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Article abstract

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Methods: A qualitative study was conducted. Nine CPOs at a medical school participated in interviews on topics pertaining to CBSL and health advocacy. Interviews were recorded, transcribed, and coded. Major themes were identified.

Results: CPOs perceived a positive impact from CBSL through student activities and connecting with the medical community. There was no unifying definition of health advocacy. Advocacy activities varied depending on the individual's role (i.e., CPO, physician, and student), which encompassed providing patient care or services, raising awareness of healthcare issues, and influencing policy changes. CPOs had different perceptions of their role in CBSL from facilitating service-learning opportunities to teaching students in CBSL, while a few desired to be involved in curriculum development.

Conclusion: This study provides further insight into health advocacy from the lens of CPOs, which may inform changes to health advocacy training and the CanMEDS Health Advocate Role to better align with the values of community organizations. Engaging CPOs in the broader medical education system may improve health advocacy training and ensure a positive bidirectional impact.

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Brief Reports

Advocacy in community-based service learning: perspectives of community partner organizations

La promotion de la santé dans l'apprentissage par le service communautaire : le regard des organismes partenaires

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Abstract

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Résumé

Contexte : La promotion de la santé est une compétence fondamentale pour les médecins, qui peux être développée dans le cadre de l'apprentissage par le service communautaire (ASC). Cette étude exploratoire examine les expériences des organismes communautaires partenaires (OCP) participant à l'ASC en ce qui concerne le volet promotion de la santé.

Méthodes : Dans le cadre d'une étude qualitative, neuf OCP d'une faculté de médecine ont participé à des entretiens sur des sujets liés à l'ASC et à la promotion de la santé. Les entretiens ont été enregistrés, transcrits et codés, et les thèmes principaux en ont été extraits.

Résultats : Les OCP ont perçu un effet positif de l'ASC, notamment par le biais des activités étudiantes et des liens établis avec la communauté médicale. Nous n'avons pas relevé de définition commune de la promotion de la santé. Les activités s'y rapportant varient selon le rôle de la personne (OCP, médecin ou étudiant) et comprennent la prestation de soins ou de services aux patients, la sensibilisation aux enjeux de santé et la promotion de changements d'orientations politiques. Les divers OCP avaient des perceptions différentes de leur rôle dans l'ASC, allant d'offrir des activités d'apprentissages aux étudiants en ASC, au désir de participer à l'élaboration des programmes d'études.

Conclusion : Cette étude permet de mieux saisir le point de vue des OCP sur la promotion de la santé. Elle peut ainsi éclairer les révisions du rôle CanMEDS de promoteur de la santé et de la formation en la matière de façon à les aligner davantage sur les valeurs des organismes communautaires. L'intégration des OCP à la formation médicale au sens large pourrait contribuer à améliorer le volet promotion de la santé de cette dernière et profiter aux partenaires de part et d'autre.

One proposed definition of health advocacy is "to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise," which can occur at the individual patient (micro), community (meso) and systemic (macro) levels.[1,2] The CanMEDS 2015 competency framework designates "Health Advocate" as one of the seven roles of physicians, "supporting the mobilization of resources to effect change."[3] However, there remains some uncertainty regarding how to teach and assess health advocacy for medical students.

Health advocacy curricula vary within and across medical institutions, ranging from large-group lectures to service-learning to none at all.[4-6] Medical students may develop health advocacy skills through community-based service-learning (CBSL). CBSL is an educational model that combines community service with a community partner organization (CPO) (i.e. a local shelter for newly arrived refugees, food bank, organization to teach after-school programming) with teaching and reflection, enabling students to develop an enhanced sense of civic responsibility.[7] CBSL aims to provide mutual benefits and learning for both students and community partners, including the students' development of advocacy skills.[8-12] Although there is a body of literature that describes the impact of service-learning on medical students, there is a paucity of literature on the perspectives of participating community partners. A review of multiple service-learning programs found that the perspectives of community organizations were often excluded.[13-16] As service-learning programs are meant, at their core, to be beneficial to both the community partner and the students, it is important that the perspectives and impact of participating in service-learning as a CPO is understood and included in service-learning program design and evaluation. Therefore, the purpose of this study was to improve the teaching of health advocacy by understanding the perspectives of CPOs participating in CBSL.

