycle in the same order. In the beginning, individuals must observe firsthand what is happening in their surroundings. Without any prior information to base their schema, the individual reflects upon this concrete experience. Upon reflecting on their experience, the individual gains the ability to conceptualize this concrete experience as an abstract concept in the future. Therefore, the next time they encounter a similar situation they are able to utilize their new schema and actively test it upon their abstract conceptualization. A graphical representation of Kolb's invariant sequence can be seen in Figure 1.

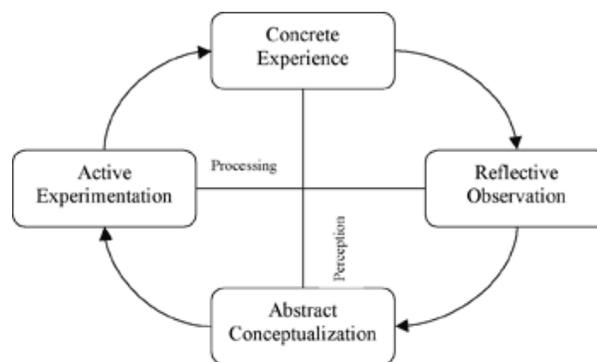


Figure 1. Kolb's four step invariant learning cycle (Duquesne University, 2009)

Within this model are also preferred patterns in which individuals will grasp and mold information. According to Kolb's Learning Style Inventory (1984), there are four specific styles which determine how individuals will choose to learn: diverger, assimilator, converger, and accommodator. As a diverger, individuals prefer learning from concrete experiences. They then use reflective observation to mold their experience (Kolb et al., 1999). Assimilators also prefer reflective observation when absorbing information, however choose to approach learning from an abstract conceptualized view. Convergents predominantly choose to learn from abstract conceptualization as well, however rather than use reflective observation they transform their experience by utilizing active experimentation. The final learning style is the accommodator, which with their hands-on tendencies, prefer experimenting with concrete experiences. Figure 2 is a visual representation of Kolb's preferred learning styles within the invariant learning cycle.

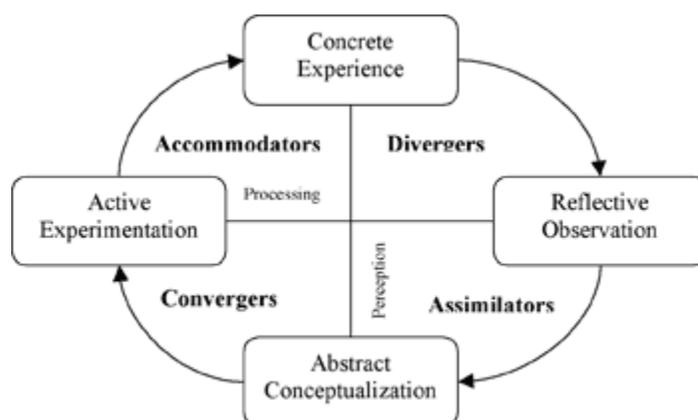


Figure 2. Kolb's invariant learning cycle and learning styles (Duquesne University, 2009)

By utilizing Kolb's model, many practitioners have found successful means of engaging their students learning in the humanities (Alagona & Simon, 2010; Seaman & Gass, 2004), multicultural issues (Seaman et al., 2010), and healthcare (Marchand,

Russell, & Cross, 2009). By combining direct experience with guided reflection in these experiential projects, the practitioners were not only able to help students reach their intellectual goals, but also develop a deeper understanding of their subject matter and increase their ability to think critically.

Role of Student Involvement and Service Learning

Astin (1984) proposed in his Theory of Involvement that students learn more when they actively participate within both the academic and the social aspects of the college experience. He suggested that not only do students need to be actively participating on campuses regularly (both in and out of the classroom) but that the quality of these programs also needs to be well-established. Within this theory, he demonstrated that this engagement particularly benefits those who study on campus among their peers, live within residential communities on campus, and go to school full-time. This has been validated with first year persistence (Berger & Milem, 1999) and students of color (Flowers, 2004). Other activities such as working on campus, living on campus, being a member of clubs, and interacting with faculty members outside of the classroom have been attributed to increased school satisfaction, better grades, and increased retention (Pascarella & Terenzini, 2005). Astin (1993) also discovered that students who volunteers during their undergraduate years were also more likely to continue volunteering after graduation. Yet while all of these factors have shown to increase learning and retention (Tinto, 2007), premedical students continue to carry the “premed stereotype” in which they remain uninvolved and less social (Conrad, 1986).

Shriners International

Founded in 1870 by Freemasons Walter Fleming, M.D., and Billy Florence, Shriners International is a fraternal organization created with fun and fellowship in mind (Shriners International, 2010). While Freemasonry (one of the world's oldest fraternities) is driven by an ancient structure, strict rituals, and has a rich basis in allegory (MacNulty, 2006), Dr. Fleming and Mr. Florence wished to create a subgroup which reflected the jovial atmosphere of their regularly attended restaurant of choice (Van Deventer, 1959).

