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Delving into Service Learning: A Case Study of Fairfield University's New Medical Spanish Course

Introduction:

Within the United States' healthcare system, Limited English Proficient [LEP] patients often face significant barriers to communication, reducing the quality of care provided due to miscommunication, limited access to face-to-face interpreters, fewer patient-teaching opportunities, and cultural incongruencies. "The term Limited English Proficient (LEP) refers to any person age five and older who reported speaking English less than 'very well' as classified by the U.S. Census Bureau" (Batalova & Zong, 2016). As of 2016, more than 25.9 million people identify themselves as LEP (9% of the overall United States population), with 64% of the LEP population identifying Spanish as their predominant language (Batalova & Zong, 2016).

One way to address this communication barrier is through increasing the amount of bilingual and bicultural healthcare professionals. Ideally, these healthcare professionals would translate medical terminology, have an awareness of colloquial language, and be culturally-competent and culturally-sensitive to their patients. Given that 64% of the United States' LEP population identifies Spanish as their predominant language.

Spanish language training for medical professionals can begin to address the gap in patient communication. Various higher education institutions have recognized this need, and in recent years have created Spanish course offerings tailored to students entering the healthcare field. Ideally, such courses would facilitate cultural competencies while providing opportunities for students to practice interpersonal communication. However, recent research highlights the challenges associated with such courses, including a lack of appropriate textbooks designed for intermediate and advanced language courses tailored to the medical field, limited opportunities for students to apply the medical terminology learned, as well as difficulties in creating spaces to practice oral skills through authentic conversations with native speakers in the healthcare setting (Hardin, 2012).

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In this case study, we explore a recently designed medical Spanish course tailored to undergraduate university students planning on entering or interested in the healthcare field following graduation. The structure of this course attempts to minimize the aforementioned challenges confronted by such language courses. This course, titled “Career-Oriented Spanish for Nursing and Health Studies,” designed and taught by Dr. Michelle Leigh Farrell, is currently offered in the fall semester at Fairfield University, a Jesuit University in Connecticut. Throughout this case study, we explore the course methodology, in particular the service-learning component of the course and how it addresses some of the course goals, and as recent graduates of the course, we share our opinions on the benefits and challenges of providing such a course through personal testimonies.

Context

Due to an increase in the United States’ Spanish-speaking population, there is more need for Spanish-speaking medical professionals. Miscommunication between medical professionals and patients can result in delays in healthcare, missed or avoidance of appointments, and medical errors that can be life-threatening (Hardin, 2012). Adequate communication between a medical professional and a Spanish-speaking patient requires translation of medical terminology, awareness of the person’s cultural background and colloquial terminology, and trust between the patient and healthcare provider. One way to enhance such communication is through education.

A limited number of private and public universities across the country offer Spanish courses aimed for students entering the medical field. A selection of the colleges and universities near Fairfield University in Connecticut, such as Sacred Heart University, Eastern Connecticut State University, and Housatonic Community College, offer a form of a medical Spanish course designed to foster communication between Spanish-speaking communities and non-Spanish-speaking medical professionals. Often, these courses take place in the classroom setting, far from the communities the class aims to understand. This poses a unique challenge to such courses.

Another obstacle that medical Spanish courses encounter is providing a learning environment that addresses the communication skills required of the students. As Karol Hardin explains in her article, “Targeting Oral and Cultural Proficiency for Medical Personnel: An Examination of Current Medical Spanish Textbooks,” many of the higher education institutions offer medical Spanish courses at the basic level with few or no prerequisite Spanish courses. Such courses may not necessarily provide students with sufficient skills to listen to Spanish-speaking individuals. As a result, students do not fully develop the communicative competence necessary to listen to and comprehend unscripted speech.

