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TWELVE TIPS

Twelve tips for engaging students and community partners in medical education

Brahmaputra Marjadi[a] (iD), Jeff Scobie[b], Kerrie Doyle[a], Stephen Tobin[a] (iD), Gilbert Whitton[c], Nathan Rollinson[a], Shafiul Haque[d], Grace Fava[e], Mitchell Smith[f], Jennifer Spannenberg[a] and Sowbhagya Micheal[a] (iD)

[a]School of Medicine, Western Sydney University, Campbelltown, Australia; [b]Macarthur Disability Services, Campbelltown, Australia; [c]Drug Health Service, South Western Sydney Local Health District, Liverpool, Australia; [d]Western Sydney Medical Society, Campbelltown, Australia; [e]Autism Advisory and Support Service, Liverpool, Australia; [f]New South Wales Refugee Health Service, South Western Sydney Local Health District, Liverpool, Australia

ABSTRACT
There is increasing evidence on the positive outcomes of engaging students and community partners in medical education, especially in achieving social accountability. However, less is known about the steps through which these engagements are established. This paper outlines twelve tips on establishing a robust and enduring partnership with students and community partners in medical education, using examples from the Western Sydney University School of Medicine. While context is paramount in any engagement program, these tips are formulated to be transferable to medical education settings in different countries, education systems, and the broader context of health professional education.

Background

The alignment of medical education to social accountability – which is 'the obligation [of medical schools] to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve' (Boelen and Heck 1995, p. 3) – has been steadily developing to several successful models (Strasser et al. 2009, 2015; Preston et al. 2016). Key to medical schools' social accountability endeavours are partnerships with community stakeholders, often framed as community-engaged learning (Strasser et al. 2015; Talib et al. 2017). The core of community-engaged learning is 'community–academic partnerships [which] are sustained, and they focus on the collaborative design, delivery, and evaluation of programs in order to improve the health of the people and communities the programs serve' (Talib et al. 2017, p. 2). The role of student engagement in social accountability and community-engaged learning has also been developing alongside faculty initiatives (Reeve et al. 2017). While the literature has demonstrated successes in community-engaged learning (Strasser et al. 2018; Guingona et al. 2021), the evidence has mainly been context-specific and there is a need for practical set of tips applicable for different settings especially for those who wish to start or strengthen community and student engagement activities.

This paper formulates Twelve Tips based on our experiences in engaging students and community partners at the Western Sydney University School of Medicine (WSU-SOM), which would be applicable in medical and health professional schools across other countries and settings. The strength of partnership between four stakeholders

(WSU-SOM academics, professional staff, students and community partners) since 2007 has resulted in collaborative curriculum works (Micheal and Marjadi 2018); student placements (Marjadi et al. 2020); community research projects; and joint authorships of conference publications (Micheal et al. 2017, 2020), a peer-reviewed article (Marjadi et al. 2020) and this Twelve Tips paper. During the 2020 COVID-19 restrictions the partnership helped sustain the continuity of community-engaged learning and resulted in two University Excellence Awards for Teaching Partnerships and Outstanding Contributions to Student Learning.

Tip 1

Start with a practice framework

A practice framework helps all parties to remember the 'soul' of the partnership. The framework needs to be practical to inform daily practice, yet also philosophical and evidence-based to ensure effectiveness in responding to challenges. The framework development starts with examining the institutional big picture goals, core values, vision and mission statements. The framework is then developed in alignment with the institutional strategic plan and translated as part of each staff member's professional vision, mission and value statements.

The WSU-SOM's mission is to meet the needs of underserved communities starting from the Greater Western Sydney region (University of Western Sydney 2004). Accordingly, WSU-SOM adopted the social accountability framework (Boelen and Heck 1995) to direct learning, teaching, research, and community services. A special emphasis on mastery of Indigenous-specific competency in

all graduates is implemented in line with the University's commitment (Western Sydney University 2020). In learning and teaching, the WSU-SOM framework for engaging with students and communities is translated into a 'Four of Fours' model which is inspired by the principles of social accountability (Boelen and Heck 1995), partnership pedagogy (Barrie and Pizzica 2019), community-engaged learning (Talib et al. 2017), and the four academic scholarships (Boyer 1996) (Figure 1). In this framework, four stakeholders (academics, professional staff, students and community partners) collaborate in four curriculum works (co-designing, co-delivering, co-assessing and co-evaluating curriculum) (Talib et al. 2017; Barrie and Pizzica 2019), guided by Boyer's four scholarships of discovery, integration, teaching, and engagement (Boyer 1996) and based on four core values (mutual benefit, mutual respect, ongoing partnerships and shared recognition). This framework guides WSU-SOM curriculum works and its components are exemplified in these Twelve Tips.

