

Review title: Community Engaged Medical Education: Systematic Thematic Reviews (CEMESTR)

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1: Background to the topic

A number of institutions around the world have pursued the idea of ‘community-engaged medical education’ (and similar models) as a way of providing better quality and better aligned educational programs. Community-engaged medical education (CEME) is being increasingly employed as a means to increase schools’ social accountability, as the context for specific educational activities such as longitudinal clerkships and service learning, and as the medium for expanding and new medical education programs. This builds upon earlier initiatives such as community-oriented medical education (COME) which, while it “takes into consideration in all aspects of its operations the priority health problems of the country in which it is conveyed” (Hamad, 1991), it does not necessarily directly involve the participation of its host communities in the design, conduct or evaluation of the programs they host.

To date, there has been no rigorous systematic review of how different relationships between medical education programs and communities impact on the outcomes of such interactions. The reasons for pursuing this model have tended to be based on aspirational concepts of service, justice and social accountability rather than a strong evidence base, not least because community engaged programs and institutions must first exist before being able to undertake the research that would explore the evidence. Now that there are number of programs and institutions running worldwide (including the Northern Ontario School of Medicine), it is time to review the evidence around community-engaged medical education. The CEMESTR study has been created to undertake that review.

Outputs

The CEMESTR project is designed to generate the following deliverables:

- A reference set of publications on the evidence base for CEME
- Validated frameworks, language and terminology appropriate to CEME
- Recommendations for further research and development
- Increased opportunities for collaborative academic activity across the CEME community

Definitions

- *Community*: a discrete group of individuals bound together either by a) living in the same locality or b) sharing a common professional or personal interest.
- *Educational outcomes*: changes in the educational state of individuals, groups or student populations that are attributable to a planned intervention or series of interventions.
- *“Health Outcomes are a change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.”* Source: Definition of Wellness - <http://www.definitionofwellness.com/dictionary/health-outcomes.html>

The following definitions are based on Strasser (2010):

- *Community-oriented medical education*: medical education activities that address topics in community health but still take place in traditional academic settings.
- *Community-based medical education*: medical education activities that take place in community settings but do not directly engage the community in the design, conduct and/or evaluation of these activities.
- *Community-engaged medical education*: medical education activities that directly engage members of a community in their design, conduct and/or evaluation so as to meet the needs of the community in some way and to enhance the experience or outcomes of the learners involved.

2: Review topic and question

This study will investigate the interactions between communities and the educational programs that take place within them. More specifically our study question is:

“How do different relationships between medical education programs and communities impact educational and health outcomes?”

Objectives

1. Identify published empirical and non-empirical evidence of the impact of community-based, oriented and engaged medical education, analyse it, and synthesise conclusions from it.
2. Synthesise empirical and non-empirical analyses to identify how different relationships with host communities impact medical education, identifying key factors, dependencies and their contextual binding.
3. Identify the strengths and limitations of the research effort to date, establish the current strengths and weaknesses of the way the construct of community is linked to and accounted for in medical education and to identify objectives for future research.

