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Building a Student-Led Service-Learning Sideline Sports Coverage Program for Community Health in Underserved Public Schools: A Memorandum of Understanding

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Abstract

Underserved high schools often lack sideline medical care, putting student-athletes at risk during sporting events. In Detroit, this issue was tragically underscored by the death of a student-athlete during a game. To address this gap, the Wayne State University School of Medicine collaborated with the Detroit Public Schools Community District (DPSCD) to develop the Detroit Public Schools Health Corps (DPSHC), a student-led community outreach and service-learning initiative providing supervised sideline medical support at local high school athletic events.

A Memorandum of Understanding (MOU) was developed to formalize the collaboration, define roles and responsibilities, reduce liability, and enable structured student involvement. A university legal team drafted the MOU, which underwent multidisciplinary review by representatives from both institutions, including legal review by DPSCD counsel and the superintendent, before final approval.

The MOU provides a formalized institutional framework that enables medical students to participate in sports physicals and sideline triage under physician supervision. Key provisions addressed operational logistics, insurance coverage, data confidentiality, and intellectual property. The partnership currently supports 16 high schools and offers weekly coverage for multiple sports.

This framework illustrates how institutions can integrate service-learning and student-led community outreach into undergraduate medical education to advance community health. The MOU model offers a replicable structure for other schools seeking to formalize student-led health initiatives. While formalized institutional frameworks are essential, ongoing collaboration and adaptability remain critical to long-term program success.

Categories: Sports Medicine, Medical Education, Orthopedics

Keywords: academic–community partnerships, community engagement, experiential learning, health equity, inreach, memorandum of understanding, service learning, sideline care, student-led initiatives, underserved populations

Editorial

Introduction

Healthcare disparities are persistent problems in the United States that extend across socioeconomic status, age groups, and race [1]. For adolescents, many health care visits stem from sports participation and related injuries [1]. More than 3 million students participate in football each year, and sports injuries account for a large portion of adolescent hospital visits [2]. Despite widespread participation, access to sideline medical care at sporting events remains limited [3,4]. Only 35% of schools nationwide employ full-time athletic trainers [4,5]. In a national sample of 3,482 public secondary schools, 26.9% had no athletic trainer, and schools serving populations of lower socioeconomic status had significantly less access to athletic training services [6]. In underserved regions such as Metro Detroit, this support is even more limited [7].

This disparity was highlighted when a basketball player at a Detroit public high school without sideline medical staff suffered a cardiac event and passed away during a game. The death of this student-athlete emphasized the urgent need for accessible and effective sideline medical care. In response, a collaboration was established between Wayne State University School of Medicine (WSUSOM) and Detroit Public Schools Community District (DPSCD) Athletics, leading to the creation of the Detroit Public Schools Health Corps (DPSHC), a student-led initiative to provide medical support at high school athletic events. DPSHC was

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designed as a longitudinal community outreach program. WSUSOM orthopaedic surgery, sports medicine, and primary care faculty and trainees provide recurring sideline coverage and preparticipation physical evaluation events within DPSCD schools, integrating medical education with locally identified health needs and health equity priorities. Within this student-led outreach framework, structured volunteer training is a central feature. Following implementation of the Memorandum of Understanding (MOU), DPSCD medical student volunteers provided 598 hours of sideline medical coverage across 280 athletic events at 16 DPSCD high schools during the 2024–2025 academic year. The program documented 89 injury encounters, more than half of which were managed fully on-site, demonstrating the operational implementation of the supervised sideline coverage program [8].

Collaboration between medical schools and local school districts can improve health care access for students while providing medical students with valuable experiential learning [9,10]. For example, the University of Nebraska Medical Center successfully implemented a post-pandemic program providing sports physicals to nearby schools [11]. Formal interinstitutional agreements are also well established in medical education. In undergraduate medical education, written affiliation agreements between medical schools and teaching hospitals define institutional responsibilities and educational oversight, while graduate medical education programs use Program Letters of Agreement (PLAs) for required training experiences at institutions outside the sponsoring institution, defining responsibilities for supervision, teaching, evaluation, and the educational experience [12,13]. Although the terminology and structure of these agreements vary, they demonstrate the established role of formal agreements in facilitating educational activities across institutions. However, such collaborations require substantial effort to develop appropriate guidelines addressing the division of labor, costs, and publication rights, along with maintaining communication and aligned goals [14,15].