Tip 2

Build, implement and sustain institutional commitment

Institutional commitment and support are critical to secure efforts in establishing, maintaining and expanding partnerships between the four key stakeholders (Figure 1). For example, WSU-SOM academics and professional staff are given a dedicated workload portion for engagement; student representatives are permitted to take time off their studies to attend governance committee meetings; and community partner staff's involvement in the four curriculum works (Figure 1) is built into their regular workload.

Institutional commitment is also needed to manage power differences and the pursuance of personal agendas, which are a constant challenge in engagements (Majid 2020) but when well-managed would lead to sustained and ongoing partnership (Carney et al. 2011).

Engagement with students and communities must be meaningful across all stages of curriculum works (Barrie and Pizzica 2019). WSU-SOM community representatives are involved in co-designing the curriculum (McCarthy et al. 2010), co-delivering teaching via guest lectures and community placements, and co-assessing students through exams and placement assessments. The four stakeholders work together to co-evaluate the medical program which leads back to curriculum co-design through dedicated seats in governance committees. Indigenous leadership opportunities are provided and privileged to guide courseware and curriculum design (Doyle et al. 2020a), create models of good practice (Doyle and Hungerford 2015), and provide safer placement opportunities (Vass 2018). A welcoming environment created by all stakeholders leads to a shared sense of ownership in engagement experiences.

The institutional commitment to student and community engagement needs to traverse the whole curriculum (McCarthy et al. 2010). A co-design approach to curriculum (Talib et al. 2017; Barrie and Pizzica 2019) opens the way for innovative formats of engagement. For example, a review of WSU-SOM community-engaged curriculum by students in 2017 indicated a need for stronger vertical integration across the 5-year curriculum. A new model to embed community-engaged learning across each year of the medical course was co-designed by staff, students and community partners through seven 'community roadshow' consultations in 2018 and the new curriculum was rolled out in 2019. WSU-SOM staff coordinate the evaluations
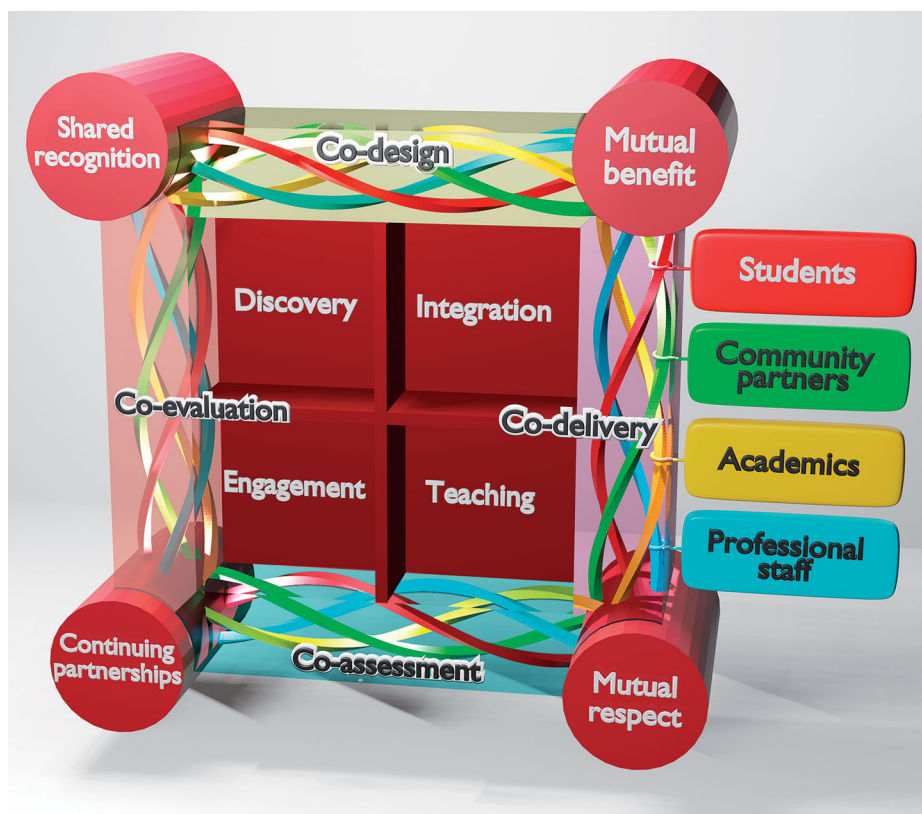