When looking for resources to develop unique rituals, customs, and costumes to represent the fun nature of their future fraternal organization, Mr. Florence reflected upon his experiences as an actor while on tour. As a guest of an Arabic diplomat in Marseilles, France, Mr. Florence was privy to an elaborate party and comedic presentation which incorporated a large amount of cultural themes from the Middle East (MacNulty, 2006). At the conclusion of this party, all members in attendance became members of a humorous secret society which forever bonded those who were present. Mr. Florence became enthralled with this culture and attended two similar parties in Algiers, Algeria and Cairo, Egypt before returning to the United States. Mr. Florence met with Dr. Fleming upon his return, and the foundation of what would become the Ancient Arabic Order of the Nobles of the Mystic Shrine (Shriners) was formed (Van Deventer, 1959). With the assistance of linguist William Paterson and Arabic scholar Albert Rawson, the symbols, rituals, and Arabic allegory were drafted, and on September 26, 1872 the first meeting of Shriners was conducted in New York City.

While the fraternity started out slow with only 43 members joining in its first four years, another temple (organizational meeting hall) was built in 1875 which slightly

modified the original rituals developed by the fraternity (Shriners International, 2010). After this new temple's opening, it was decided that a governing body needed to be developed which would not only unify all temples under one set of symbols and rituals, but would also publicize and promote the organization. In 1876, the Shrine governing body named The Imperial Grand Council of the Ancient Arabic Order of the Nobles of the Mystic Shrine for the United States of America was formed, and by 1878 it had successfully increased the brotherhood to 425 members in 13 different temples.

Created as an organization merely for fun and fellowship, Shriner philanthropy started off small. By the early 1880's there were nearly 7,500 members, however a majority of them were only involved in the social aspects of the organization (Van Deventer, 1959). In 1888, however, a yellow fever epidemic overcame Jacksonville, Florida, and many area Shriners were said to have worked relentlessly in helping ease the town's suffering. By the next year, similar stories arose, and the Shrine membership increased to nearly 50,000 members. With this new wave members interested in philanthropy, 71 of the 79 temples became involved in some form of service to their community. By 1918, temples had opened up in Canada and Mexico, the first Shriner's Circus to raise money for children had been held, and over \$35,000 had been given to earthquake and war victims. It was at this time that the organization determined a need for a unified philanthropy. Within the next year, Incoming Imperial Potentate (head of the Shriners) Freeland Kendrick started his cross country tour of the United States, gathering support for what would become the Shriners biggest philanthropy to date.

Shriners Hospitals for Children

At the 1920 national convention in Portland, Oregon, Imperial Potentate Freeland Kendrick proposed the establishment of the Shriners Hospital for Crippled Children and its \$2 yearly fee per member to establish the hospital as well as maintain its day-to-day operations (Shriners International, n.d.). The cost and overall responsibility of caring for an entire hospital raised doubts among many financially conservative Shriners, and it appeared that Kendrick's campaigning was all for naught.

The outlook continued to look grim during the convention's debate, until member Adair from Atlanta took the floor (Shriners International, n.d.). Adair reminisced of the day before when he listened to a band member who had been separated from his group play "I'm Forever Blowing Bubbles" below Adair's hotel room window. Adair reflect upon how fitting this song was for their potential philanthropy and how their hospital could allow children to continue being children. He proclaimed that if the organization could continue to spend finances on entertainment and bands, then it was time for them to spend money on humanity. Adair wished to put aside the financial differences, and even proclaimed that "if there is a Shriner in North America who objects to having paid the two dollars after he has seen the first crippled child helped, I will give him a check back for it myself" (Shriners International, n.d. p. 7-8). This was met to a wave of applause and the resolution to create this philanthropy was unanimously approved.

The first hospital completed construction in 1922, and the rules to be admitted as a child were simple: be from a family unable to pay for medical attention, be under 14 years old, and based on the opinion of the medical staff, have an orthopedic condition which could be successfully assisted through the hospitals care (Van Deventer, 1959).

By 1997, the amount of hospitals had expanded to 22 facilities in three different countries and included treatment for burn victims, cleft lips, and spinal cord injuries. To accommodate the increase in treatable conditions within the hospitals, Shriners voted in 1996 to eliminate the term “crippled” from the philanthropy’s title. Through the years, the rules to be admitted would change as well. Children are now eligible to be seen up to 18 years old, and financial need is no longer a stipulation to be treated—all children, regardless of religion, race, or financial situation are accepted as long as the medical professionals within the facility feel that there was a strong possibility that the child could benefit from their services.