An MOU serves as a formal document to govern these collaborations, outlining responsibilities and resolving competing interests [14–16]. Despite their importance, few studies have described the process of drafting and implementing MOUs for large-scale medical school and public school district collaborations. This editorial describes the process of establishing the MOU between WSUSOM's Detroit Public Schools Health Corps and DPSCD Athletics to formalize a large-scale, student-led sideline medical care program in underserved urban high schools.

Methods

Intention of Collaboration

The collaboration between DPSCD Athletics and WSUSOM was initially proposed to improve the health and safety of DPSCD student-athletes. Following discussions between the leaders of both institutions, the development of an MOU was identified as necessary to formalize the collaboration. The primary goal was to create a formal, sustainable framework that would enable consistent student-led medical coverage at athletic events while ensuring legal and institutional alignment. By establishing shared expectations regarding roles, responsibilities, and oversight, the MOU sought to minimize liability and streamline operational logistics. Ultimately, the initiative aimed to model how academic-community collaborations can be formalized through student initiative and institutional cooperation to meet both educational and public health needs.

Drafting the MOU

A drafting committee composed of attorneys employed by WSUSOM was assembled by the Senior Vice Dean of Medical Education at WSUSOM to develop the initial MOU. The committee was responsible for translating the proposed collaboration into a formal institutional agreement and identifying the necessary legal and operational provisions. The drafting committee held three meetings over six months to produce the first MOU draft.

Obtaining Feedback

A multidisciplinary panel consisting of representatives from WSUSOM and DPSCD Athletics, including medical students, student-athletes, parents, teachers, and coaches, was invited to review the draft. Panelists were provided with a copy of the draft by email and given three weeks to review it before convening to provide feedback and comments.

Finalizing the MOU

On the basis of feedback from the multidisciplinary panel, the drafting committee made the necessary edits. After the iterative revision process, the proposed document was circulated to the panel members for another round of feedback. Following this review process, the drafting committee produced the final draft of the MOU. The finalized MOU subsequently underwent review by DPSCD legal counsel before being approved and signed by the DPSCD Superintendent and the WSUSOM Senior Vice Dean of Medical Education (Figure 1).

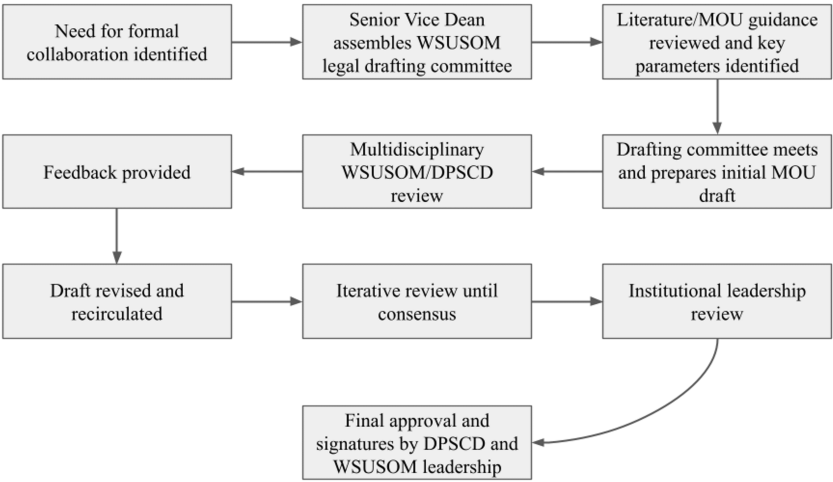


FIGURE 1: Development and approval process for the Memorandum of Understanding (MOU) between Wayne State University School of Medicine (WSUSOM) and Detroit Public Schools Community District (DPSCD).