Methods

Study design/protocol

We conducted a descriptive qualitative study to understand the perspectives and experiences of the lead person for CPOs participating in CBSL.[17] Individual in-depth interviews lasting approximately 30-60 minutes were conducted between July and December 2019 via telephone or in-person (by VS and YS) using a semi-structured interview guide. The topics included their perspectives on: 1) the role of CPOs in CBSL and medical education; 2) health advocacy; and 3) the impact of CBSL. Interviews were audio-recorded then de-identified prior to being transcribed verbatim. This study was approved by the University of Toronto Research Ethics Board (REB 37078).

Setting

This study was conducted at a medical school in a large, urban centre in Canada. CBSL is a core component in the second year of the two year-long Integrated Clinical Skills: Health in Community (ICE: HC) course. Students participate in a longitudinal service-learning experience with a CPO and tutorial groups led by two faculty members to learn theory and reflect on their field experiences.

Sample size and sampling methods

Study participants were eligible to participate if they were previous or current CBSL supervisors from CPOs with at least one-year of experience in CBSL, who were over the age of 18, English-speaking or had access to a translator, and were able to provide informed consent. A total of 65 CPOs were identified and contacted. A total of 5-30 participants were sought until saturation was achieved.[18,19] Non-respondents had two follow-up invitations.

Data analysis

We performed a thematic analysis on the transcripts using deductive and inductive techniques. A codebook was developed a priori based on the research questions. Two researchers (JT and PS) independently coded a subset of transcripts using Dedoose© qualitative analysis software. During this process, inductive codes were added to the revised codebook. Discrepancies were resolved through discussion with the principal investigator (SS) until consensus was reached. Through an iterative process involving group discussions and analytical memos, the major emerging themes and supporting representative quotations were identified. Coding structure and interpretation of the findings were verified using a peer debriefing strategy in which initial codes and preliminary themes were discussed with the entire research team.[20] This process is in accordance with the RATS (relevancy, appropriateness, transparency, and soundness) guidelines for qualitative research.[21]

Positionality and reflexivity

Interviews were conducted by VS, a female medical student, and YS, a female undergraduate student. Both were trained to conduct in-depth interviews by the senior author (SS), a physician involved in medical education.

Prior to her career in medical education, SS had led a CPO, and F-HL and RW were involved as administrators with the CBSL program. JT and PS were medical students who had participated in CBSL; this aided their ability to draft an interview guide with questions that were meaningful. However, we recognized that these roles may influence the desire to hear positive feedback from CPOs. Therefore, the authors conducting the interviews were not involved as students with these CPOs previously or during the study, and did not have established relationship with any participants, while the authors coding the transcripts did not code interviews they had performed. The analysis team members met frequently to engage in group memos and reflection, recognizing the intersecting roles many had as students and faculty in medical education.

Results

The characteristics of the nine participating CPOs are summarized in Table 1. The CPOs served a variety of populations (e.g., refugees, precariously housed, individuals with disabilities). Table 2 presents a summary of major themes and illustrative quotes, which will be discussed next by category.

1) The role of CPOs in CBSL and medical education

CPOs had varied perspectives of their roles in CBSL and medical education. Some CPOs perceived their role in CBSL as being conduits for experiential learning opportunities, while others were actively teaching students about their communities and skills related to health advocacy (i.e., developing educational resources and conducting program evaluations). Other CPOs expressed a desire to play a larger role in medical education through activities such as teaching students in the classroom or contributing to curriculum development related to health advocacy as demonstrated by the quote:

> *Most providers in the community would appreciate having more input into the curriculum…Because that's what this course is about…It's sort of about the community, so we should be having more input into the actual curriculum (CPO #6).*

A few CPOs felt uniquely positioned to help future physicians understand their community needs as highlighted by the quote: *"We really embrace this opportunity to introduce people to [CPO] and to … [develop] a cultural view versus a pathological view…" (CPO #8).*

2) CPOs' perspectives on health advocacy

CPOs had varied definitions of health advocacy depending on the role of the individual (i.e., CPO, physician, medical student). CPOs reported being involved in many advocacy activities, including raising awareness about health issues or inequities, requesting better services or funding for their clients or communities, and providing direct or indirect client support. CPOs believed advocacy for physicians encompassed direct patient care as well as addressing the social determinants of health and making policy changes, as represented by the quote: "*I think advocacy means just going a step a little further rather than giving you a prescription" (CPO #4).*

Meanwhile, advocacy for medical students was described as learning, volunteering, and directly interacting with clients to develop a deeper understanding of the lived experiences of diverse populations. This was demonstrated by the quote:

> *I think the role, especially as future doctors, is understanding…Understanding the community's needs and the gap. And that's where we advocate, throughout those gaps (CPO #7).*