Within the past decades, however, economic times have caused difficulty within the philanthropy. Until the 1980’s, a majority of treatments were performed by volunteer orthopedists receiving little or no money for their services (McCollough, 2002). As costs increased within the hospitals and fewer volunteers were available to perform medical care, it was decided that the hospital system may need to be condensed. Originally considering the closure of six hospitals, the governing body decided in 2009 to accept insurance payments for the first time in the philanthropy’s history (Roberts, 2009). Because of the implementation of this change, all 22 hospitals continued to operate, and as of 2001, nearly 850,000 children had received free medical services through Shriners Hospitals for Children (Shriners International, n.d.).

Even through the volatile economic climate, Shriners Hospitals for Children continue to be focused on research and education as well as the treatment of children. Through the utilization of research and grants, Shriners Hospitals for Children have been in the forefront of synthetic skin research (Ehrlich, Jung, Costa, & Rajaratnam, 1988) for

burn victims. This educational environment has also provided the support needed for over 8,000 medical students to receive their residency education over the past 20 years (Shriners Hospitals for Children, n.d.)

Summary

As the literature continues to show the success of experiential education when performed in a well-structured environment which promotes service (Alagona & Simon, 2010; Kolb et al., 1999; Seaman & Gass, 2004) practitioners must look for venues in which to accommodate their students. This is particularly true for premedical majors, which through their emphasis on grade attainment often lack not only social skills but also practical experience (Hackman, et al., 1979).

Shriners Hospitals for Children provides an excellent resource for practitioners to provide experiential learning programs for their premed students. With established research facilities that have lead to innovations in the medical field (Ehrlich et al., 1988) and a history of training over 8,000 medical residents, Shriners Hospitals for Children is able to provide service related to premedical students within well-developed assessment facilities. And with the budgetary cuts impacting each of the hospitals across North America (Roberts, 2009), the hospital's need for volunteers provides a perfect opportunity for higher education to utilize their services while assisting them in the process.

CHAPTER THREE

METHODOLOGY

Statement of Purpose

The purpose of this creative project was to develop a voluntary, experiential learning program for premedical students within Shriners Hospitals for Children. The program was formed to allow premedical students to gain tangible patient experience within a clinical setting to supplement the educational foundation they develop within the premedical curriculum.

Methodology

The first step in the construction of this creative project was to determine if it could be implemented within a nearby hospital. Shriners Hospitals for Children-Cincinnati was contacted by phone, and it was determined that while a project like this had not previously been created within their hospital, they were accustomed to training doctoral students in the past and felt that a program such as this could utilize their resources. Next, a literature review was constructed to examine if this project would be valuable to participating students by examining premedical programs, the impact of experiential learning opportunities and student involvement, and the history of Shriners International and their Shriners Hospitals for children.

Design of Project

This experiential learning project was created to provide premedical undergraduates with the opportunity to develop a theory to practice relationship with their curriculum. By forming this relationship, students will be able to provide worth to their preparatory curriculum while gaining professional work experience. It will also offer participating students mentorship and professional connections within a philanthropic hospital environment.

The project will consist of two opportunities, one designed for underclassmen undergraduate students and another for upperclassmen. These experiences should be facilitated by a student affairs professional that has experience working with undergraduate students in non-graded scenarios. Professionals within student voluntary services and academic advising would be prime candidates to facilitate this immersive experience because of their familiarity to service learning and their connection to the campus curriculum. Academic Affairs professionals are also facilitation candidates, however their position within their department may have detrimental effects on the non-graded emphasis of this program.

Freshmen and sophomore students will participate in an experiential project which consists of 20 hours experience within a hospital environment, shadowing a professional staff member whose medical specialty is similar to the student's career goals. The 20 hours of experience will be equally spread out to four hospital visits throughout the 16 week semester. This allows the students to get a significant amount of shadowing experience yet it is not a heavy enough load to detriment their other academic pursuits.

Over the course of the Spring semester, students will also participate in bi-weekly group discussions at which time all participating members will discuss their current role within the hospital, the medical situations they were involved in, and how it relates to their professional goals and classroom experiences. The Spring semester was specifically chosen for the underclassmen experience as it allows Freshmen students to have had a semester's worth of coursework completed prior to participating. It also allows for ease in scheduling for the undergraduates as they are already on campus for their registered classes and can participate in the hospital experience within the project on weekends if they would prefer. Students will also be required to keep daily reflective journals throughout their experience which will be used as a personal development instrument as well as tool they can utilize during the bi-weekly meetings.