To address the need for more advanced skills to facilitate the communication process, higher education institutions can offer a medical Spanish course at an advanced level when the student has already mastered basic and intermediate Spanish speaking and listening skills. However, such courses face a unique challenge: a limited offering of advanced Spanish language textbooks with a medical focus; currently, there are significantly more medical Spanish textbooks for beginner students (Hardin, 2012). This textbook selection encourages universities to consider offering introductory courses instead. In a 2012 analysis of medical Spanish textbook offerings, Hardin finds that these texts do not focus on the skills required of healthcare professionals, namely speaking and listening. Instead, the books resemble non-medical Spanish textbooks' focus on reading and writing. Oftentimes the textbook resources at the beginning level lack communicative activities and cultural information, which are essential for a successful patient-provider relationship (Hardin, 2012). Additionally, many of the textbooks that Hardin reviews for medical Spanish, among the most commonly used, were first published in the early 1990s to early 2000s and are thus outdated. Another prevailing challenge Hardin cites is that English explanations and activities are common in such texts. These activities have extensive grammar and vocabulary that can be found online or in traditional English-Spanish dictionaries and reference books.

In Hardin's analysis of medical Spanish textbooks, she concludes with the importance of focusing on hands-on experiences and extensive communicative activities, which allow students to practice the oral skills necessary in the healthcare field. Ideally, these courses would focus more on speaking and listening, and less on the traditionally-valued classroom skills of reading and writing. Given the priority of speaking and listening over reading and writing, a Spanish-speaking community component would complement the skills needed for a medical Spanish course fostering authentic conversations, and provide an opportunity for students to learn directly from the communities themselves. In the medical Spanish curriculum, a community experience can be built in through service-learning. Service learning is defined as an experience in which "students engage in community service activities with intentional academic and learning goals and opportunities for reflection that connect to their academic disciplines" (Cress, Collier, & Reitenaur, 2005). Barbara Jacoby (2015) emphasizes, "Service-learning partnerships are complex, fluid, dynamic, and fragile... Yet the only way to maximize the potential of service-learning for students and communities is to create and sustain reciprocal partnerships" (51). Through service-learning, students have the opportunity to interact with the community and better understand its cultures and strengths, while contributing to projects that the community identifies as a need. Students work alongside the community and reflect on larger questions of social injustice and institutional inequalities.

Working with the community on a community-identified project is mutually beneficial for both students and community partners. This relationship also speaks to the American Council on the Teaching of Foreign Languages' [ACTFL] World-Readiness Standards for applying language learning beyond the classroom setting (National Standards, 2015). The ACTFL five standards include the following goals: communication, cultures, connections, comparisons, and communities (National Standards). The "communities" goal focuses on making meaningful connections with communities who use the target language, a standard that is most difficult to fulfill in a classroom setting. However, a classroom that includes a service-learning component can facilitate meaningful contact with communities based on service-learning pedagogy.

Service-learning pedagogy is rooted in the mutual process of learning from, listening to, and responding to the needs of communities. Through planned experiences and reflection, service-learning strives to instill in students the idea of civic responsibility. In addition, "When applied to the teaching of language and culture, [service-learning] has the potential to reach far beyond the acquisition of academic subjects. It has the power to reshape attitudes...thus alleviating some of the significant cultural and linguistic barriers that prevail in our society today" (Hale, 2005). Through service-learning, students have the potential to develop communicative competencies and cultural sensitivities, by listening to and speaking with others. Service-learning can also help students apply learned theories and concepts to situations experienced outside the classroom setting. It is worth noting that such communicative competence is what countless Spanish courses at colleges and universities, as well as medical Spanish textbooks, have been shown to lack. Service-learning can help fulfill this missing component, and assist students in developing authentic conversations in Spanish.

Recent service-learning research includes discourse on two types of service-learning approaches: 1) traditional service-learning and 2) critical service-learning. According to Mitchell (2008), in traditional service-learning students are taught to focus on the particular service-learning event or experience that they participate in. Once the event is completed, it is not processed as part of the classroom material. The societal challenges encountered in the community setting are not discussed or reflected upon afterwards in the classroom setting. As a result, traditional service-learning runs the risk of perpetuating social inequalities since it does not advocate for change. Critical service-learning, on the contrary, provides students with the opportunity to look beyond the finite time they spend in the community, and to recognize structural inequalities that serve as obstacles to change. Additionally, students are taught to inquire about and discuss the policies as well as political and economic forces that create and maintain such problems and the community's needs (Mitchell, 2008). This alters the student's frame of thought, as they learn to

see the community as a partner to learn from and listen to, rather than one in which they need to go in and “save” or “fix.” Therefore, it is highly encouraged that professors incorporate the ideas of critical service-learning into their classrooms.