The process included identification of the need for formal collaboration, formation of the legal drafting committee, review of relevant literature and MOU guidance, preparation of the initial draft, multidisciplinary review, iterative revision, institutional leadership review, and final approval.

Created by Madg Boutany using Google Slides (Google, Mountain View, CA).

Establishing the collaboration

Establishing the MOU

An MOU was chosen as the vehicle to realize a collaboration between DPSCD Athletics and WSUSOM. Since the involved parties are two separate institutions with distinct formal governance structures, an MOU was the optimal choice for expressing the intent to collaborate and avoiding misunderstandings. The MOU was approved on April 9, 2024. The entire drafting process took one year. The following sections describe the components of the approved MOU.

Key Parameters

The MOU was structured around a set of key parameters designed to define the terms of the collaboration and highlight the shared values and goals of both parties. These parameters, outlined in Table 1, include (1) the purpose of the collaboration, (2) operational methods and logistical considerations, and (3) guidelines for the publication and dissemination of outcomes.

Key parameter	Objectives
Purpose of collaboration	Identify the goals of the collaboration
	Identify the parties involved and degree of involvement
	Identify how collaboration synergistically benefits all parties
Methods and logistics	Identify activities that will take place
	Identify the schools where program will be implemented
	Identify the sports covered and participating high schools
	Designate supervisors at events
	Designate term dates of agreement
	Define terms of agreement renewal
	Define terms of agreement termination in the event of party dissatisfaction
	Detailing background check requirements for volunteers
	Detailing roles/responsibilities of participating parties
	Establishing plans for personnel who pose risks to the program
	Anticipating costs of operation and delegating expenses
	Assigning appropriate insurance coverage to all participating parties
	Assigning trademarks to appropriate parties
	Ensuring confidentiality of participants
	Assigning copyright, ownership, and intellectual property to appropriate parties

TABLE 1: Key parameters and accompanying objectives outlined in the Memorandum of Understanding (MOU).

Purpose of the collaboration

This section outlines the parties involved in the agreement and describes the purpose of the collaboration, emphasizing how it supports both organizations in achieving their respective goals. In 2023, DPSCD Athletics announced a strategic initiative known as the “Blueprint 2023,” which includes seven key priorities aimed at improving student outcomes and overall district performance. These priorities included (1) Achieving Academic Growth and Proficiency, (2) Boost College and Career Readiness, (3) Enhancing Culture and Climate, (4) Growing Enrollment, (5) Improving Attendance, (6) Stewarding Resources Responsibly, and (7) Supporting Staff Effectiveness. Moreover, the mission of the WSUSOM student-led organization DPSHC is to “provide sideline care to high school athletics in the Metro Detroit area and enrich medical education through a hands-on community service-learning model.”

The collaboration between DPSCD Athletics and WSUSOM is synergistic because both institutions share the goal of providing improved care to student-athletes. High school athletes in DPSCD benefit from having sideline medical care during their sports games, which could lead to better performance and outcomes. The program also furthers two of the priorities of the Blueprint 2023 strategic plan: “Enhancing Culture and Climate” and “Stewarding Resources Responsibly.” Additionally, WSUSOM students enhance their education through hands-on learning and are given the opportunity to provide care while also serving the community.

Logistics

This section outlines the logistics of the program. It describes the activities that will be held; the sports covered and participating high schools; personnel responsible for supervision; the term dates of the agreement, renewal, and termination; background checks for personnel; the roles and responsibilities of participating parties; and how the costs of operation will be delegated.

Activities

WSUSOM provides DPSCD student-athletes with increased access to medical care through on-site sideline coverage at sporting events and preparticipation sports physicals, during which students are evaluated for medical clearance to participate in organized athletics. Board-certified physicians in orthopedics, sports medicine, and pediatrics provide on-site supervision during sports physicals and are on call and available by phone to medical student volunteers for clinical guidance during sideline coverage.