Upperclassmen will participate in a 128 hour project over the course of the summer where the students will be immersed in their previously established roles within the hospital. This immersion project was structured to be significantly larger for upperclassmen so that they can utilize it in a similar manner as an internship. The Summer semester was specifically chosen for the upperclassmen so that they may gain the experience of working a full work day within a hospital which they may not be able to do as easily during the Fall or Spring semesters. Participants will be required to work at least one eight hour workday each week, however will be highly encouraged to work two full eight hour days each week to meet their required 16 hours. By working full-time, participants will gain a much broader view of the hospital experience as well as be afforded the opportunity to work with a wider variety of professionals throughout the work week.

Weekly meetings will be held to provide participants the opportunity to discuss and develop their internships with fellow students. Reflection journals will also be kept daily to provide the upperclassmen the opportunity to examine how their current position relates to their academics and their future career goals.

To assist in the facilitation of both of these experiential learning experiences, the supervisor within the hospital will be provided with a list of learning outcomes expected from these immersive opportunities. A timeline will also be provided which helps the facilitator maintain the progress of these learning outcomes while providing the students a schedule of on-campus discussion periods and journal due dates.

Summary

These experiential opportunities for premedical students within Shriners Hospitals for Children will be a voluntary extension to the educational foundation they are developing within the classroom. By being involved in these practical experiences, premedical students will be better prepared for professional school, have developed professional mentors within the work environment, and contributed to a philanthropic cause.

CHAPTER FOUR
EXPERIENTIAL LEARNING PROGRAM FOR PREMEDICAL STUDENTS IN
COLLABORATION WITH SHRINERS HOSPITALS FOR CHILDREN

Project Summary

This creative project is intended to alleviate the competitive nature of Premedical students by providing two voluntary, developmental opportunities prior to be admitted into a professional medical school. Shriners Hospitals for Children was selected due to their philanthropic nature, experience of working with medical students, and their proximity to Ball State's campus. This project provides readers specific tools to create an experiential educational opportunity on their collegiate campus. By implementing such a program, the campus would provide their premedical students an engaging, non-graded environment where they could practice the theory they are learning in the classroom through real-world applications.

The project contains the following items:

- Under-division Syllabus and Timeline, page 23.
- Upper-division Syllabus and Timeline, page 26.
- Under-division Learning Outcomes, page 29.
- Upper-division Learning Outcomes, page 30.
- Sample Newsletter, page 31.

Under-division Syllabus and Timeline

Shiners Hospital Exploration Course Syllabus Spring 20XX

Bi-weekly meetings: Thursday, 6:00-7:30pm., Location, Rm#

Facilitator

Name, Position

Contact Information

Department: Office, Rm#

Email: name@school.edu

Department Phone Number

Department website: www.school.edu/department

Shiners website: www.shinershospitalsforchildren.org

Office hours (by appointment): Time, Dates available

Purpose

This experience is designed to help you connect the scientific theory you are currently developing within the classroom to the real-world practice within a philanthropic hospital. By working with professionals during your premedical time, you will be able to explore new academic and career options through their mentorship while relating your experiences to your peers.

Materials Needed

Notebook which will serve as your daily journal

Materials requested by your onsite supervisor

Student Disability Services Statement

If you need course adaptations or accommodations because of a disability, please contact me as soon as possible. Ball State's Disabled Student Development office coordinates services for students with disabilities; documentation of a disability needs to be on file in that office before any accommodations can be provided. Disabled Student Development can be contacted at 765-285-5293 or dsd@bsu.edu.

Class Participation

This course is about you and your personal growth. Your attendance is required not only for your own personal development but also for the benefit of your peers. By signing up for this non-graded course, you are expected to be responsible for your own attendance. Those failing to attend the expected bi-weekly discussions and onsite learning experiences will be removed from this project.

Policies

1. Maintain your daily journal. Failing to do so will make the bi-weekly discussion periods less beneficial for you and your peers. In order for you to get the most out of this project, you must be willing to record your daily journal as well as attend our bi-weekly discussion sessions.
2. You must be proactive when it comes to working with your onsite supervisor. Your supervisor is a professional outside of the academic realm and may not be as focused on your learning as your traditional professor.
3. While onsite and within our discussion periods you must maintain a professional presence. This means both business casual and professional dress will be required. Prior to attending your position within the hospital, you will be required to speak with your onsite supervisor about the appropriate attire for your field.
4. Attendance and participation is not only expected but required. If you are unable to attend a course or onsite experience you must contact the instructor/supervisor in advance when possible. Because of the short amount of time this experience lasts, you may not be able to make up your missed days in the future.

Assignments**Reflection Journal**

As part of your learning experience during this project, you will be required to maintain a daily reflection journal. Reflection leads to a better understanding of the topic material, so these journals will be utilized to combine what you are learning in the classroom, your community, as well as within the hospital.

Each day, please reflect on your experience. If you had class that day, reflect upon the course material and if anything surprised or confused you. If something particularly relevant happened within the field of medicine that evening, base your journal on its potential impact on you as a future professional. Entries need to be self-reflective and honest. Feel free to utilize this open-ended opportunity to share emotions and sincere introspection. These journals are not, however, just your opportunity to provide casual, frivolous material.