Key words

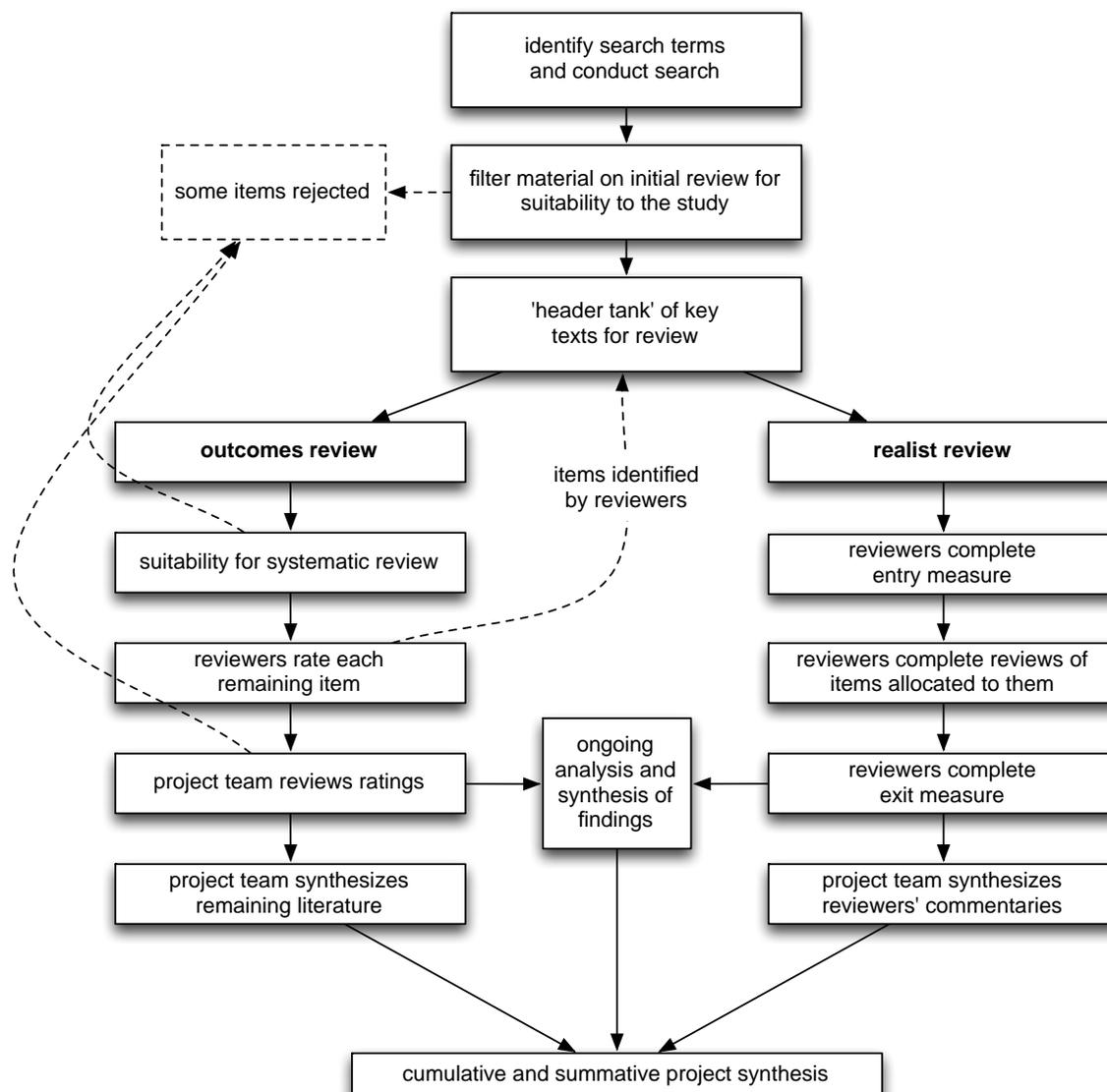
1. Community-engaged
2. Community-oriented
3. Community-based
4. Community relationships
5. Medical education

3: Methods

This study will undertake parallel reviews to identify and analyse what evidence there is describing the impact and effectiveness of different kinds of relationships between medical education programs and the communities that host them. We hope to identify key factors in these relationships, and their strengths and weaknesses and from this inform better program design and more focused future research.

This project is intended to provide the following deliverables:

- A reference set of publications on the evidence around how different relationships between medical schools and communities impact educational and health outcomes.
- Validated frameworks, language and terminology describing different relationships between medical schools and communities
- Recommendations for further research and development



The meta-review will consist of two component reviews (see protocol diagram above):

1. A 'purist' outcomes review based on Kirkpatrick criteria and strict filtering based on empirical methods and analyses (Hammick et al, 2010). Note that this involves reviewers following a set systematic review protocol and does not engage them as research subjects.
2. A realist review using Pawson's techniques of realist enquiry (Pawson 1997, 2006; Wong et al, 2012) to include a wider range of outcomes and criteria for inclusion including grey literature and other non-empirical reports and documents. This would consider the complexity and other phenomena associated with CEME. A realist synthesis review attempts to answer the question "how and when does it work and for whom", in doing so it draws on a wider range of sources than a systematic review and it is based on synthesizing commentaries rather than ratings. Again we would seek to answer the following core questions: What key factors define CEME? What are the strengths and limitations of CEME?

Search strategy

Pilot searches were carried out using Medline and Web of Science in late 2011 using the following terms: 'community oriented medical education' OR 'community based medical education'. This returned 375 papers and reports (once duplicates had been removed). 194 rejected as not being relevant to the study. Recurring authors were identified and a finger search conducted to identify other items by these individuals. Searches of local NOSM resources identified further books and book chapters. The final result of these searches was a bibliography consisting of 253 items. These will be used to seed this review.

The pilot search bibliography was analysed for recurring terms. A review of relevant subject headings for Medline, CINAHL and ERIC was conducted, the results of which are shown in Appendix 6. These will inform our final search terms.

Our target date range covers the last 30 years (to include material from the COME movement from the 1990s and its antecedents).