Figure 1. The 'Four of Fours' framework for WSU-SOM student and community partnership: four *stakeholders* partnering in four *curriculum works* based on four *scholarships* and guided by four *core values*.

from all stakeholders and regularly report to student representatives and community partners to discuss improvement ideas. Evaluation data 2019-2021 strongly indicated a deeper level of learning and increasingly positive reception from the student body about social determinants of health in the community, thus meeting the students' 2017 expectations and WSU-SOM's social accountability commitment.

Tip 3

Be open to partnerships

Subsequent to the framework and commitment to engage students and the community, conscious efforts should be made to expand the partnerships. All WSU-SOM stakeholders are encouraged to be open-minded and expand collaborations with new partners as well as in new ventures, for example from guest lectures and community placements (Scholarships of Teaching and Integration) to community-engaged research (Scholarship of Discovery) and community service (Scholarship of Engagement; Boyer 1996). New partnerships are facilitated by being proactively present and approachable in community and professional events and demonstrating student and community partnerships (Western Sydney University 2012), which help to embed the institution into the social and industry 'fabric' of the local community.

Tip 4

Establish common goals with flexible implementation

The practice framework (Tip 1) helps to identify potential partners with common goals. The common goal for WSU-SOM student and community engagement is to co-create community-engaged, socially accountable doctors (McCarthy et al. 2010). When faced with incongruencies of agenda between stakeholders, the practice framework would help to guide where to make concessions and where to hold the ground. For example, WSU-SOM terminated a partnership when mutual respect (a core value in the Four of Fours model) could not be established with a community organisation that could not guarantee safe spaces and inclusivity of students from diverse backgrounds.

The shared goal needs to be flexible and adaptive especially in a volatile, unpredictable, complex and ambiguous (VUCA) environment like medicine (Maini et al. 2020). Significant events such as COVID-19 pandemic and curriculum transitions may shift priorities which necessitates an open discussion of expectations from all stakeholders. For example, WSU-SOM responses to COVID-19 restrictions were based on extensive communication with the student body and community partners which resulted in workable solutions to continue students' training with careful monitoring to ensure competencies were on par with pre-COVID-19 teaching. Co-evaluation by students and community partners led to a decision to retain some of the improvised curriculum delivery methods as teaching returns gradually to the 'new normal'.

Tip 5

Ensure mutual respect

Student and community engagement should aim at creating an equal-footing partnership (Talib et al. 2017) where all stakeholders commit to mutually respectful engagement. The first step is to acknowledge that all parties bring something unique to the partnership. WSU-SOM student and community representatives in governance committees are given dedicated time in the standing agenda to contribute their views. Any issues they raise are followed up to ensure that their involvement is not tokenistic. Many community partners engage in open discussions with students about which aspects of the organisations' services students would like to focus on. Students are encouraged by community partners to regularly provide constructive feedback to improve future students' placement experiences. The strength of this mutual respect has been tested in cases when some students experienced discomfort about some practices in their community placements, including harassments. Such cases were respectfully discussed considering the values and perspectives from the university, students and community partners, and positive measures were formulated. When a mutually agreeable solution could not be negotiated, the partnership may be terminated as happened in a few cases.

Mutual respect needs to be translated into effective communication, transparency, mutual trust, and learning about each other's context, which would help avoid clashes due to unseen 'backstage' elements to organisational decisions (Roxa and Martensson 2009) especially when stakeholders have different priorities in VUCA environments. For example, in the height of COVID-19 pandemic in 2020 there was an increased regular communication between WSU-SOM Deanery and the student body which helped defuse students' uncertainty about the future of their program, inform each other of their priorities, and establish a common goal of continuing medical training under COVID-19 restrictions. The success of this mutual respect was key to WSU-SOM's 2020 Outstanding Contributions to Student Learning Award.