Journals will be confidential and submitted anonymously when the course ends. However you are encouraged to share within your comfort level during our bi-weekly discussions.

Hospital Experience

Throughout the 16 weeks of the Spring semester, 20 hours of hospital experience will be required. This averages out to five hours per month. Dates and times will be established with the on-site supervisor during our weekend visit during the first week of the semester.

Your duties will vary based on your preferred field of interest as well as the availability of experiences within the hospital.

Semester Timeframe

Week	Assignments
Week 1 Date-Date, 20XX	Meet Shriners Hospital staff (constitutes 5 hours experience) Pick assignments Meet onsite supervisor Keep daily journal
Week 2 Date-Date, 20XX	Bi-weekly meeting Keep daily journal
Week 3 Date-Date, 20XX	Keep daily journal
Week 4 Date-Date, 20XX	Bi-weekly meeting Keep daily journal
Week 5 Date-Date, 20XX	Keep daily journal
Week 6 Date-Date, 20XX	Bi-weekly meeting Keep daily journal Complete ~five hours hospital experience
Week 7 Date-Date, 20XX	Keep daily journal
Week 8 Date-Date, 20XX	Bi-weekly meeting Keep daily journal
Week 9 Date-Date, 20XX	Keep daily journal
Week 10 Date-Date, 20XX	Bi-weekly meeting Keep daily journal
Week 11 Date-Date, 20XX	Keep daily journal Complete ~five hours hospital experience
Week 12 Date-Date, 20XX	Bi-weekly meeting Keep daily journal
Week 13 Date-Date, 20XX	Keep daily journal
Week 14 Date-Date, 20XX	Bi-weekly meeting Keep daily journal
Week 15 Date-Date, 20XX	Keep daily journal
Week 16 Date-Date, 20XX	Final bi-weekly meeting Keep daily journal and turn it in Complete ~five hours hospital experience

Upper-division Syllabus and Timeframe

Shiners Hospital Immersion Course Syllabus Summer 20XX

Weekly meetings: Thursday, 6:00-7:30pm., Location, Rm#

Facilitator

Name, Position

Contact Information

Department: Office, Rm#

Email: name@school.edu

Department Phone Number

Department website: www.school.edu/department

Shiners website: www.shinershospitalsforchildren.org

Office hours (by appointment): Time, Dates available

Purpose

This experience is designed to help you immerse yourself in the scientific theory you have developed within the classroom to the real-world practice within a philanthropic hospital. By working with professionals during your premedical time, you will be able to explore new academic and career options through their mentorship while relating your experiences to your peers.

Materials Needed

Notebook which will serve as your daily journal

Materials requested by your onsite supervisor

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Class Participation

This course is about you and your personal growth. Your attendance is required not only for your own personal development but also for the benefit of your peers. By signing up for this non-graded course, you are expected to be responsible for your own attendance. Those failing to attend the expected bi-weekly discussions and onsite learning experiences will be removed from this project.

Policies

1. Maintain your daily journal. Failing to do so will make the weekly discussion periods less beneficial for you and your peers. In order for you to get the most out of this project, you must be willing to record your daily journal as well as attend our bi-weekly discussion sessions.
2. You must be proactive when it comes to working with your onsite supervisor. Your supervisor is a professional outside of the academic realm and may not be as focused on learning as your traditional professor.
3. While onsite and within our discussion periods you must maintain a professional presence. This means both business casual and professional dress will be required. Prior to attending your position within the hospital, you will be required to speak with your onsite supervisor about the appropriate attire for your field.
4. Attendance and participation is not only expected but required. If you are unable to attend a course or onsite experience you must contact the instructor/supervisor in advance when possible. Because of the short amount of time this experience lasts, you may not be able to make up your missed days in the future.

Assignments**Reflection Journal**

As part of your learning experience during this project, you will be required to maintain a daily reflection journal. Reflection leads to a better understanding of the topic material, so these journals will be utilized to combine what you are learning in the classroom, your community, as well as within the hospital.

Each day, please reflect on your experience. If you had class that day, reflect upon the course material and if anything surprised or confused you. If something particularly relevant happened within the field of medicine that evening, base your journal on its potential impact on you as a future professional. Entries need to be self-reflective and honest. Feel free to utilize this open-ended opportunity to share emotions and sincere introspection. These journals are not, however, just your opportunity to provide casual, frivolous material. Journals will be confidential and submitted anonymously when the course ends. However you are encouraged to share within your comfort level during our weekly discussions.