Participation

Student-athletes in grades 9-12 from participating DPSCD high schools are eligible to receive program services. Sideline coverage is provided by trained WSUSOM medical student volunteers, referred to as health leaders, under physician clinical guidance. Participating schools and program activities are coordinated with designated DPSCD Athletics and Central Office personnel, who support program implementation and serve as liaisons between DPSCD and WSUSOM.

Sports Covered and Participating High Schools

Table 2 lists DPSCD high schools and sports that received coverage during the 2024-2025 academic year.

Sport	Schools
Football, Basketball, Track and Field, Soccer, Baseball, Softball	Cass Technical High School
	East English High School
	Henry Ford High School
	Martin Luther King High School
	Mumford High School
	Renaissance High School
	Southeastern High School
	Western High School
	Central High School
	Communications and Media Arts High School
	Cody High School
	Denby High School
	Northwestern High School
	Osborn High School
	Pershing High School
	Douglass High School

TABLE 2: List of participating DPSCD high schools.

DPSCD, Detroit Public Schools Community District

Background Checks

Background screening was identified as an important prerequisite for participation in the program because staff would interact directly with minors in school settings. The MOU established that participating WSUSOM personnel are required to complete screening appropriate to their level of direct student contact and assigned responsibilities, with DPSCD determining the applicable screening classification. Screening requirements could include criminal history review and fingerprinting depending on the nature of the individual's role. Establishing these requirements within the MOU clarified the screening expectations that had to be satisfied before participation in school-based activities.

Roles and Responsibilities

The MOU assigned responsibilities to each institution to clarify program oversight and avoid ambiguity during implementation. DPSCD Athletics is responsible for identifying eligible student-athletes and participating schools, designating district personnel to assist with implementation, providing appropriate space for program activities, and supporting communication and program publicity. Designated DPSCD personnel also serve as institutional liaisons, monitor alignment with district priorities, and participate in program evaluation.

WSUSOM is responsible for the day-to-day management of the program, including recruitment, assignment, training, and supervision of WSUSOM medical student volunteers, coordination of school-based activities, designation of a program liaison, maintenance of necessary records and materials, and communication with DPSCD Athletics. WSUSOM is also responsible for establishing participation criteria, maintaining appropriate supervision, ensuring completion of required screening and consent processes, and taking reasonable precautions to protect the health and safety of participating students. The MOU therefore establishes clear lines of responsibility for supervision, communication, safety, consent, and program administration between the two institutions.

Costs of Operation

Each party is responsible for the costs and expenses associated with fulfilling its respective obligations under the MOU. In practice, these requirements created financial and administrative considerations that needed to be addressed before program implementation. WSUSOM is responsible for providing materials required for program activities, and personnel with direct student contact who are subject to Level II screening, including criminal background and live-scan checks. The MOU identified a \$62 cost for this screening and allowed this cost and any associated costs to be borne by WSUSOM. Institutions developing similar programs should therefore identify funding sources and administrative processes for volunteer screening and program supplies early in the planning process.

Publication and dissemination

The MOU also addresses how information, institutional materials, and work products generated through the collaboration are managed. These provisions include data governance and confidentiality, use of institutional names and logos, and ownership of intellectual property. Addressing these issues prospectively helped to clarify each institution's responsibilities before research, evaluation, or dissemination activities occurred.

Data and Confidentiality

Procedures for requesting, accessing, and sharing student data were established within the MOU. Requests involving DPSCD student information require review by the DPSCD Office of Research, Evaluation, and Analytics (OREA). When approved, deidentified aggregate information can be provided for program evaluation, whereas requests for identifiable student information require appropriate authorization and written consent. The MOU further specifies that a separate evaluative data-sharing or data-collection agreement could be required before student data is exchanged. These provisions establish a defined process for protecting student confidentiality while allowing appropriately approved program evaluation and research activities.

