Community-Campus Partnerships in Medical Education: Teaching, Research, and Service

Association of American Medical Colleges
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Community-Campus Partnerships for Health
www.ccph.info
Agenda

- Short introduction to CCPH
- Overview of community-based education and scholarship
- Group Discussion
- Questions
Objectives

By the end of the session participants will:

• Be familiar with CCPH as an organization and the resources we offer
• Be able to identify examples of community-based education and scholarship
• Identify the CCPH Principles of Partnership and understand how they apply to community-based education and scholarship
Community-Campus Partnerships for Health

Our Mission

To foster partnerships between communities and educational institutions that build on each other’s strengths and develop their roles as change agents for improving health professions education, civic responsibility and the overall health of communities.
Nonprofit organization launched in 1996

Based at the Center for the Health Professions, University of California-San Francisco

13-member board of directors

Network of over 1000 communities, health professional schools, colleges and universities

Major funders: Corporation for National Service, Helene Fuld Health Trust, WK Kellogg Foundation, and others.

8 staff, 4 student assistants
Major Strategies

- Create and expand opportunities for collaboration and information sharing
- Promote awareness about the benefits of community-campus partnerships
- Advocate for policies that facilitate and support community-campus partnerships
- Promote service-learning as a core component of health professions education
Community-Based Education and Scholarship

Three primary examples addressed in today’s discussion

- Service-Learning
- Community-Based Curriculum Deliberation
- Community-Based Participatory Research

For each of the above, CCPH Principles of Partnership can provide guidance
The Power of Partnerships

- Establish missing but critical connections
- Identify new/better way to solve problems
- Link complementary skills and resources of diverse people and organizations
- Plan and carry out comprehensive actions that coordinate reinforcing strategies and systems
Principles of Partnership

- Partners have agreed upon mission, values, goals and measurable outcomes for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets, and addresses needs.
- Power is balanced among partners and resources are shared.
Principles of Partnership

- There is clear, open and accessible communication between partners
- Roles, norms and processes for the partnership are established with the input and agreement of all partners
- There is feedback to, among and from all stakeholders in the partnerships
- Partners shared the credit for accomplishments
- Partnerships take the time to develop and evolve
What is service-learning?

Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens.

Service-Learning

Academically-based community service

A structured learning experience that combines community service with preparation and reflection

Service-learning students not only provide community service but also learn about the context in which the service is provided, the connection between the service and their academic course work, and their roles as professionals and citizens
SL is a type of experiential education

Recipient ← Beneficiary → Provider

Service ← FOCUS → Learning

SERVICE-LEARNING
COMMUNITY-SERVICE
VOLUNTEERISM

FIELD EDUCATION
PRACTICUM
INTERNSHIP
CLERKSHIP

Citation, A. Furco, 1996
Points of Departure:
SL and Other Forms of Experiential Learning

Balance between service and learning
Emphasis on addressing community-identified concerns and broad determinants of health
Integral involvement of community partners
Emphasis on reciprocal learning
Emphasis on reflective practice
Emphasis on developing citizenship skills and achieving social change
Theoretical Underpinning of SL: Experiential learning theory
D. Kolb, 1984.
Service-Learning Across the Disciplines
Some Titles of AAHE Series

Accounting—Learning by Doing
Biology—Life, Learning & the Community
Communication Studies—Voices of Strong Democracy
Composition—Writing the Community
Environmental Studies—Acting Locally
History—Connecting Past and Present
Medical Education—Creating Community Responsive Physicians
Nursing—Caring and Community
Peace Studies—Teaching for Justice
Sociology—Cultivating the Sociological Imagination
Spanish—Construyendo Puentes (Building Bridges)
Key Concepts in Service-Learning

• Is reciprocal in nature, benefiting both the community and the service providers by combining a service experience with a learning experience.

• Links to academic content and standards.