We plan to work with the following targets:

- Online search of: Medline, Web of Science, CINAHL - Cumulative Index to Nursing and Allied Health Literature, ERIC - Education Resource Information Center
- Hand-searches of: Medical Education, Medical Teacher, Academic Medicine, Teaching and Learning in Medicine, Advances in Health Sciences Education, International Journal of Rural and Remote Health, Rural Health (US), The Australian Journal of Rural Health, Family Practice, The Journal of Family Health, Annals of Family Medicine, Brit J Gen Prac, Canadian Family Physician, Australian Family Physician, S.African Fam. Prac. Journal, Education for Health.
- Snowball hand searches (including books and book chapters, reports and grey literature) following key contributors identified from key sources and by reviewers and project team members.

Inclusions: Empirical and non-empirical studies, reports and other analyses of community-engaged medical education whatever their design or methodology, including papers not in English (note we currently have language capacity to review English, French and Dutch sources).

Reviewers

Reviewers will be expert medical educators asked to contribute their views and perspectives on the topic of community engaged medical education in a series of structured reviews of the research and other literature on this subject. Very limited personal data is requested in profiling each contributor at entry to the study and no personal data is required thereafter. Participants face no foreseeable risks by participating in this project. We will recruit reviewers based on our existing professional networks. This is therefore a purposive sample.

Reviewers will be scholars with an interest in community-engaged medical education, the ability to communicate in English and a demonstrable interest in the study and an ability to participate. No other selection criteria will be used. We have currently recruited 32 reviewers from Australia, Belgium, Canada, France, Greece, Nepal, Netherlands, and the USA in addition to the core project members. **Although a few reviewers may participate in both arms we anticipate that the majority will choose one or the other giving approximately 16 per arm. Given the likelihood of some withdrawals or no-shows this may fall to ~10-12 active contributors per arm. This may be insufficient for the realist arm that requires rather more input more per item than the outcomes arm. Realist reviews also depend rather more on heterogeneity of perspectives rather than homogeneity. Once we find out how many of our reviewers are actively contributing, we may increase the reviewer pool to ensure there will be a sufficient numbers of reviewers.**

We have built an online review tool (<http://pine.nosm.ca/cemestr/>) where our reviewers will be allocated items for review, they can view their review items online and they can complete their

reviews using online forms. This allows all reviews, comments etc to be recorded in a common database as well as the activity profiles of reviewers and the overall progress of the project to be monitored.

The core study team piloted the use of the online system with each conducting several reviews using it and providing feedback on the forms and on the review process. Some changes were made to the forms (for instance adding additional terms to controlled response lists and changing the workflow of reviewers tracking their own reviews both pending and completed).

Every item will be reviewed by a minimum of two reviewers.

- *Outcomes Review Arm:* Individual reviewers complete review pro forma for each item reviewed (Appendix 2 – Outcomes Review Template). The systematic review arm only requires reviewers to rate the appropriateness of the design of the study to answer the research question, how well the design was implemented, the appropriateness of the analysis, and what kinds of Kirkpatrick impact the findings fall, none of which involves collecting or recording personal data. Accordingly this arm of the study has not undergone REB review.
- *Realist Review Arm:* Individual reviewers are profiled on entry to the study (Appendix 3: Realist Reviewer Entrance Profile) they then complete a review pro forma for each item (Appendix 4: Realist Review Template) and finally they complete a personal review on exit from the study (Appendix 5: Realist Reviewer Exit Profile). The realist review arm requires reviewers to provide their opinions, interpretations and commentaries on the material encountered. Note that in Canada the Tri Council Policy Statement on research ethics involving human participants (TCPS2) requires REB review if personal information is recorded including participant opinions, which the realist arm of the study does involve. The need for REB review for this aspect of the study was confirmed by our local REB Chair and accordingly the study underwent and passed REB review at Laurentian University, Ontario.

A briefing video will be made available to all reviewers to help them to understand the project, the study question, the key terms in the study and the review process.

Regarding authorship of project outputs we will follow the criteria set out by the International Committee of Medical Journal Editors regarding authorship¹. Participation solely as a reviewer will not constitute “substantive intellectual contributions to a published study” but we will invite reviewers to participate in the writing process as well.

Synthesis

Each set of findings will be brought forward with a summary report from each arm setting out the number items reviewed, the results of such reviews (inclusions/exclusions, numbers tagged based on review criteria etc) and for the realist arm a report on the reviewers, in particular their entry and exit profiles.