Study Site

To explore how service-learning can make visible some of the social injustices and obstacles in communication in the healthcare field, while also addressing the needed hands-on approach for medical Spanish language teaching, in this section we analyze our experience through a case study.

Fairfield University is located in the town of Fairfield, Connecticut. According to the United States Census of 2010, the population of Fairfield was 59,404. 91.6% of the population identified itself as white, while 5.0% of the population identified itself as Hispanic or Latino (U.S. Census, Quick Facts, 2010). In addition, 5.4% of Fairfield’s population did not have health insurance (U.S. Census, Quick Facts, 2010). Fairfield borders the city of Bridgeport whose 2010 population was estimated at 144,236. Of Bridgeport’s population, 39.6% identified as itself white, while 38.2% identified itself as Hispanic or Latino (U.S. Census, Quick Facts, 2010). 21.3% of Bridgeport’s population did not have health insurance; this is nearly four times that of Fairfield’s uninsured population (U.S. Census, Quick Facts, 2010). Despite the proximity of Fairfield and Bridgeport, there exists a wide economic gap between them. In the past year, the median household income in Fairfield was over \$120,000, while in the neighboring city of Bridgeport the median was less than \$40,000, making it the lowest median income of Fairfield County, which includes Bridgeport and Fairfield among twenty-one other towns (Town Charts U.S., 2016). This difference of health insurance access, as well as salary gap, exemplifies the social inequalities present in the Fairfield County. As a result, there exists the opportunity to develop projects defined by the community that benefit both community partners and students, using a critical service-learning approach.

The Society of Jesus founded Fairfield University in 1942. Fairfield University, one of twenty-eight United States Jesuit colleges and universities, is a co-educational higher education institution comprised of over 5,000 undergraduate and graduate students (“Mission, Values & History,” 2016). The university is committed to promoting broad intellectual inquiry, lifelong learning, social justice and global citizenship. Service-learning is a key aspect of a Fairfield University education, with over forty service-learning courses offered each year. Fairfield University’s focus on service-learning has led to its recognition by The U.S. News & World Report’s 2017 Best Colleges rankings, as having created an exemplary service-learning program (“Fairfield Service Learning,” 2016). Service-learning is highly valued and respected at Fairfield University since it is aligned with the mission of a Jesuit education. Through service-learning,

students learn to utilize education for social responsibility (Mitchell, 2008). Such partnerships allow students to gather a deeper understanding of the root causes of injustice. Once such root causes are identified, students are able to act as agents of social change by applying their knowledge and becoming active in civic engagement.

Methodology

The fall semester of 2016 was the second time that the course SP 231N “Career-Oriented Spanish for Nursing and Health Studies” was offered at Fairfield University. Dr. Michelle Leigh Farrell, assistant professor of Spanish and Portuguese at Fairfield University, created and taught the course. In 2016, the course was taught with a mandatory twenty-hour service-learning component. The course met on Mondays and Thursdays, from 12:30-1:45 pm in the classroom, and students completed service hours outside of the classroom. As a prerequisite, students taking the course were expected to have completed two basic and two intermediate Spanish courses. The course did not require a nursing course as a prerequisite; it was open to the entire student body. The course aimed to provide opportunities to strengthen Spanish speaking, listening and writing skills. Students discussed topics such as access to healthcare services, social injustices, how to properly serve as and use an interpreter, and language opportunities and challenges present in a healthcare setting. The course was comprised of the following components: participation, homework, weekly written assignments with a writing prompt, written reflections of each service-learning event, partner presentations on a community organization, individual presentations on service-learning experiences, a midterm exam, and a final exam.

The service-learning goals of the course included the following: engaging students in larger social justice questions, such as the role society plays in regards to one’s health, access to healthcare, and privilege; encouraging students to utilize the Spanish language to learn from and contribute to the lives of others; creating a learning experience that fosters empathy, compassion, reflection, and consciousness of how the system excludes many. Thus, the service-learning component of this course provided opportunities that many advanced language courses currently lack: the opportunity to apply medical terminology through authentic conversations in various community healthcare settings. This course additionally embodied the components of a critical service-learning rather than traditional service-learning approach (Mitchell, 2008). Throughout the semester, students worked with three designated community partners: St. Vincent’s Hospital, Hope Dispensary, and various local food pantries. Such partnerships allowed students to connect course material to authentic experiences, as they attempted to contribute to community-defined needs.

