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médecine en milieu communautaire**

Abirami Kirubarajan

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Re: Building relationships: reimagining the community placement for medical students

Ré : Tisser des liens : réimaginer les stages des étudiants en médecine en milieu communautaire

Abirami Kirubakaran¹

¹Faculty of Medicine, University of Toronto, Ontario, Canada

Correspondence to: Abirami Kirubakaran MSc. 1 King's College Circle, Toronto, M5S 1A8; email: abi.kirubakaran@mail.utoronto.ca

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Bellicoso et al.¹ in issue 12.1 of the CMEJ provided an excellent description of the Community-Based Service Learning (CBSL) program within the University of Toronto Faculty of Medicine's *Health in Community* curriculum. As described in their article, the program matches medical students with community partners to understand community needs and learn from the lived experience of others.

As a graduating medical student from the CBSL program, I wished to amplify what the authors have described. The CBSL program is an incredible opportunity to work with community partners and co-create learning objectives for advocacy. For example, during my placement, I was inspired to work alongside another medical student and larger team in order to found a Pen pal Initiative that matches medical students with community members who have experienced homelessness and mental illness.¹ This was intended to address the underrepresentation of certain patient experiences within the existing pre-clerkship curriculum.² Through longitudinal communication and partnerships with community members, the Pen pal Initiative aimed to foster empathy as well as humility regarding housing inequity. The initiative was met with unanimous support from those involved. This was only possible being in an environment where we were able to learn directly from those with diverse lived experiences. In turn, this experience encouraged students to engage in genuine reflection and identify community needs.

This is why the CBSL program is so important. While there are numerous initiatives aimed at fostering empathy and humanism across medical specialties, there is a tendency for initiatives to focus on the communication or mere performance of empathy.³⁻⁵ For example, educational initiatives may encourage students to sit down while speaking, nod appropriately, and use validating statements when with patients.⁵ While this communication of empathy is undeniably important, there is a difference between *appearing* more empathetic and communicating the empathy one feels. Patient experiences and thoughtful analysis are the building blocks of genuine empathetic care.⁶ As such, I truly appreciated how the CBSL program allowed medical students to directly learn from community partners, and reflect on their lived experiences. While I still have much to learn (after all, a weekly service placement can only do so much), the placement allowed me to gain an appreciation for what I did not know and more importantly, gain humility regarding my role as a future physician.

Of course, Bellicoso et al.¹ point out the natural limitations and challenges of the CBSL program. However, it is my hope that the CBSL program continues to develop and shape itself, as it is a truly unique and impactful opportunity for medical students.

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