Both review arms will be monitored and analyzed by multiple (target of 3) analysts on an ongoing basis using dual analytical tools (a ‘purist’ outcomes model and the Context, Mechanisms and Outcome model of realist review) for common and divergent themes and topics using constructivist grounded theory techniques (Charmaz, 2006). This will involve multiple iterations comparing emerging theories and constructs to the findings from the two review arms, cross-referencing source materials or polling the reviewer community as required. Both consensus and divergent findings will be presented as part of the findings narrative.

This will be sent to all reviewers for comment and reflection. The feedback from reviewers will be used to extend or add parallel narratives to the primary findings narrative. This will form the basis of the final findings reports.

¹ See http://www.icmje.org/ethical_1author.html

4: Logistics

Project Timetable

We are planning a fairly aggressive timeline for this review:

Start: 1st January 2013 and Finish: 28th February 2014. We have REB coverage for the realist reviews until the end of August 2013, an application to extend will be sought if necessary.

	J	F	M	A	M	J	J	A	S	O	N	D	J	F
Finalize protocol														
Assemble items														
Recruit reviewers														
Outcomes reviews														
Realist reviews														
Synthesize reviews														
Report and disseminate														

Conflict of interest statement

We have no commercial or other financial conflict of interest to declare with respect to this study.

Although we have no financial conflicts that we are aware of, the study team are directly involved in running an explicitly community-engaged medical school, and as such we must acknowledge that our perspectives will be influenced by our experiences and our aspirations with regards to the educational model that the study is reviewing. It is also likely that the majority of reviewers will be similarly invested in the educational model we are investigating. We must therefore declare that there could be reputational and political conflicts if our findings were to negatively reflect on the model of community-engaged medical education.

However, as community engagement also requires substantial social accountability and we see that as linked to our academic communities as well as our geographical ones. The principle of accountability therefore drives this study and sets the ethical imperative to set aside personal and collective conflict to be as objectively accountable for our analyses and reporting on community-engaged medical education as we can be, within the review team as well as between the team and the audience for the review.

Plans for updating the review

Community-engaged medical education is an emerging field and we anticipate that it will continue to develop, hopefully with the CEMESTR study acting as a key part of that development. We would anticipate running the review again in 5 to 8 years time to track this development. It may be a different team that would undertake the follow-up study.

Changes to the Protocol

We acknowledge that our study design is unusual and may need adjustment as we execute it. We are already obliged to report on any changes to the realist arm to the Laurentian University REB and we extend this to track and report on any changes to the review, both to BEME and in reporting on the study.

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Appendix 1: Invitation to Participate

Study Title: Community Engaged Medical Education: Systematic and Thematic Reviews (CEMESTR) Project

Investigators: Dr Rachel Ellaway, Dr Lisa Graves, Dr Roger Strasser, Dr David Marsh and Dr Cathy Cervin

We are researchers at the Northern Ontario School of Medicine and we invite you to become a participant in the Community Engaged Medical Education: Systematic and Thematic Reviews (CEMESTR) Project to examine the evidence base for and against community-engaged medical education. The study runs from 1st August 2012 to 31st August 2013. You have been asked to participate in this research because you have been identified as a scholar with an interest in community engaged medical education.

We are collecting information in the form of a realist review of the literature (research and grey) on community-engaged medical education. Participation would involve you reading identified sources (papers, chapters, reports and other materials) and completing an online review form for each item. You are free to determine how much time you wish to invest in this study as different items will be of different lengths and you are free to review as many or as few items as you wish. A minimum investment of three hours reading and reviewing is requested but not mandatory over the duration of the study. You may also be asked to contribute to a subsequent round of Delphi reviews. Either way we are seeking your views, opinions, interpretations, commentaries and suggestions on other sources and issues relevant to community-engaged medical education that we should be considering.

A report summarising the findings of this project will be made available to all participants at the end of the project.

Results from the study may also be presented at conferences and in academic journals and other publications.

There are no risks we can see for you associated with your participation in this project. Data will be entered into a common project database on a secured investigator server. All data will be collected anonymously. Once the study is complete the data will be taken offline and stored on password protected investigator computers for five years.

You have the right to not participate or to withdraw from the project at any time and may decline to be involved in any project activity without penalty. If you have any questions or concerns about the study, you can contact the principal researcher by email at rachel.ellaway@nosm.ca or by phone at 705 662 7196. If you have questions or concerns pertaining to the ethics aspects of the study, you can contact Pauline Zanetti at the Laurentian University Ethics office at 1-800-461-4030 or (705) 675-1151, ext. 2436 or email at ethics@laurentian.ca

If you consent to participate in the study please click the following link to receive instructions on how to access the first survey <<URL>>

If you do not consent to participate in the study please click the following link <<URL>>

Appendix 2: CEMESTR Outcomes Review*

Step 1: Suitability for systematic review

Criteria for outcomes review is that the item presents an experimental or evaluative study. The project team will remove items that do not fulfil this criterion before presenting to the reviewers.