The first community partner event that the students participated in was through St. Vincent’s

Hospital Medical Mission at Home health fair, which St. Vincent's Hospital held for the second year in a row. This was a six-hour event designed to deliver free healthcare and social and support services to community members living in Bridgeport, Connecticut (Saint Vincent's Medical Center, 2016). Doctors and nurses from St. Vincent's Hospital, volunteers, and students all volunteered at this event. Services offered that day were free to community members and did not require health insurance. Such services included the following: medical examinations, vaccinations, prescription counseling, podiatry services, behavioral health services, connections to local providers, and health insurance counseling. Students from the course participated at the event serving as either interpreters or patient navigators. As a patient navigator, a student worked one-on-one with a community member to ensure that desired services were obtained.

After all students participated in the six-hour health fair, students split their remaining course service hours among the two community partners: The Hope Dispensary and the food pantry. The Hope Dispensary of Greater Bridgeport is "a charitable pharmacy dedicated to serving low-income and uninsured individuals in the Bridgeport community" (Hope Dispensary, 2016). This pharmacy provides short and long-term medications to eligible community members. At this pharmacy, students administered surveys developed by the pharmacy in Spanish, and wrote down their answers in English for the pharmacy's data collection needs. Such surveys, translated into Spanish by Dr. Farrell, inquired about the demographic information and health insurance status of the population who visits Hope Dispensary. In addition, the surveys asked questions about participants' satisfaction regarding the quality of Hope Dispensary, the frequency with which they visit Hope Dispensary, how often they receive needed medications, and their perception of the helpfulness and availability of the pharmacy. Answers to such questions were generated in a Likert Scale format (1-5) or multiple-choice format. The surveys concluded with an open-ended question asking the respondents where they would obtain their prescriptions if the pharmacy did not exist as a resource.

The third service-learning community partner, a food pantry, was also located in Bridgeport, CT. At the food pantry students administered surveys in Spanish, as requested by the community members running the food pantry. Such surveys inquired about the perceptions of food pantry patrons regarding the quality and type of food available, accessibility of the food pantry service, types of food selected and why, and requests for future options. All survey questions were open-ended, and responses were later compiled and analyzed by those in charge of running the food pantry. Students later analyzed the most frequent food items chosen by patrons, and found simple and healthy recipes incorporating these food items. These recipes were then distributed in English and in Spanish to food pantry patrons.

Personal Testimonies: Teaching Assistant's Perspective

My name is Shauna Dresel, and as a teaching assistant I assisted Dr. Farrell with the service-learning component of this course. I am a senior nursing major and Spanish minor at Fairfield University. I enrolled in the first iteration of the medical Spanish course in the fall of 2015. In the fall of 2016, I was invited to work as the teaching assistant through Fairfield University's Office of Service Learning, assisting Dr. Farrell with course logistics such as coordinating transportation, facilitating student discussions, and assisting students with their reflections. In this section, I describe the benefits and challenges of this course from my perspective, and I explain how this course fulfills part of the current need for more advanced language courses tailored to students preparing to enter the healthcare field.

Based on my experiences both as a student and as a teaching assistant in the course, I can attest to the numerous benefits that resulted from this advanced language course with a service-learning component. I noticed a remarkable increase in students' confidence and Spanish-speaking abilities, which I believe stemmed from the enriching service-learning experiences. Service-learning fostered the authentic conversations between students and community members that most advanced language courses lack. Through such conversations, students practiced their professional communication skills in low-risk settings. In addition, students enhanced their collaboration skills as they worked with a variety of professionals at such service-learning events. Through service, communication, and collaboration, students learned that interactions between community members and healthcare providers offer opportunities for mutual learning and a reciprocal relationship, thereby refuting the hierarchical patient-provider relationship that is often assumed in healthcare settings. Community partners benefitted from this partnership through their designed surveys and interventions, while students benefitted from applying the course material learned to situations within the community. Students described the social injustices that they witnessed in their journal reflections and during classroom discussions. They made the connection between socioeconomic status, language and culture, social determinants of health, and access to healthcare. Students stated that they felt empowered to become agents of social change through continued service in the community, as well as through sharing the knowledge they acquired with those around them. Finally, this course enhanced students' ability to develop cultural awareness and sensitivity, compassion, respect, and empathy for others. Overall, students claimed that the course demonstrated the importance of bilingualism and biculturalism, and they felt inspired to continue strengthening their Spanish skills.