3) CPOs perceived a positive impact from CBSL

Overall, CPOs thought CBSL had a positive impact and was mutually beneficial for all stakeholders. CPOs believed that students had valuable insights into the healthcare system that benefited their organizations, while students gained an improved understanding of their communities. Students contributed through research, resource development, and educational programming, while developing communication and professional skills to become better physicians. A few CPOs believed that through CBSL they were able to facilitate a network between their organization and the medical institution, which was perceived to be highly beneficial as demonstrated by the quote:

> *Historically, for hundreds of years, there's been this huge division between these two communities [medical institution & CPO]... And through education, through partnerships… We've got medical students now coming 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 [CPO] community in general (CPO #8).*

Discussion

Our study provides insights into the perspectives of CPOs regarding CBSL in the context of health advocacy. CPOs had varied perceptions of their role in CBSL, from providing service-learning experiences to actively teaching students about their communities and skills related to health advocacy. Although CPOs could describe many positive impacts of CBSL, our study suggests there may need to be more clarity on what health advocacy entails and the role of CPOs in developing these skills.

The CanMEDS definition of advocacy is broad; it involves responding to the individual patient's health needs by advocating for the patient within and beyond the clinical environment. It also involves responding to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner.[3] Our study revealed that CPOs had varied perceptions regarding what health advocacy entails. Further delineating the advocacy skillsets and specific learning objectives may enable CPOs to improve the delivery of CBSL and health advocacy training. For example, a specific objective may be related to students' developing an awareness of how health inequities manifest in community spaces.

This study showed that CPOs would like to be involved in a larger role in medical education pertaining to health advocacy. As identified in our first theme, some CPOs had concerns about the power differential between medical institutions and community organizations, but this was not endorsed by all. Previous publications have referenced that contributions from institutions to the community can be more "symbolic than substantive," which can be harmful.[15] Community-based participatory research (CBPR) principles attempt to address this longstanding issue of power imbalance.[22] These principles include developing genuine partnerships through long-term commitments, building on the strengths and resources within the community, promoting co-learning and empowerment, engaging in research through an iterative process, and disseminating and translating that knowledge to benefit all partners, as reflected in quotes above (CPO #6).[23]

CBPR has been shown to improve health equity, which is a major focus of advocacy work and aligns with the goals of CBSL.[24,25] Applying the principles of CBPR in CBSL may help ensure that CPOs are equal partners in providing medical education pertaining to health advocacy. A previous CBSL program evaluation involving consultation with community partners found similar themes, including being positively impacted by medical students and a desire to become an equal partner in educating medical students regarding community involvement.[26]

Limitations of this study included that it only interviewed CBSL supervisors (CPOs) working with a single university. Given the small sample size of our study, it is possible that additional themes may be found in a larger sample. As only nine of 65 CPOs participated in our study, this may not be representative of all the CBSL-participating CPOs which limits our generalizability. Additional studies with different CBSL stakeholders, and at different medical education institutions with different models of service-learning, would provide greater insight into the factors that influence advocacy training in CBSL.

Conclusions

This study provides further insight into health advocacy from the lens of CPOs, which may inform changes to health advocacy training and the CanMEDS Health Advocate Role to better align with the values of community organizations. Our findings underscore the need for medical educators and community partners to have shared definitions and a common language when engaging and teaching students about health advocacy. With a shared language and understanding of what health advocacy is, medical students, academic and community educators will be better positioned in developing appropriate assessments and evaluations.

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References

1. Earnest MA, Wong SL, Federico SG. Perspective: physician advocacy: what is it and how do we do it? *Acad Med* 2010;85(1):63-67. https://doi.org/10.1097/ACM.0b013e3181c40d40
2. Buchman S, Woollard R, Meili R, Goel R. Practising social accountability: from theory to action. *Can Fam Physician*. 2016;62(1):15-18.
3. Frank JR, Snell L, J S. *CanMEDS 2015 physician competency framework Royal College of Physicians and Surgeons of Canada.* Published 2015. [Accessed 2022].
4. Bhate TD, Loh LC. Building a generation of physician advocates: the case for including mandatory training in advocacy in Canadian medical school curricula. *Acad Med* 2015;90(12):1602-1606. https://doi.org/10.1097/ACM.0000000000000841