Hospital Experience

Throughout the 8 weeks of the Summer semester, 128 hours of experience will be required. This averages out to 16 hours per week. Dates and times will be established with the on-site supervisor during our weekend visit during the first week of the semester, however you are required to work at least one full eight hour shift each week to gain the full-time hospital experience. Your duties will vary based on your preferred field of interest as well as the availability of experiences within the hospital.

Semester Timeframe

Week	Assignments
Week 1 Date-Date, 20XX	Weekly meeting Meet Shriners Hospital staff (constitutes eight hours) Meet onsite supervisor Complete additional eight hours hospital experience Keep daily journal
Week 2 Date-Date, 20XX	Weekly meeting Keep daily journal Complete ~16 hours hospital experience
Week 3 Date-Date, 20XX	Weekly meeting Keep daily journal Complete ~16 hours hospital experience
Week 4 Date-Date, 20XX	Weekly meeting Keep daily journal Complete ~16 hours hospital experience
Week 5 Date-Date, 20XX	Weekly meeting Keep daily journal Complete ~16 hours hospital experience
Week 6 Date-Date, 20XX	Weekly meeting Keep daily journal Complete ~16 hours hospital experience
Week 7 Date-Date, 20XX	Weekly meeting Keep daily journal Complete ~16 hours hospital experience
Week 8 Date-Date, 20XX	Weekly meeting Keep daily journal and turn it in. Complete ~16 hours hospital experience

Under-division Learning Outcomes

Proposed Experience: Under-division premedical students

16 Weeks—20 Hours

January, xx – May, xx

Supervised by (name), (position)

Primary Responsibilities

5 hours – Acclimating self to the hospital environment

- Meet professionals throughout the hospital
- Study the philanthropic nature of the hospital
- Meet supervisor and establish semester goals

10 hours – Shadowing professional in relevant medical sector

- Relate classroom knowledge to practical applications with professional supervisor
- Develop relationship with patients and colleagues
- Examine the interconnectivity of the many areas of a hospital
- Record non-identifiable details to reflection journal for classroom discussion

5 hours – Conclude experience/Prepare upper-division experience

- Discuss probability of returning at a future date with onsite supervisor
- Prepare intended learning outcomes with supervisor to utilize during traditional courses
- Set date to return to the experiential program

The student will also complete a daily journal reflecting upon the experiences they have within the classroom and while at the hospital. This information can be shared with the site supervisor if the student chooses.

These journals will also be utilized during our bi-weekly classroom discussions. The student will meet with fellow students within the program, discuss their particular positions within the hospital, and how it has impacted their learning. This can be another outlet for the onsite supervisor to provide educational opportunities if they wish.

Upper-division Learning Outcomes

Proposed Immersion: Upper-division premedical students

8 Weeks—128 Hours

May, xx – July, xx

Supervised by (name), (position)

Primary Responsibilities

8 hours – Re-familiarizing self to the hospital environment

- Reunite with professionals throughout the hospital
- Meet supervisor and establish semester goals
- Relate philanthropic nature of the hospital to the Hippocratic oath

100 hours – Shadowing professional in relevant medical sector

- Relate undergraduate experience to practical applications with professional staff
- Develop relationship with patients and colleagues
- Examine the interconnectivity of the many areas of a hospital
- Record non-identifiable details to reflection journal for classroom discussion
- Work at least one eight-hour shift each week to gain the full-time work experience

10 hours – Work with a professional from a different hospital

- Either through electronic media or travel, collaborate with a professional at another hospital
- Examine common practices and compare/contrast them to Shriners Hospitals for Children
- Discuss similarities and differences to onsite supervisor

10 hours – Conclude experience

- Discuss supervisors professional school experience
- Prepare developmental opportunities for professional school obtainment with supervisor
- Discuss professional opportunities throughout the medical field

The student will also complete a daily journal reflecting upon the experiences they have within the classroom and while at the hospital. This information can be shared with the site supervisor if the student chooses. These journals will also be utilized during our weekly classroom discussions. The student will meet with fellow students within the program, discuss their particular positions within the hospital, and how it has impacted their learning. This can be another outlet for the onsite supervisor to provide educational opportunities if they wish.

Sample Newsletter

August, 20XX
Volume 1, Issue 1

The Pre-Med Spot

Upcoming meetings

- August, xx.
- September, xx.
- September, xx.

Welcome to the premedical exploratory program here at Ball State. Our trip to Shriners Hospitals for Children in Cincinnati will be this Saturday.

To prepare for this experience, please start to reflect upon your long-term career goals. Where do you see yourself once you complete medschool? What type of supervisor do you hope to have? What kind of patients do you hope to assist? Think about this and many of your other long-term goals so that you will give yourself a better

opportunity to work along professionals with interests similar to yours.

This week also starts our daily journals. Please utilize this time each day to reflect upon your medical interests for that day. For more information do not forget to refer to your syllabus for journal entry ideas.