Tip 6

Ensure mutual benefit

Reciprocal engagement with students and community partners would give ownership and satisfaction in the collaboration. Mutually beneficial partnerships will 'value add' to new and existing engagement initiatives, or to increase the capacity and improve outcomes of engagement strategies. Partnerships flourish once all parties realise that they would reap direct and/or indirect benefits commensurate with their investment (Buys and Bursnall 2007). For example, WSU-SOM's community partners are happy to allocate resources for student placement opportunities because they view student engagement as long-term investment in the future that will deliver improved medical services for their clients.

While community-engaged learning enhances the production of doctors who are well-equipped to improve local community health (Halili et al. 2017; Woolley et al. 2018),

many benefits for communities from partnering with medical schools could be realised before students graduate. For example, through health promotion activities and health checks for homeless people, WSU-SOM staff, students and community partners created an environment to empower marginalised communities to have some control over their health decisions. Community service staff can be revitalised by having students engage with their service because students' positive feedback about their placement experiences makes staff feel valued and proud of what they do. Lastly, the experience of hosting student placements which includes receiving support from the University can build the capacity of community organisations in teaching and learning, assist in key activities such as grant writing, and empower the organisation's staff and volunteers with knowledge and skills for their personal and professional growth.

Tip 7

Respond to local needs

Community and student engagement is most effective when co-designed in response to local community needs (Talib et al. 2017; Woolley et al. 2018). Community consultation and feedback may be facilitated through a community advisory structure or embedded in the organisational governance system where staff and students are in attendance, or through community open forum opportunities. Students may also bring up needs and ideas from their local communities to the University. For example, a WSU-SOM student informed staff about a unique disability service in their neighbourhood, and the follow up resulted in a new partnership with the service as well as initiatives to introduce a broader range of disability services in the curriculum.

Engaging with and securing buy-in from clinicians and managers in the local teaching hospitals are important to support student and community engagement by putting community-engaged learning in the context of the students' future medical career (Mann 2011). Building on this engagement with the local health system, part of the WSU-SOM COVID-19 response was to pioneer the Assistants-in-Medicine (AiM) program where final year students were trained to support the increased clinical load, as well as to co-create a training program for COVID-19 case investigators for the local Public Health Units. Both initiatives turned the threat of COVID-19 into opportunities for engagement to address local community needs. The positive outcomes from these initiatives (with the latter obtaining the national 2020 Capacity Building Award from the Public Health Association of Australia) have further strengthened existing partnerships with the local health systems.

Tip 8

Create engaging community experiences for students

Students' engagement with communities through attending community guest lectures, community placements, or extra-curricular and volunteering activities can be enhanced by facilitating positive experiences. Clear alignment between activities in the community and on-campus learning is necessary to motivate and engage students in community partner's activities (McKnight and Marjadi 2019). An immersive approach to learning in the community (Buckner et al. 2010) helps students gain key insights and build empathy with their future patients. Since education in Indigenous Health is a vehicle of social and cultural inclusion (Ragoonaden and Mueller 2017), learning should be linked to partnerships with local communities. This principle is demonstrated in 5-week immersive WSU-SOM final year student placements in Aboriginal Medical Services across the state of New South Wales. Student and community engagements also pave the way for inter-professional learning (Bridges et al. 2011). Students who engage with various community-based professionals grow to appreciate that when there is mutual respect, they can learn about, with, and from each other for the benefit of patients and the community and mutual benefit between professions.

It is important to acknowledge that some students may initially feel overwhelmed by the complexity of societal problems. Community supervisors should gauge students' readiness during orientation or onboarding, and community-engaged learning needs to be provided as gradually increasing activities and scaffolded with guided reflections (Doyle et al. 2020b). This process is especially important for complex learning in the community such as from cultural awareness through to cultural safety, competency, and proficiency (Doyle et al. 2020b).