Along with numerous benefits came challenges to adding a service-learning component to a medical Spanish classroom, which presented themselves to all involved in the course. As a teaching assistant, I assisted the professor with logistics. Coordinating with students and helping

them to organize drivers for each service-learning event proved to be a difficult task. Yet, my main challenge presented itself during service events. During formal reflections as well as informal discussions, my official role was to assist in managing student expectations and helping students adjust to the community's needs. For instance, students had to adjust their schedules to accommodate the community partners. Also, the needs of the community change on a daily basis; students may use their Spanish and interact with community members one day, then perform administrative work another day. As a result, service-learning required students to be flexible and adaptable at each event. In addition, I assisted the students in making connections between course material and community observations, and processing such experiences, in car rides to and from the service sites. In their original reflections, students tended to focus on themselves - their feelings, what they liked about the event, what they struggled with, and what "should have" happened. While it is important to reflect on feelings, assumptions, and biases, it was disheartening to realize that the focus was on their own needs. During car rides, I asked the students questions such as, "Less people attended this event than were expected - can you think of some explanations for today's low attendance?" and "What are some health problems that may result from relying on food pantries as one's main source of nutrition?" Through these discussions, we worked on the critical service-learning approach that Dr. Farrell taught us, and students began to analyze how social, economic, and political factors all play a role in one's health, which they further discussed in the classroom.

The students discovered additional challenges that affected them throughout this course. One challenge was delving into a new experience. Utilizing their Spanish-speaking skills to communicate with native speakers in the community was anxiety provoking. Students were not accustomed to the various accents and new vocabulary that they encountered. Thus, these community partnerships required students to step outside of their comfort zones. I believe that students encountered a healthy level of anxiety that made them alert to their surroundings and present in the moment, without feeling overwhelmed. Course schedules presented an extra challenge to the scheduling and transportation aspects of service-learning. In my opinion, such challenges mirror what some community members face on a daily basis as they attempt to navigate the health services available for those without health insurance.

Personal Testimony: Student's Perspective

My name is Ariana Fernandez. I am a double major in Spanish and politics, and I was a student in the second offering of the SP 231N course in fall 2016 during my junior year. Prior to the course, I had no knowledge about the nursing or medical field, but I met the Spanish requirements to enroll in the course. The course had many rewarding and challenging experiences resulting from service-learning. As we learned about the community partners and the

tasks the community had asked for us to perform, I was eager to speak Spanish and practice our coursework with the community. At St. Vincent's Medical Mission Home, I served as an interpreter for physicians, but due to low turnout, I was not able to interpret. The experience at St. Vincent's Medical Mission Home caused frustration among my classmates and I who served as interpreters, of the six students, only two were able to speak Spanish at least once throughout the health fair. In my first reflection, I shared my disappointment about the event and the challenges that the volunteers, the community, and the organizers faced. There were long waits for many of the community members who attended and a lack of communication regarding instructions for the volunteers. As interpreters, we were unsure what our task was since patients were paired up with patient navigators who spoke Spanish and walked them through all the services they needed. I imagine the dependence on volunteers added a layer of confusion to the event itself, as this contributed to the challenges of the health fair. At first, I began criticizing how things had gone wrong at the fair. However, after reflecting with my classmates and Dr. Farrell, I realized that people without health insurance experience many of these events on a daily basis, including long lines, difficult-to-access locations, and a complex web of organizations. I realized my frustrations with the inefficiencies and the remote location of the health fair were examples of a larger underlying broken system that leaves many without consistent and efficient healthcare and institutional support - a national issue.