This week also begins our bi-weekly classroom discussions. While we will not have had any hospital time this Thursday, we will be utilizing this period to

discuss our current reflection journals as well as intended outcomes for this semester!

See you Thursday!

Inside This Issue:

- Intro
- Meetings
- Shriners
- Spotlights
- For Next Week

Shriners History

Starting this Saturday, we will be working within Shriners Hospitals for Children in Cincinnati, Ohio.

The reason behind working with this hospital is not only their strong record for working with medical students, but also their philanthropic history.

Established in 1922, Shriners Hospitals for Children currently provide medical care to children 18 years and younger suffering from burns, cleft lips, orthopedic conditions, and spinal cord industries. With 22 hospitals in North America (including Canada and Mexico) children from all walks of life, regardless of financial income, are able to

receive free medical care. This equates to over 850,000 children as of 2001.

The hospital is also known for its impact on medical research. Significant breakthroughs in the development of synthetic skin have come from the specialty burn units within Shriners Hospitals for Children across the country. The hospitals also provide excellent opportunities to train paraprofessionals within the field. For example, at the Cincinnati hospital, they have a strong connection to the University of Cincinnati medical school. Across the country, over 8,000 medical students have met

their residency requirements within the Shriners Hospitals system over the past 20 years.

What's in Store for Next Week?



Next week will be your first week knowing how the rest of your semester will be structured.

After meeting with your new onsite supervisor you will want to think about what you hope to gain from this experience for the rest of the semester.

Utilize your reflection journals to help this process. Educational opportunities are all around us, yet without proper reflection it can go developmentally unnoticed. By writing down your educational experiences you not

only will increase your learning, but you will have more material to discuss with your peers each week that we meet.

Since we will not be meeting next week, also start to think about how you would want these classroom discussions to go. Do you want to talk about your positions within the hospital? Do you want to relate them to current issues within the field? Do you want to utilize this time to meet your classmates? All of the above are possibilities within our

experiential format.

Spotlight #1

Each week we will do two spotlights which recognize you and your fellow classmates. You will receive an email from me when it is your time to shine, and you will be able to share with your class where you are from, career interests, area you work within the hospital, and many other fun facts.

These spotlights are intended to help us get to know each other during the year. You will not be asked to answer any questions which make you feel

uncomfortable, and if you do not wish to answer any of the questions within the email you do not have to. This is merely a means to help us remain connected. As the medical field becomes larger over the years, so does the network of our peers. Making friends now with your future professional colleagues increases the size of your future professional network. It also acts as a great resource for you to find partners in your current academic assignments.

During weeks where we do not have two spotlights, I will include brief snapshots of the upper-division course and what their experiences are like.



Spotlight #2

Name – Charles Cherry

Department – Student Affairs

Title –Graduate Student

Home State - Iowa

Undergrad – WIU

For an example of a spotlight I thought I would let you gain a little insight into my world. I am a first year practitioner in student affairs here at Ball State and am very excited to take part in this project with you. I cannot wait to see what type of development

will come from these exciting and diverse projects within such a great hospital. As a Shriner, I know you will gain a lot from the exciting professionals within these hospitals.

REFERENCES

- Alagona, P., & Simon, G. (2010). The role of field study in humanistic and interdisciplinary environmental education. *Journal of Experiential Education*, 32, 191-206. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ878824&site=ehost-live>
- Astin, A. (1984). Student involvement: A developmental theory for higher education. *Journal of College Student Personnel*, 25, 297-308. Retrieved from <http://www.middlesex.mass.edu/tutoringservices/downloads/astininv.pdf>
- Astin, A. (1993). *What matters in college?* New York: Jossey-Bass.
- Ball State University. (n.d.) *Requirements and sample schedules*. Retrieved from <http://cms.bsu.edu/Academics/CollegesandDepartments/Biology/Academics/ProgramsofStudy/Bachelor/PreHealth/PreMed/Rqrmnts.aspx>
- Berger, J., & Milem, J. (1999). The role of student involvement and perceptions of integration in a casual model of student persistence. *Research in Higher Education*, 40, 641-664. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=2621125&site=ehost-live>
- Coombs, R., Perell, K., & Ruckh, J. (1990). Primary prevention of emotional impairment among medical trainees. *Academic Medicine*, 65, 576-81. Retrieved from http://journals.lww.com/academicmedicine/Abstract/1990/09000/Primary_prevention_of_emotional_impairment_among.7.aspx
- Conrad, P. (1986). The myth of cut-throats among premedical students: On the role of stereotypes in justifying failure and success. *Journal of Health & Social Behavior*, 27, 150-160. Retrieved from <http://www.jstor.org/stable/2136313>