• Involves students in helping to determine and meet real, community defined needs.
Building Partnerships into Service-Learning

- The idea of “Partnerships” vs. “Placements”
- Service-learning components as opportunities to build relationships:
  - Student recruitment
  - Student orientation
  - Reflection
  - Service results
  - Faculty development (community-based & campus-based)
  - Curriculum development
  - Assessment and improvement
Community-Based Curriculum Deliberation

Provides an avenue for community partners to work collaboratively with students and faculty to identify curriculum priorities. Of particular importance when integrating content on culture or health disparities.
Surveys of students indicated that much of what students were learning about culture was from unplanned or co-curricular activities. The Office of Education commissioned a committee to review the current curriculum and make recommendations for curriculum change, focusing both on issues of culture and issues of privilege and oppression. The goals were to develop a strategic, coherent curriculum on cultural issues, and to use the curriculum development process as a means to deepen our relationships with our community partners.
Approach

Emphasize overlaps and interconnections among various aspects of culture. Consider all questions within the context of ethnicity and class.

Interweave cultural and anti-oppression issues throughout entire curriculum, rather than developing separate courses on cultural issues.

Seek out the expertise that exists outside of the university.
Process

Approximately 100 students, faculty, and community members met in 10 subcommittees over the course of seven months to develop recommendations for curriculum change. Subcommittees were chaired by either a faculty member or a community member. Each subgroup developed recommendations. A content analysis was conducted to identify themes in the recommendations.
Subcommittees

Ethnic Communities
Class and Economics
Gay, Lesbian, Bisexual, Transgender and Intersex Issues
Women, Culture, and Health
Immigration Issues
Youth Cultures
Elders
Religion, Spirituality, and Cultural Healing
Disability Cultures and Communities
Rural/Reservation Issues
Committee Charge

What should students know about this aspect of culture?
What should students know about the unique health needs related to this aspect of culture, including issues of access to care?
Are there areas of the curriculum that should be problematized? That is, differences in biomedical and community perspectives that should be highlighted?
What curriculum and faculty development must be done?
Building Partnerships

Three key aspects to building university-community partnerships in curriculum development:

Committee membership
Ensuring community members’ access to the process
Creating avenues for community members to shape the process
Committee Membership

Students, faculty, and community members on each subcommittee
Balance of subcommittee chairs from faculty and community
Interdisciplinary membership
Avoiding tokenism--critical mass of community members on each subcommittee
Ethnic, gender, class, disability, sexual orientation diversity on each subcommittee
Community Participants Shaping the Process

Individual interviews with community activists to lay the groundwork for committee
Community-campus advisory group to plan committee process
Meetings with chairs to refine committee process and implementation strategy
Ongoing conversations with community participants
Quarterly updates to all members
Access

Meeting location--held meetings at community sites
Transportation--reimbursed members for parking, cab vouchers, mileage, air fare
Meeting times--were mindful of religious holidays, work schedules when scheduling
Disability access--accessible locations, alternate formats, interpreters available
Financial access--provided stipends
Curriculum Outcomes

Curriculum development principles
Strategies for integrating content
Initial group of pilot projects have been implemented, additional projects have been targeted
Outcomes: Community Participation

50 community members participated, with affiliations to some 25 community organizations.
Roughly half of co-chairs were community members.
Meetings hosted by a variety of community groups, including a church, a youth center, and a tribal council.
Students, faculty, and community members engaged in self-reflection and sharing stories about their own cultural backgrounds.
Community-based faculty development program in which community members and faculty meet together to discuss culture and health.

Committee members from community organizations serve as advisors to specific curriculum development projects.

Committee members host site visits for first year medical students or are partners in service-learning course.
Conclusions

It is possible to productively and authentically engage a large, diverse group of community members, faculty, and students in a curriculum deliberation process that provides guidance for future curriculum development and paves the way for deeper, more long-term community partnerships.
Community-based participatory research is a "collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities."

WK Kellogg Foundation Community Health Scholars Program
CCPH Resources Related to CBPR

http://www.futurehealth.ucsf.edu/ccph/commbas.html

- Definitions
- Examples
- Reports and Presentations
- Syllabi and Course Materials

Additionally, we have CCPH Fellows actively engaged in CBPR work.

http://www.futurehealth.ucsf.edu/ccph/fellows.html
What do you think the challenges would be in your institution, for implementing a community-based educational activity?

What are the resources in your institution for implementing a community-based educational activity?
Questions?
Contact Information

Rachel L. Vaughn
Program Coordinator
Community-Campus Partnerships for Health
(206) 543-8010
rvaughn@u.washington.edu
www.ccph.info
Contact Information

Sara Axtell
Research Associate
University of Minnesota Medical School
612-625-4489
axtel002@umn.edu