Tip 9

Support students to make the most of engagement experiences

The first step toward learning from community engagement (Talib et al. 2017) is to have an open mind about this type of learning. Providing clear linkages between engagement and future medical practice would help students see the relevance and learning opportunities (Mann 2011). WSU-SOM routinely schedules time for senior students and alumni to brief students at critical junctures in their curriculum (such as at the beginning of their first year and the first clinical year), and the student body has developed an internal mentoring system to pass on the engagement benefits to the next batch of students. Staff (including hospital-based clinicians) and community partners serve as role models in making the most of any engagement opportunity using Boyer's four scholarships (1996) as principles. Such activities emphasise the relevance of student and community engagement to training in the medical profession.

It is important to encourage students to be actively immersed in engagement activities instead of being passive observers. Making a personal connection with community members through sharing own stories (within the privacy and professionalism boundaries) could help in developing trust between students, partner organisations and the local community. Reflections and debriefs can enhance learning (Kolb 1984) by allowing students to critically evaluate and make connections between their engagement experiences. Sharing observations and stories assist them to contextualise their community engagement experiences and recall learning from these experiences. Feedback from WSU-SOM community partners indicated that patients and community members are empowered by having a

future doctor take an interest in them, and in turn being part of the student's professional development.

A clear outline of how engagement could enhance learning may help motivate students. WSU-SOM embeds this outline in pre-placement briefings and post-placement debriefs. A scaffolded engagement program helps students learn beyond the initial patient presentation to a deeper appreciation of the factors that led to the evolution of the patient's problems. Students might start by thinking that they only need to educate patients to change patient behaviour, but after they have been more exposed to communities, students have a better appreciation of the barriers to change (Marjadi et al. 2020). Students would also learn about real-world feasibility and challenges to theory-based solutions, which is one of the cornerstones of evidence-based medicine (Greenhalgh et al. 2014).

Tip 10

Diversify engagement activities

Engagement activities need to reflect and accommodate the diversity of students and community partners. Broad-based community partnerships involving a wide range of health and social issues (Marjadi et al. 2020) would facilitate in matching engagement opportunities with students' diverse interests and strengths. Diverse engagement opportunities also benefit students since spending time with a wide range of people often leads to a range of unplanned reflections and learning. Some WSU-SOM students found a surprising passion in an area which they never considered, such as drugs and alcohol; while others reflected that certain specialty paths such as psychiatry would not work well for them.

Engagement of the university with students and communities, and between students and communities, is enhanced by making the activities fun and enjoyable. Creating an environment that is inviting and happy would create a desire for students and community members to get involved in engagement activities. Embedding inter-professional learning also makes student and community engagement more fun and rewarding (Fatima et al. 2018) and facilitates the creative expansion of existing partnerships. For example, WSU-SOM Rural Clinical School team regularly engages communities and students from multiple health professions in health checks during the annual Bathurst 1000 car races and 'Teddy Bear Hospital' events (WSU 2012) to reach diverse rural communities.

Tip 11

Create ongoing partnerships

Concerted commitment from all stakeholders is key to ongoing partnerships (Carney et al. 2011), a WSU-SOM value which sustains partnerships despite organisational changes. Partnerships are to be maintained even when there are no specific engagement activities (such as student placements) to ensure the partnership continues and all stakeholders are ready to work together again when the need arises or circumstances change. For example, WSU-SOM engagement team routinely sends out information updates to all community partners including those which

have been 'dormant' for a long time. This initiative has resulted in quick re-establishment of active engagement such as when a student requested a specific placement which matches the 'dormant' service. Routine attendance of student and community representatives in governance committee and 'open door policy' by professional staff members are also effective in maintaining bi-directional communication in student and community engagement and enable quick actions such as when COVID-19 pandemic started in 2020.

One key challenge to sustaining partnerships is to shift individual champions' commitment to an institutional buy-in. Without this buy-in, engagements tend to wither when staff change. Mentoring for engagement through shadowing and scaffolding is one strategy which has been successfully implemented by WSU-SOM, the student body, and community partners. Another successful strategy at WSU-SOM, the student body, and many community partners is creating dedicated positions and embedding engagement activities and values in the position descriptions.

