Advocacy in Community-Based Service Learning: a Program Evaluation and Perspectives of Community Partners

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Background

The Royal College of Physicians and Surgeons of Canada has specified "Health Advocate" as one of the seven roles of physicians in the CanMEDS competency framework[1]. Currently, the curriculum for health advocacy remains heterogeneous amongst medical schools. At the University of Toronto, medical students learn about advocacy through their participation in Community-Based Service Learning (CBSL) placements with community organizations as part of the Health in Community course of the Foundations Curriculum, which takes place over two years. Since the primary intended beneficiary of service-learning is both the recipient of the services and the provider, we intend to conduct a program evaluation of our new advocacy assignment in CBSL by investigating the perspective of community members from partner organizations.

Educational goals of Health in Community course:
- Allows students to participate in an organized service activity that meets identified community needs
- Allows students to reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility[2].

Study Objectives

There is a paucity of literature on the perspective of community members participating in service-learning. This feedback will be essential to developing an advocacy curriculum for medical students that is applicable to the community needs. Specifically, our study sought to answer the following research questions:

1. How would community partners define advocacy in medical education?
2. What are community preceptors' perspectives on service learning and advocacy?
3. How can the curriculum be improved considering its benefits and limitations?

Methods

- This was a qualitative study evaluating of a new advocacy assignment in a service-learning course. The approval of Research Ethics Board and written informed consent forms were obtained.
- Following a non-random purposive sampling strategy, participants in this investigation will be community members participating as co-tutors in CBSL. As we have contact information for all the co-tutors, we will randomly select 20-25 members and email them asking for their participation. 10 In-depth interviews (IDIs) were conducted. The sample size is justified for the purpose of formative research involving key stakeholders.
- Data were recorded, transcribed, and coded using deductive and inductive methods by two independent coders with high inter-rater reliability (pooled Cohen's Kappa score = 0.85; Dedoose data management software).
  - Coded excerpts were analyzed within and across groups using thematic analysis and supported by group discussion.
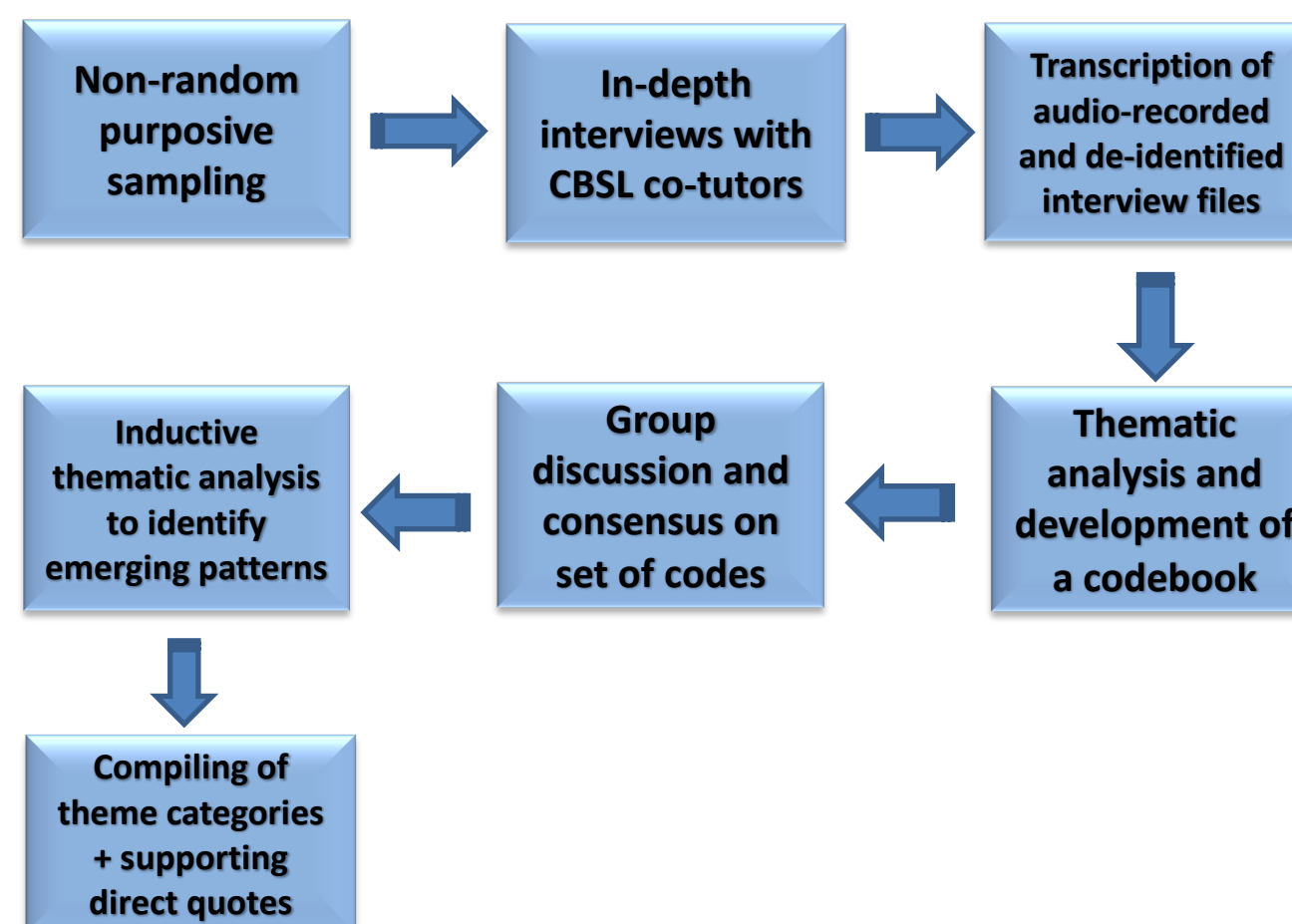
References