Trademark

The MOU established ownership and approval requirements for institutional names and logos. DPSCD retains control of DPSCD Athletics and participating school trademarks, while WSUSOM retains control of its own institutional and program-related marks. Use of another institution's trademarks or logos require prior approval. Including these provisions clarified how institutional branding could be used in connection with program activities and dissemination.

Intellectual Property

The agreement also addresses ownership of materials and intellectual property created through program activities. Work products developed in connection with the program are distinguished from pre-existing intellectual property and from materials created independently outside the scope of program activities. Defining these expectations prospectively helped clarify ownership of research, written materials, software, audiovisual products, and other outputs that could arise from the collaboration.

Discussion

The MOU served as a foundational tool for establishing a sustainable, student-led collaboration between DPSCD and WSUSOM. By outlining clear goals, operational responsibilities, and legal protections, the MOU created a framework that enables medical students to provide consistent sideline care to underserved high school athletes. However, its significance extends beyond logistics and represents a novel model for

integrating service-learning and community engagement into undergraduate medical education.

This initiative provides WSUSOM students with structured opportunities to apply clinical skills, navigate interprofessional environments, and further develop leadership skills in real-world settings. Under the clinical guidance of licensed physicians, students participate in triaging musculoskeletal injuries, conducting sports physicals, and communicating with school officials, athletes, and families. These experiences provide opportunities for students to practice competencies relevant to medical education, including professionalism, health systems science, and social accountability [17-19].

From a broader perspective, this program aligns with the Association of American Medical Colleges' emphasis on preparing the next generation of physicians to meet the needs of patients and communities [20]. Through supervised service within DPSCD schools, the program provides trainees with exposure to care delivery in an underserved urban setting and opportunities to engage with community health needs and health disparities [21,22]. The program represents a longitudinal community outreach model in which faculty and trainees provide recurring services within DPSCD schools. Through regular sideline coverage and school-based sports physicals, WSUSOM integrates supervised clinical learning with community service while addressing locally identified health needs. This ongoing collaboration demonstrates how medical schools and community institutions can work together to address gaps in access while providing structured educational opportunities for trainees. The MOU established between WSUSOM and DPSCD demonstrates how institutional and operational considerations can be navigated through student initiatives, faculty mentorship, and administrative collaboration [23-25].

Despite these strengths, the MOU alone does not guarantee success. Active relationship building remains essential; DPSHC leadership continues to hold biweekly meetings with DPSCD staff to maintain alignment and respond to emerging needs. Additionally, the MOU cannot anticipate every operational challenge. As the collaboration evolves, iterative revisions and flexibility are required to accommodate new projects and stakeholders.

Looking forward, the MOU lays the groundwork for future educational and clinical innovations. The program may expand to include baseline health screenings, injury surveillance databases, and longitudinal follow-up protocols, each offering further learning opportunities for students while improving care for athletes. Importantly, the structured approach used here may be adapted by other medical schools and school districts seeking to build similar collaborations. By documenting the MOU creation process, this editorial offers a potential framework for institutions interested in leveraging student-led service-learning initiatives to enhance both medical education and community health.

Conclusions

The development and implementation of an MOU between a medical school and a public school district supported the establishment of a student-led service-learning program and provided a formal framework intended to support its continuity. This framework allows medical students to engage in supervised sideline care while establishing a structured approach to addressing institutional, legal, and logistical challenges. Beyond providing opportunities for supervised clinical training, the model illustrates how educational institutions can formalize collaborations that address local health disparities. As other institutions consider similar programs, the process described here may provide a useful framework for developing formal agreements that support supervised medical student involvement in community-based health initiatives.

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

Acquisition, analysis, or interpretation of data: Candice Miller, Jack Mao, Alqasim Elnaggar, David Abdelnour, Magd Boutany, Sara Naessig, Julian Johnson, James Alexander, Anika McEvans, Joshua Gatz, Radomir Dimovski, Andreea Geamanu, Rahul Vaidya, Andrew Gupta

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