Tip 12

Celebrate and share achievements

Achievements should be celebrated with all partners and everybody's contribution needs to be duly acknowledged. All curriculum documents at WSU have a standard section to acknowledge curriculum improvements which are based on past students' feedback. The four stakeholders in the 'Four of Four' model have co-authored a paper (Marjadi et al. 2020) and conference presentations (Micheal et al. 2017, 2020) to share recognition of the partnership's achievements. These celebrations of shared achievements contribute to the scholarships of Discovery, Teaching, Integration and Engagement (Boyer 1996) which is important to strengthen the partnerships and promote examples to facilitate other institutions to emulate.

Conclusion

Engaging students and community partners in medical education would contribute to better social accountability of medical schools. The twelve tips presented in this paper are based on guiding principles which have been distilled over many years in the WSU-SOM context. These twelve tips can be easily adapted to fit the local contexts of other medical and health professional schools.

Notes on contributors

Brahmaputra Marjadi, MD (Airlangga), MPH (UNSW), PhD (UNSW), SFHEA (Advance HE) is the WSU-SOM Associate Dean for Engagement and Senior Lecturer in Community-Engaged Learning. He has 25 years' experience as an academic in Indonesia and Australia, teaching at the undergraduate and postgraduate levels in medicine, public health, nursing, and pharmacy.

Jeff Scobie, M Management (UTS), CEO of Macarthur Disability Services (MDS). He has over 40 years' experience in providing support for people with an intellectual disability in both government and the not for profit sector. He has 8 years' experience supervising medical student placements.

Aunty Kerrie Doyle, RN, BA(Psych)(UoN), M Ind Health (UoN), M Health Leadership (Clinical)(SCU), MSc (EBSI)(Oxford), PhD (ANU), is the WSU-SOM Professor and Associate Dean, Indigenous Health. She has 40 years' experience as a health clinician and academic working and researching extensively in Indigenous communities in Australia and New Zealand.

Stephen Tobin, MBBS (Melbourne), MSurgEd (Melbourne), FRACS, FRCS, FRCSI, FRCSEd ad hom, is WSU-SOM Associate Dean and Professor of Clinical Education. He has 30 years' experience as a general surgeon in regional Australia. He has had leadership roles, teaching in undergraduate and postgraduate medicine and facilitating professional skills for surgeons.

Gilbert Whitton, MBBS (Sydney), MComm (UNSW), FAChAM, is Senior Staff Specialist in the Drug Health Service, South Western Sydney Local Health District. He has over 30 years' experience working and teaching in Alcohol and Other Drug Services across the New South Wales public health system.

Nathan Rollinson, BTeach (Sec)(CSU) BHum Mvmt (CSU) is the WSU-SOM Rural Schools Community Engagement Officer. He works with rural communities, education providers, government and non-government stakeholders, health service providers, and students and families.

Shafiul Haque is a final year WSU-SOM student and President of the Western Sydney Medical Society (2020). He advocates for students and liaising with external bodies throughout the 2020 pandemic.

Grace Fava, OAM is the founder and CEO of Autism Advisory and Support Service, an Adjunct Fellow at WSU, and a Member of the Australian Institute of Company Directors. She sits on a number of local committees including Liverpool Council Access Committee and Liverpool Hospital Disability and Carers Committee.

Mitchell Smith is a public health physician involved in the health care of refugees for over 30 years, both overseas and in Australia. For over 20 years, he has been the Director of the New South Wales (NSW) Refugee Health Service, a NSW Health-funded unit based in South Western Sydney.

Jennifer Spannenberg is the WSU-SOM Engagement Officer. She works closely with current and future medical students as well as community organisations and groups across Greater Western Sydney. She has 20 years' experience working within Administration Management and Support, and manages WSU-SOM student placement administration at community-based service organisations.

Sowbhagya Micheal, MA (TISS), MPH (UNSW), PhD (UNSW), FHEA (Advance HE) is a WSU-SOM Associate Lecturer in Medical Education. She has extensive experience working with marginalised communities in India, Bangladesh and Australia. She has taught community engaged medical education for 7 years in Australia.

ORCID

Brahmaputra Marjadi http://orcid.org/0000-0003-0898-3737
Stephen Tobin http://orcid.org/0000-0002-6900-0899
Sowbhagya Micheal http://orcid.org/0000-0002-5351-2697

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