Step 2: Reviewer Ratings

Item ID		
Item Title		
Is the study relevant to the needs of the Project?	Yes – no – can't tell	
Does the paper address a clearly focused issue?	Yes – no – can't tell	
Are the aims of the investigation clearly stated?	Yes – no – can't tell	
Study type	Non-comparative studies: audit, action-based, case Series, expert opinion, focus group, historical, observation, survey. Comparative studies: cross-sectional, before and after study, time series, non-randomized trial, randomized trial, group-randomized trial, case control, cohort study, review, systematic review, meta analysis.	
Community type	Remote – rural – suburban – urban Geographical community – community of interest	
Educational level	Undergraduate (MD/MBChB/MBBS) Postgraduate (residency)	
Education type	Community-oriented Community-based Community-engaged	
	Rating	Comments
How appropriate is the study design to the research questions posed?	Excellent – good – average – poor – very poor – could not assess	
How well was the design implemented?	Excellent – good – average – poor – very poor – could not assess	
How appropriate was the analysis?	Excellent – good – average – poor – very poor – could not assess	

Were there any concerns with the study?	---
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What are the Kirkpatrick outcomes (listed as K1-K4):

K-Level	Care focused impact (after Tochel et al. 2009)	Educational focused impact (after Steinert et al. 2006 p. 501)
K1	<input type="checkbox"/> Participation – covers learners' views on the learning experience, its organization, presentation, content, teaching methods, and aspects of the instructional organization, materials, quality of instruction.	<input type="checkbox"/> Participants' views on the learning experience, its organization, presentation, content, teaching methods, and quality of instruction.
K2A	<input type="checkbox"/> Modification of attitudes / perceptions – outcomes relate to changes in the reciprocal attitudes or perceptions between participant groups toward intervention / simulation.	<input type="checkbox"/> Change in attitudes - Changes in the attitudes or perceptions among participant groups towards teaching and learning.
K2B	<input type="checkbox"/> Modification of knowledge / skills – for knowledge, this relates to the acquisition of concepts, procedures and principles; for skills this relates to the acquisition of thinking / problem-solving, psychomotor and social skills.	<input type="checkbox"/> Modification of knowledge or skills - For knowledge, this relates to the acquisition of concepts, procedures and principles; for skills, this relates to the acquisition of thinking/problem-solving, psychomotor and social skills.
K3	<input type="checkbox"/> Behavioural change – documents the transfer of learning to the workplace or willingness of learners to apply new knowledge and skills.	<input type="checkbox"/> Change in behaviours - Documents the transfer of learning to the workplace or willingness of learners to apply new knowledge & skills.
K4A	<input type="checkbox"/> Change in organizational practice – wider changes in the organizational delivery of care, attributable to an educational program.	<input type="checkbox"/> Change in the system / organizational practice - Refers to wider changes in the organization, attributable to the educational program.
K4B	<input type="checkbox"/> Benefits to patient / clients – any improvement in the health and well-being of patients / clients as a direct result of an educational program.	<input type="checkbox"/> Change among the participants' students, residents or colleagues. Refers to improvement in student or resident learning/performance as a direct result of the educational intervention.

Were there any references cited in these papers that might be of interest to the review?

Step 3: Project team reviews ratings

Following data extraction of each paper members of the project team will independently score items on a scale of 1 to 5 for the strength of the findings as follows:

- Grade 1 No clear conclusions can be drawn. Not significant.
- Grade 2 Results ambiguous, but there appears to be a trend.
- Grade 3 Conclusions can probably be based on the results.
- Grade 4 Results are clear and very likely to be true.
- Grade 5 Results are unequivocal.

Papers where the conclusions were not supported by the evidence presented i.e. grades 1 and 2 will not be considered further in this arm of the study.

* based on the work of Hammick et al (2010).

