

CLIC 2013

CEMESTR: what happens when medical schools and communities intersect?

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Disclosure statement

We have no involvement with industry or any other entity that constitutes a conflict of interest to disclose with respect to this presentation.

Background

- Medical education is (yet again) in a time of change
- Policy and ideological change around social accountability, addressing health inequalities ...
- A common and recurrent theme is society's contract with medicine, and with medical education
- The concept of community is bound into these changes

Background

Many models of how medical education programs should and do interact with communities:

- *Community Oriented*: activities address topics in community health but still take place in traditional academic settings
- *Community Based*: activities take place in the community
- *Community Engaged*: program engages community in design, conduct and evaluation

Evidence is unclear, fragmented, ideological

Systematic review

- We initiated a systematic review with the question:

‘how do different relationships between medical education programs and communities impact educational and health outcomes?’

Study

A two-arm systematic review:

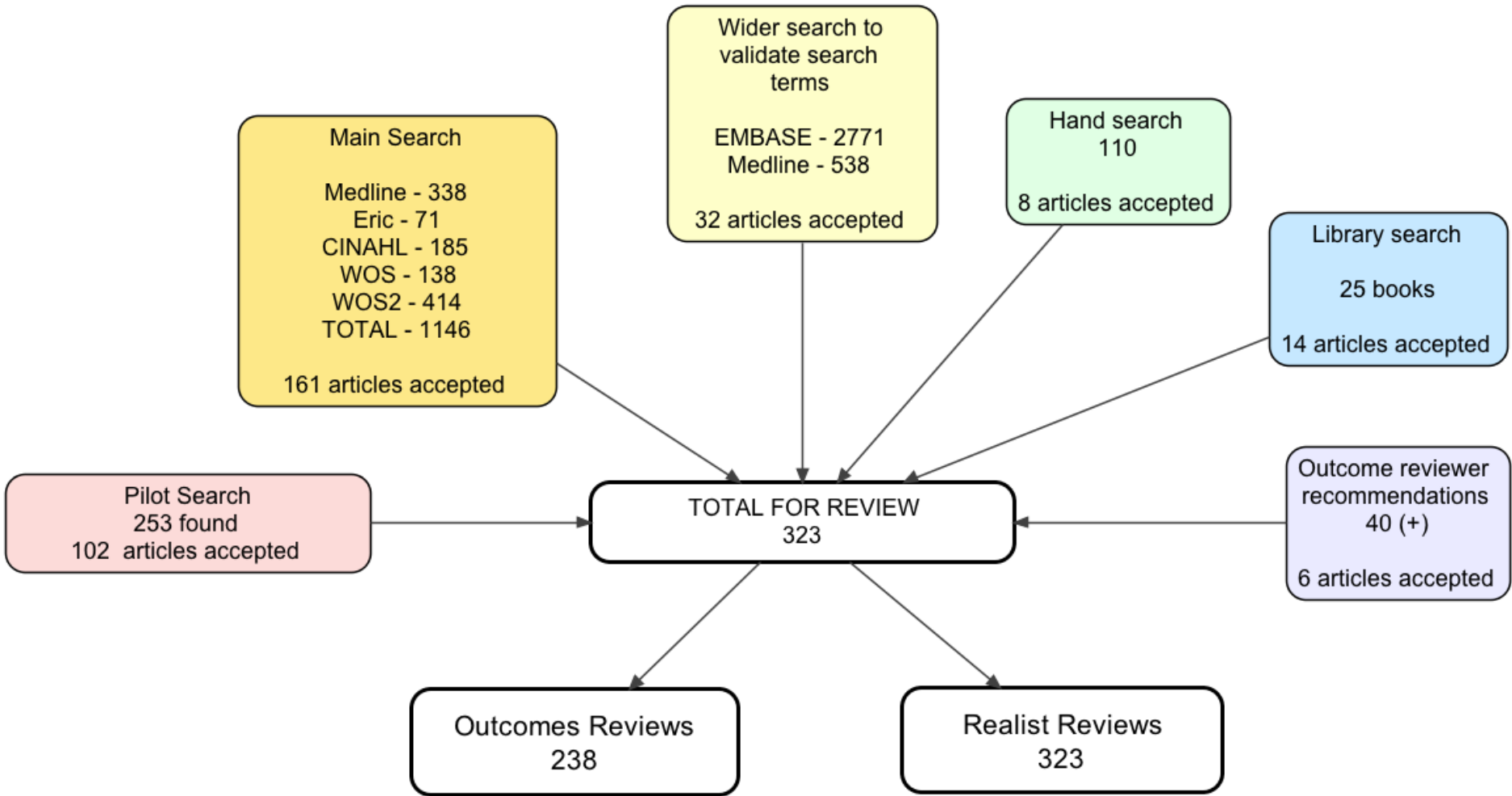
1. standard outcomes review - Kirkpatrick criteria and strict filtering based on empirical methods and analyses to explore 'what works?'
2. realist enquiry to explore 'what works, for whom and in what context?' – mechanisms, contexts, outcomes

Material

Sources: Medline, ERIC, CINAHL, WOS

Criteria

- titles/abstracts include health/medicine, education and community
- item is available online or through library or interlibrary loan, article is in English or French, published since 1970
- article is evidence-based and/or incorporates an evaluative/outcomes component



Review

- 39 reviewers from around the world
- Allocated to outcome, realist or both
- Online system – purpose built for the study
- All materials accessible
- All reviews conducted through web forms and held centrally
- Tracking and analytics tools

State of the review

- Active items: 323
- Items reviewed: 221
- Outcomes reviews: 124
- Realist reviews: 240
- Number of reviewers: 46
- Time to completion of reviews: ~November
- Then synthesis and reporting ...

Challenges

- Formulating our question
- Developing and refining methods
- BEME registration
- Large body of material to review
- **Getting reviewers to review**
- A great many case studies and position papers, very little empirical work

Emerging themes

- Community is a fluid concept:
 - Not-the-hospital
 - A location where GPs or patients are
 - Where service learning happens
 - Something that is under-served
 - An intrinsic good
 - The focus of social responsibility
 - An ideological construct
- Who represents community? Leaders rather than community members or workers ...

Emerging themes

- Ethical and moral dimensions, biases
- Orientation to community is culture/context specific:
 - In UK: community hardly ever discussed as a focus, only as a location
 - In US: community an individual rather than institutional responsibility – volunteerism
 - In Canada and Australia: community = rural and remote (interchangeably), hardly ever urban
 - In India and Sub-Saharan Africa: community as a fundamental health challenge

Emerging themes

- The benefits:
 - Alignment with broad policy and culture shifts
 - Learning grounded in complex real world experiences
 - Learners motivated, develop service mentality
 - Learners develop activist capabilities, interests
- Community benefit rarely considered, but:
 - Ownership and engagement important
 - Projects that effect positive change
 - Very occasionally broader improved health outcomes

Reprise

- Study is ongoing: ~50% of reviews
- Rolling synthesis
- Reporting in 2014
- Developing models and meta-models that capture and describe a complex web of philosophies, practices and ideologies that shape how medical programs engage with the idea and the reality of community
- Developing new research questions and generating new scholarship

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