- Dewey, J. (1938). *Experience and education*. New York: Macmillan
- Duquesne University. (2009). *Understanding your students*. Retrieved from <http://www.duq.edu/cte/teaching/understanding-students.cfm>
- Ehrlich, H., Jung, W., Costa, D., & Rajaratnam, J. (1988). Effects of heparin on vascularization of artificial skin grafts in rats. *Experimental and Molecular Pathology*, 48, 244-251 doi:10.1016/0014-4800(88)90061-5
- Eyler, J., & Giles Jr., D. (1999). *Where's the learning in service-learning?* San Francisco, CA: Jossey-Bass.
- Eyler, J. (2009). The power of experiential education. *Liberal Education*, 95(4), 24-31. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=48666338&site=ehost-live>
- Flowers, L. (2004). Examining the effects of student involvement on African American college student development. *Journal of College Student Development*, 45, 633-654. doi:10.1353/csd.2004.0067
- Hackman, J., Low-Beer, J., Wugmeister, S., Wilhelm, R., & Rosenbaum, J. (1979). The premed stereotype. *Journal of Medical Education*, 54, 308-313. Retrieved from http://journals.lww.com/academicmedicine/Abstract/1979/04000/The_premed_stereotype.5.aspx
- Kolb, A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice-Hall.
- Kolb, A., Boyatzis, R., & Mainemelis, C. (1999). Experiential learning theory: Previous research and new directions. In R. J. Sternberg, & L. F. Zhang (Eds.),

Perspectives on cognitive, learning, and thinking styles, (pp. 193-210). Mahwah, NJ: Lawrence Erlbaum, 2000.

Lewin, K. (1939). Field theory and experiment in social psychology: Concepts and methods. *The American Journal of Sociology*, 40, 868-896. Retrieved from <http://www.jstor.org/stable/2769418?seq=11>

Lewin, K. (1951). *Field theory in social science: Selected theoretical papers*. New York: Harper.

MacNulty, K. (2006). *Freemasonry: Symbols, secrets, significance*. New York: Thames & Hudson.

Marchand, G., Russell, K., & Cross, R. (2009). An empirical examination of outdoor behavioral healthcare field instructor job-related stress and retention. *Journal of Experiential Education*, 31, 359-375. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ853337&site=ehost-live>

McCullough, N. (2002) Volunteerism and Shriners hospitals for children. In C. Brighton (Ed.), *Clinical orthopedics and related research*, (pp. 76-79). Philadelphia, PA: Lippincott Williams & Wilkins, Inc.

Norman, M., Silverman, W., & Marschall, M. (1980). A hospital-based program for premedical students. *American Biology Teacher*, 42, 157-159, 174. Retrieved from <http://www.jstor.org/stable/446859>

Pascarella, E., & Terenzini, P. (2005). *How college affects students: A third decade of research*. San Francisco, CA: Jossey-Bass.

- Resnick, L. (1987). The 1987 presidential address: Learning in school and out. *Educational Researcher* 16(9) 13–20. Retrieved from <http://www.jstor.org/stable/1175725>
- Roberts, M. (2009) *Shriners to consider downgrade of some hospitals*. Retrieved from http://seattletimes.nwsourc.com/html/localnews/2009442051_apusshriners_hospitals3rdldwritethru.html
- Seaman, J., Beightol, J., Shirilla, P., & Crawford, B. (2010). Contact theory as a framework for experiential activities as diversity education: An exploratory study. *Journal of Experiential Education*, 32, 207-225. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ878825&site=ehost-live>
- Seaman, J., & Gass, M. (2004). Service-learning and outdoor education: Promising reform movements or future relics? *Journal of Experiential Education*, 27, 67-86. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ739385&site=ehost-live>
- Shriners Hospitals for Children. (n.d.). *About us*. Retrieved from <http://www.shrinershq.org/Hospitals/Main/About>
- Shriners International. (n.d.) *A short history: Shriners hospitals for children & Shriners of North America*. Retrieved from http://www.shrinershq.org/en/sitecore/content/ShrinersHQ/HomeLinks/~/_media/ShrinersHQ/documents/SONA_Short_History_Booklet.pdf
- Shriners International. (2010). *History of the Shriners*. Retrieved from <http://www.beashrinernow.com/en/About/Shriners/History.aspx>

- Thomas, L. (1979). *The medusa and the snail: More notes of a biology watcher*. New York: Viking Press.
- Tinto, V. (2007). Research and practice of student retention: What next? *Journal of College Student Retention: Research, Theory & Practice*, 8, 1-19. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ738877&site=ehost-live>
- Van Deventer, F. (1959) *Parade to glory; The story of the Shiners and their hospitals for crippled children*. New York: William Morrow and Co.
- Vogelgesang, L., & Astin, A. (2000). Comparing the effects of community service and service-learning. *Michigan Journal of Community Service Learning*, 7, 25-34. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ629664&site=ehost-live>