Appendix 3: Realist Reviewer Entrance Profile

Thank you for agreeing to act as a reviewer in the realist arm of the CEMESTR. Please complete the following survey to record your perspectives on community-engaged medical education at entry to this study:

<i>Reviewer ID</i>											
<i>Professional background</i> <i>(check all that apply)</i>	physician <input type="checkbox"/>		nurse <input type="checkbox"/>		other health professional <input type="checkbox"/>		teacher <input type="checkbox"/>				
	researcher <input type="checkbox"/>		administrator <input type="checkbox"/>		student <input type="checkbox"/>		other <input type="checkbox"/>				
<i>What percentage of your work involves what you would consider community-engaged medical education?</i>	<5% <input type="checkbox"/>	5-10% <input type="checkbox"/>	10-20% <input type="checkbox"/>	20-30% <input type="checkbox"/>	30-40% <input type="checkbox"/>	40-50% <input type="checkbox"/>	50-60% <input type="checkbox"/>	60-70% <input type="checkbox"/>	70-80% <input type="checkbox"/>	80-90% <input type="checkbox"/>	90-100% <input type="checkbox"/>
<i>What is your working definition of community-engaged medical education?</i>											
<i>What are your starting beliefs and attitudes with respect to community-engaged medical education?</i>											
<i>What do you hope to get out of participating in this study?</i>											

Appendix 4: Realist Review Template

Please fill out this form for each item you review in the realist arm of the CEMESTR study:

Item ID	
Item Title	
Is the item relevant to the needs of the Project?	Yes – no – can't tell
Does the item address a clearly focused issue?	Yes – no – can't tell
Study type	Non-comparative studies: audit, action-based, case Series, expert opinion, focus group, historical, observation, survey. Comparative studies: cross-sectional, before and after study, time series, non-randomized trial, randomized trial, group-randomized trial, case control, cohort study, review, systematic review, meta analysis.
Community type	Remote – rural – suburban – urban Geographical community – community of interest
Community type	Remote – rural – suburban – urban Geographical community – community of interest
Educational level	Undergraduate (MD/MBChB/MBBS) Postgraduate (residency)
<i>What are the contexts for this item? (eg medical, rural, urban, Canadian etc)</i>	
<i>What are the mechanisms for this item? (eg participatory curriculum development, cultural competence etc)</i>	
<i>What are the outcomes for this item? (eg educational [quality, breadth, experience of learning etc], health [capacity, perception, responsiveness etc])</i>	
<i>Are there any limitations, biases or other confounding issues?</i>	
<i>What, if any, common themes and patterns are</i>	

<p><i>illustrated by this item?</i></p>	
<p><i>What, if any, unusual themes and patterns are illustrated by this item?</i></p>	
<p><i>What, if any, emerging or applied theories are discussed or apparent in this item?</i></p>	
<p><i>What are the most significant aspects of this item to this study and why?</i></p>	
<p><i>What works in this item and why?</i></p>	
<p><i>What changes and challenges has this item had to your understanding and beliefs around community-engaged medical education?</i></p>	

Appendix 5: Realist Reviewer Exit Profile

This form should be filled out once you have completed all of your allocated reviews in the realist arm of the CEMESTR study:

<i>Reviewer ID</i>	
<i>What is your definition of community-engaged medical education now?</i>	
<i>How have your beliefs and attitudes with respect to community-engaged medical education changed as a result of participating in this study?</i>	
<i>How might we improve on this form of study in the future?</i>	
<i>Do you have any other closing comments?</i>	

Appendix 6: Initial subject headings

1: Medline

MeSH HEADING: **Consumer Participation**

YEAR of ENTRY: 74

SCOPE: Community or individual involvement in the decision-making process.

Used For: community participation, consumer involvement, community actions, participation public, participation community, participation consumer, community action, actions community, consumer involvements, consumer participation, involvement consumer, public participation, action community

MeSH HEADING: **Community Networks**

YEAR of ENTRY: 96

SCOPE: Organizations and individuals cooperating together toward a common goal at the local or grassroots level.

Used For: health network community, health networks community, community care network, network community care, networks community care, community health networks, community care networks, care network community, community networks, care networks community, network community, community health network, community network, network community health, networks community health, networks community

MeSH HEADING: **Community Health Planning**

YEAR of ENTRY: 95

SCOPE: *Planning that has the goals of improving health, improving accessibility to health services, and promoting efficiency in the provision of services and resources on a comprehensive basis for a whole community. (From Facts on File Dictionary of Health Care Management, 1988, p299)*

See Related: COMMUNITY HEALTH SERVICES

Used For: *planning population-based, plannings community health, community health planning, health systems community, community health system, health planning community, systems community health, population-based plannings, health plannings community, plannings population-based, health system community, planning community health, system community health, community health systems, population based planning, population-based planning, community health plannings*

MeSH HEADING: **Community-Institutional Relations**

YEAR of ENTRY: 78

SCOPE: The interactions between members of a community and representatives of the institutions within that community.

Used For: relations community-institutional, community-institutional relations, relation community-institutional, community-institutional relation, community relation, relation community, community relations, outreach community, community outreach, relations community, community institutional relations

MeSH HEADING: **Community-Based Participatory Research**

YEAR of ENTRY: 2009

SCOPE: Collaborative process of research involving researchers and community representatives.