5. Howell BA, Kristal RB, Whitmire LR, Gentry M, Rabin TL, Rosenbaum J. A systematic review of advocacy curricula in graduate medical education. *J Gen Intern Med*. 2019;34(11):2592-2601. https://doi.org/10.1007/s11606-019-05184-3
6. TD, Plinke W, Arora VM, Zhu JM. Prevalence and characteristics of advocacy curricula in US medical schools. *Acad Med*. 2021;96(11):1586-1591. https://doi.org/10.1097/ACM.0000000000004173
7. Bringle RG, Hatcher JA. *A service-learning curriculum for faculty.* 1995.
8. McIntosh S, Block RC, Kapsak G, Pearson TA. Training medical students in community health: a novel required fourth-year clerkship at the University of Rochester. *Acad Med*. 2008;83(4):357-364. https://doi.org/10.1097/ACM.0b013e3181668410
9. Belkowitz J, Sanders LM, Zhang C, et al. Teaching health advocacy to medical students. *J Public Health Management Pract.*. 2014;20(6):E10-E19. https://doi.org/10.1097/PHH.0000000000000031
10. Brush DR, Markert RJ, Lazarus CJ. The relationship between service learning and medical student academic and professional outcomes. *Teach Learn Med*. 2006;18(1):9-13. https://doi.org/10.1207/s15328015tlm1801_3
11. Long JA, Lee RS, Federico S, Battaglia C, Wong S, Earnest M. Developing leadership and advocacy skills in medical students through service learning. *J Public Health Management Pract.* 2011;17(4):369-372. https://doi.org/10.1097/PHH.0b013e3182140c47
12. Chamberlain LJ, Wu S, Lewis G, et al. A multi-institutional medical educational collaborative: advocacy training in California pediatric residency programs. *Acad Med*. 2013;88(3):314-321. https://doi.org/10.1097/ACM.0b013e3182806291
13. Ferrari JR, Worral L. Assessments by community agencies: how "the other side" sees service-learning. *Michigan Journal of Community Service Learning.* . 2000;7(1):35-40.
14. Blouin DD, Perry EM. Whom does service learning really serve? Community-based organizations' perspectives on service learning. *Teaching Sociology*. 2009;37(2):120-135. https://doi.org/10.1177/0092055X0903700201
15. Hammersley L. Community-Based Service-Learning: Partnerships of Reciprocal Exchange? *APJCE*. 2012;14(3):171-184.
16. Hunt JB, Bonham C, Jones L. Understanding the goals of service learning and community-based medical education: a systematic review. *Acad Med*. 2011;86(2):246-251. https://doi.org/10.1097/ACM.0b013e3182046481
17. Olmos-Vega FM, Stalmeijer RE, Varpio L, Kahlke R. A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Med Teach*. 2022:1-11. https://doi.org/10.1080/0142159X.2022.2057287
18. Cresswell JW. Qualitative inquiry and research design: Choosing among five traditions. In: Thousand Oaks, CA: Sage; 1998.
19. JM. *Designing qualitative research*. In: Denzin NK, Lincoln YS, editors. Handbook of qualitative inquiry. Thousand Oaks, CA: Sage; 1994.
20. Nastasi BK, Schensul SL. Contributions of qualitative research to the validity of intervention research. *J school psychol.* 2005;43(3):177-195. https://doi.org/10.1016/j.jsp.2005.04.003
21. Clark J. How to peer review a qualitative manuscript In: Godlee F, Jefferson T. Peer review in health sciences. In: London: Elsevier; 2003.
22. Wallerstein N, Duran B. Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *AJPH*. 2010;100(S1):S40-S46. https://doi.org/10.2105/AJPH.2009.184036
23. Schmittdiel JA, Grumbach K, Selby JV. System-based participatory research in health care: an approach for sustainable translational research and quality improvement. *AFM*. 2010;8(3):256-259. https://doi.org/10.1370/afm.1117
24. Dankwa-Mullan I, Rhee KB, Stoff DM, et al. Moving toward paradigm-shifting research in health disparities through translational, transformational, and transdisciplinary approaches. *AJPH.* 2010;100(S1):S19-S24. https://doi.org/10.2105/AJPH.2009.189167
25. Jagosh J, Macaulay AC, Pluye P, et al. Uncovering the benefits of participatory research: implications of a realist review for health research and practice. *The Milbank Quarterly.* 2012;90(2):311-346. https://doi.org/10.1111/j.1468-0009.2012.00665.x
26. Cohen L, Leung F-H, Oriuwa C, Wright R. Service-learning curriculum design and implementation at the University of Toronto Faculty of Medicine. *MedEdPublish*. 2019;8(141):141. https://doi.org/10.15694/mep.2019.000141.1