1. Royal College of Physicians and Surgeons of Canada [Internet]. The Royal College of Physicians and Surgeons of Canada :: CanMEDS Framework. [cited 2020Apr30]. Available from: http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e
2. Bringle, G. R, Hatcher, A. J. IUPUI [Internet]. A Service-Learning Curriculum for Faculty. 1995 [cited 2020Apr30]. Available from: http://hdl.handle.net/1805/4591

Methods

Figure 1. In-depth interviews with key stakeholders to understand how partner community organizations (PCOs) perceive their role in service-learning, the benefits of participating in service learning with medical students, barriers and facilitators to successful service-learning partnerships and whether CBSL is effectively teaching medical students about their role in health advocacy.

Non-random purposive sampling → In-depth interviews with CBSL co-tutors → Transcription of audio-recorded and de-identified interview files → Thematic analysis and development of a codebook → Group discussion and consensus on set of codes → Inductive thematic analysis to identify emerging patterns → Compiling of theme categories + supporting direct quotes

Results

Thematic Analysis:

CPOs perceive advocacy differently for community organizations and medical students.
- community agency role in advocacy involves raising awareness, educating, and making change
- role of medical students in advocacy is to gain knowledge and understand their communities.

CPOs perceive their role in advocacy involves making change, including lobbying for policy changes
- Community partner organizations (CPOs) would often advocate to improve services or increase funding for the communities they serve.

CPOs view their role as providing experiential learning opportunities for medical students
- CPOs believe that CBSL benefited their organizations through medical students' involvement with research and educational programming
- facilitating a connection between community organizations and the medical field.

CPOs perceive that the medical students' level of interest is an important factor
- Interest in the area PCO activities results in better student engagement and a better relationship with community supervisor.

Illustrative Quotes:

- "We [community organization] actually facilitate the participation of the community in initiatives that go to, uh, their advancement right? So, in this case historically, we have been involved in community education with regards to the key issues in terms of the community; for instance, historically very early on, for instance, in the aspects of, uh, women's health, for example, access to medicine and support in case of refugees, we have been involved in that from early on."

- "So, we're [community organization] advocating on many fronts. e advocate for programs, services, we advocate for legislation changes. We'll even advocate to the city counselors when they change rules around, things like snow removal.

"But um, what we [community organization] do is we not only advocate for dollars but we're always advocating for programs, for services. We advocate for clients. There's all kinds of controls that are within the healthcare system. So for example, somebody might only be getting an hour shower a week, and we have case managers who would advocate for them to get more hours."

- "Historically, for, you know, hundreds of years, there's been this huge division between these two communities. Uh, and through education, through partnerships, uh, and even here at the kind of partnerships that we have at [community organization], we've got medical students now coming, um, to work with us, so that we can kind of connect those two communities and kind of meet somewhere in the middle. And I think that that benefits our community in general."

"Uh, we've had two years – that was when we were still doing interviews where we interviewed a variety of students and we ranked them and they ranked our placement um, that I really found great. Um, it was a little bit of work to interview them, however, um, I really found that we had people who were super interested in our field. Like, super interested in our site um because they got to ask us questions too."

Conclusions

Three themes with associated subthemes included, advocacy, impact and feedback. In identifying the experiences of community partners, service learning curricula can be refined to address the needs of community agencies and improve advocacy training for medical students.

Limitations

- Small sample size, with a select group of community partners from one campus only.
- Data collection occurred during two months. There may be seasonal effects on stakeholders' opinions of functionality.
- The participants are reflecting only on their experiences in this program. Therefore, the results of this qualitative study may not be generalizable.

Future Steps

- Retrospective demographics review to understand the community organizations' characteristics.
- Evaluation of long-term CBSL program sustainability.