PREVIOUS INDEXING: Cooperative Behavior (1997-2008)

Used For: participatory research community-based, community based participatory research, community-based participatory research

MeSH HEADING: **Education, Medical, Graduate**

YEAR of ENTRY: 66; EDUCATION, MEDICAL, POSTGRADUATE was see under EDUCATION, MEDICAL, CONTINUING & EDUCATION, MEDICAL, GRADUATE 1966-74; was heading 1963-65

SCOPE: Educational programs for medical graduates entering a specialty. They include formal specialty training as well as academic work in the clinical and basic medical sciences, and may lead to board certification or an advanced medical degree.

Used For: medical education graduate, education graduate medical, education medical graduate, graduate medical education

MeSH HEADING: **Academic Medical Centers**

YEAR of ENTRY: 80; was see HOSPITALS, UNIVERSITY 1979

SCOPE: Medical complexes consisting of medical school, hospitals, clinics, libraries, administrative facilities, etc.

Used For: medical centers academic, academic medical centers, medical centers university, centers academic medical, university medical center, academic medical center, medical center university, medical center academic, university medical centers, centers university medical, center university medical, center academic medical

MeSH HEADING: **Education, Medical**

SCOPE: Use for general articles concerning medical education.

Used For: medical education, education medical

MeSH HEADING: **Faculty, Medical**

YEAR of ENTRY: 66

SCOPE: The teaching staff and members of the administrative staff having academic rank in a medical school.

Used For: medical faculty, medical faculties, faculty medical, faculties medical

MeSH HEADING: **Schools, Medical**

SCOPE: Educational institutions for individuals specializing in the field of medicine.

Used For: medical school, school medical, medical schools, schools medical

MeSH HEADING: **Education, Medical, Undergraduate**

YEAR of ENTRY: 73(71)

SCOPE: The period of medical education in a medical school. In the United States it follows the baccalaureate degree and precedes the granting of the M.D.

Used For: education undergraduate medical, medical education undergraduate, education medical undergraduate, undergraduate medical education

2: CINAHL

Service learning: A method of teaching in which relevant community service is deliberately integrated into the academic curriculum.

Community-institutional relations: Individuals and/or organizations working together to provide information to members of a community. For community health information networks use HEALTH INFORMATION NETWORKS.

Community Role: Community participation in services, programs, and activities, such as health promotion, social welfare, education, etc., that involve the welfare of all community members.

3: ERIC

School community relationship

Scope Note: Formal or informal interactions between an educational institution and the surrounding community

Broader Terms: Relationship

Related Terms: Public Service, Place Based Education, School Support+, Community Coordination, Community Based Instruction (Disabilities), Educational Sociology, Public Relations, Family School Relationship+, Community+, Partnerships in Education, School Community Programs, Economic Impact, Participative Decision Making, Politics of Education, School Attitudes, Service Learning, Integrated Services, Cooperative Programs , Community Schools, Parent School Relationship, Schools+, Community Cooperation, Community Colleges, School Involvement, Cooperative Planning, Community Control, School Role+, School Business Relationship, Tribally Controlled Education

Used For: College Community Relationship, School Community Interaction, Community School Relationship, School Community Communication, School Community Cooperation (1966-1980), School Community Coordination

Partnerships in education

Scope Note: Collaborative arrangements and endeavors between and among schools and other entities (corporate enterprises, community agencies, student/parent/citizen groups, colleges, other schools, individuals, etc.) designed to share resources, achieve common goals, and foster educational achievement, improvement, and reform (Note: See also the Identifiers "Coalitions" and "Teacher Partnerships")

Broader Terms: Educational Cooperation

Related Terms: Government School Relationship+, Institutional Cooperation+, College School Cooperation, Parent Participation, Community Involvement, Parent School Relationship, Consortia, Parent Teacher Cooperation, Cooperative Programs, Coordination+, School Business Relationship, Corporate Support, School Community Programs, Education Work Relationship, School Community Relationship, School Councils, Educational Improvement+, School

Restructuring, Shared Resources and Services+, Family School Relationship+, Stakeholders

Used For: Academic Alliances, Collaboratives (Education), Partners in Education Projects, Educational Partnerships

Community

Scope Note: A social group linked by common interests through residence in a specific locality, or, whether or not in physical proximity, whose members perceive themselves as sharing a common ideology, interest, or other characteristic

Broader Terms: Groups

Narrower Terms: Collective Settlements, Neighborhoods, African American Community, Discourse Communities, Communities of Practice, Municipalities