We noticed that our other community partners faced similar challenges in trying to address the needs of the community. The food pantries, for instances, are under-funded organizations that depend largely on donations, which often consist of rather unhealthy options, such as canned meals, cranberry sauce, and boxed pasta. Regarding the food pantries that we worked with in Bridgeport, the Latino population primarily utilized this service. This population has one of the highest rates of heart disease, as a result of malnutrition. I noticed a correlation between these facts and the limited nutritional options at the food pantries within this community. The burden to solve this inequality falls into hands of the community partners, but the government needs to begin to address these issues in a continuous and sustainable way, not through emergency funding for hunger, as is currently the case. For my following journal entries, I reflected on the enormous socio-economic divide I noticed between the community of Bridgeport and the town of Fairfield, which mirrored our class discussions on nutrition. Community members had to wait in line for long hours in order to receive their share of vegetables, since they were in limited supply, they were often the first items to run out. Through the survey that we conducted at the site, we learned that vegetables and meat were the main products that the community wanted more of, yet these foods are not always available. My experience at the food pantries was so powerful for me that I shared my thoughts with the entire class during my final presentation on service-learning; many other classmates expressed similar thoughts. Even though we were not

always able to use our Spanish, since it depended on the people who decided to visit the pantry during our scheduled shift, the time spent at the food pantry opened our eyes to the vast injustices and inequalities between these two communities that border each other, which complimented our course readings on social determinants of health and the statistics on Latino health in the United States.

At the Hope Dispensary we used our Spanish more often compared to the other service-learning sites. I went to the Hope Dispensary for two hours a week for three weeks. Some days we interpreted for the pharmacist and patient, or administered surveys either in Spanish or English. Otherwise, we spent the two hours completing administrative work such as filing and organizing documents. I experienced a challenge when speaking with a patient who was not fluent in either English or Spanish. The dispensary received numerous patients who spoke Portuguese, while both the pharmacist and secretary only spoke English. I was asked to speak in Spanish to Portuguese-speaking patients, which made me reflect on linguistic barriers beyond the Spanish-speaking community. In the classroom we learned how, without adequate communication between the medical professional, patient and interpreter, the patient is unlikely to receive the healthcare and information needed. This ideal service is difficult to provide in places that depend on volunteers and support staff.

The service-learning experiences turned out to be different than expected. Nevertheless, such experiences brought rewards whenever we had the opportunity to help a member of the community by speaking in Spanish or listening to community members tell their story. Most importantly, we became aware of the inequalities between Fairfield and Bridgeport, and the socio-economic gaps between the two neighboring communities. In response to some of the inequalities we witnessed at the food pantry, classmates and I held a virtual food drive to fundraise for one of the food pantries in Bridgeport to begin to address the needs that the community identified: many people donate canned goods, but vegetables and meat are hardly ever donated. The professor also used time from class to encourage us to reach out to our state representatives, asking for healthcare reform (for or against services depending on our own politics) and additional support in low-income communities, such as Bridgeport. Many of us continue to do this through email as a result of the impact the service-learning experiences had on us.

Conclusions from the Course

Service-learning courses do not always follow the guidelines and goals proposed in the syllabus. While this service-learning course allowed students to practice their Spanish speaking skills through authentic conversations, the community hours outside of the classroom did not

always include language practice due to varying community attendance. Further opportunities to use Spanish with community partners continue to be an obstacle. However, some of the course and service-learning goals were fully achieved. Students became aware of many overlooked injustices and inequalities in healthcare, as well as the amount of healthcare that occurs beyond hospitals and clinics, such as food pantry nutrition programs, non-profit pharmacies, and volunteer health fairs. This course has convinced us of the necessity for higher learning institutions to implement more service-learning language courses, especially those tailored to the medical field. While the classroom component of this course assisted students to develop bilingualism, the service-learning component additionally enabled students to work towards biculturalism, empathy, and an awareness of relevant social justice concerns. However, it is difficult for one course to address all of these issues. Perhaps this explains the lack of available textbooks tailored to advanced medical Spanish courses. Nevertheless, such advanced language courses with a service-learning component help alleviate the growing communication barrier in the healthcare system today, by working to increase the number of bilingual and bicultural healthcare professionals. Hopefully, the availability of such courses continues to increase nationwide in the future.

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