Related Terms: Community Involvement, Group Unity, Community Resources, Community Action, Community Benefits, Community Planning, Community Schools, Police Community Relationship, Community Surveys, Community Programs+, Place of Residence, Community Control, Suburbs, Community Responsibility, School Community Relationship, Community Leaders, Community Coordination, Local Government+, Community Relations, City Government, Community Role, Community Colleges, School Community Programs, Community Change, Community Study, Community Centers, Community Psychology (2004), Community Based Instruction (Disabilities), Community Characteristics, Local Issues, Community Education, Community Problems, Community Influence, Community Needs, Community Cooperation, Community Organizations, Community Development, Community Attitudes, Community Health Services, Community Services+, Community Support

Used For: Planned Community (1966 1980) (2004), Community Legislation (2004), Planned Communities (2004)

Community influence

Scope Note: The influence exerted by a community (Note: Prior to Mar80, the use of this term was not restricted by a Scope Note)

Broader Terms: Influences

Related Terms: Community Role, Community Leaders, Community Involvement, Community+, Community Support

Community responsibility

Scope Note: Obligations, duties, or trusts given to or assumed by a community (Note: Do not confuse with "Community Role" -- prior to Mar80, this term was not restricted by a Scope Note)

Broader Terms: Responsibility

Related Terms: Citizenship Responsibility, Community+, Community Action, Community Development, Community Programs+, Community Role, Community Services+, Neighborhood Improvement, Social Responsibility+

Community Role

Scope Note: Functions expected of or performed by a community

Broader Terms: Role

Related Terms: Citizen Participation, Community+, Community Action, Community Attitudes, Community Cooperation, Community Influence, Community Involvement, Community Psychology (2004), Community Responsibility, Community Services+, Community Support, Institutional Role+

Community needs

Scope Note: Necessary conditions for optimal function, development, or well-being of the community

Broader Terms: Needs

Related Terms: Community Surveys, Community Action, Community Resources, Community Programs+, Community+, Community Services+

Service learning

Scope Note: Learning through community service (or public service in a wider sphere), usually integrated with regular instruction in school or college (Note: See also related Identifiers "Community Service," "Youth Community Service," and "National Service")

Broader Terms: Experiential Learning

Related Terms: Student Volunteers, Services+, Character Education (2004), Public Service, Volunteer Training, Citizenship Education, School Community Programs, Student Participation, Community Services+, School Community Relationship

Used For: Community Service Learning

Community involvement

Scope: Involvement of a community in activities or programs (Note: Do not confuse with "Citizen Participation" -- prior to Mar80, the use of this term was not restricted by a Scope Note)

Broader Terms: Participation

Related Terms: Stakeholders, Public Service, Community Cooperation, Outreach Programs, Community Role, Community Change, Community Support, Partnerships in Education, Community Action, Community Influence, Citizen Participation, Community Control, Community Services+, Participatory Research, Community Attitudes, Community+

Used For: Community Participation

Medical education

Scope Note: Professional education and training concerned with the health of individuals or the care and treatment of patients -- presented by or under the supervision of physicians, dentists, nurses, etc. (Note: Do not confuse with "Health Education")

Broader Terms: Professional Education

Narrower Terms: Veterinary Medical Education, Graduate Medical Education, Nursing Education, Pharmaceutical Education

Related Terms: Allied Health Occupations Education, Premedical Students, Clinical Experience, Problem Based Learning, Clinical Teaching (Health Professions), Dental Schools, Health Occupations+, Health Personnel+, Medical School Faculty, Medical Schools, Medical Students, Medicine+

Citizen participation

Scope Note: Political or social involvement in the community, government, or school in order to improve or maintain the status quo or to have impact on policy formation and decision making

Broader Terms: Participation

Related Terms: Activism, Community Involvement, Student Projects, Advocacy+, Community Organizations, Voting, Community Role, Inclusion, Citizenship, Community Support, Citizenship Education, Citizenship Responsibility, Participative Decision Making, Participatory Research, Civil Disobedience, Political Campaigns, Community Action, Public Affairs Education, Community Change, Community Control, Public Service, Community Cooperation, Social Action+, Community Development, Social Responsibility+

Used For: Citizen Involvement, Civic Involvement, Public Participation

UBC

<http://www.communityengagement.ubc.ca/wp-content/uploads/2012/07/Community-Engagement-Backgrounder-Final.pdf>

Musters

<http://gcmem2010.flinders.edu.au/Muster%20theme%20summary%20-%20community%20engagement.pdf>

<http://gcmem2010.flinders.edu.au/Muster%20synopsis%20-%20Future.pdf>

<http://www.med.wisc.edu/education/md/community-service/outreach-and-engagement/149>