



Perceived Benefits of Training Clinicians in Community Engagement for a Leadership Development Program

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BACKGROUND AND OBJECTIVES: Community engagement (CE), including community-engaged research, is a critical tool for improving the health of patients and communities, but is not taught in most medical curricula, and is even rarer in leadership training for practicing clinicians. With the growth of value-based care and increasing concern for health equity, we need to turn our attention to the benefits of working with communities to improve health and health care. The objective of this brief report is to increase understanding of the perceived benefits of CE training for primary care clinicians, specifically those already working.

METHODS: We assessed perceived benefits of CE training for primary care clinicians participating in health care transformation leadership training through analysis of learner reflection papers.

RESULTS: Clinicians (n=12) reported transformational learning and critical shifts of perspective. Not only did they come to value and understand CE, but the training changed their perception of their roles as clinicians and leaders.

CONCLUSIONS: Educating primary care clinicians in CE as a foundational principle can orient them to the criticality of stakeholder engagement for daily practice, practice transformation, and population health improvement, and provides them with a new understanding of their roles as clinicians and leaders.

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clinical care and SDOH.⁴ Since the creation of Clinical and Translational Science Awards in 2006, there has been a growth in CE training for researchers and communities, but we found little evidence that these lessons have been adopted broadly in medical education curricula.¹⁰ Despite growing attention to related concepts of SDOH and service learning, only a small number of schools train learners to collaborate with communities to design and implement research or population health improvement initiatives. A small amount of literature describes CE training in undergraduate medical training.⁵⁻⁹ A systematic review of leadership development programs for practicing physicians revealed no evidence of CE in the curricula, despite the need to make it more central in academic medical centers.^{3,11,12}

The Health Resources and Services Administration (HRSA) is sponsoring primary care transformation fellowships to train physicians and physician assistants to lead health care transformation and improve health in their communities. Duke Department of Family Medicine and Community Health's 2-year Primary Care Transformation Fellowship (PCTF) curriculum begins with a course on CE strategies and

The United States spends more per capita on health care than other developed nations, yet has worse health outcomes.¹ As we work to improve the nation's health, we need to train primary care clinicians to engage with communities to transform health care delivery and address social drivers of health (SDOH).²

According to the Centers for Disease Control and Prevention, community engagement (CE) is

the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.³

CE can improve the health of disadvantaged populations and enhance program feasibility, quality, and sustainability,² and primary care clinicians are well positioned to partner with communities to transform

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practices titled “Community Engaged Approaches to Health Improvement.” The course introduces CE, including community-engaged research (CEnR), and explores CE programs and initiatives as tools for population health improvement. The course aims to provide learners with an appreciation for the value of CE and its challenges, develop their basic skills in CE, and let them practice those skills through a hands-on project. Finally, they are introduced to resources to assess and develop their engagement practice. Table 1 provides greater detail on the course. This paper describes what the fellows have gained from this training in CE.

Methods

Cohort 1 (2019) consisted of three MD’s and four physician assistants, and Cohort 2 (2020) consisted of two MD’s and three physician assistants. Each fellow was required to write a reflection paper (approximately 10 pages in length) on the ways in which learning about CE has impacted their work, career, and their understanding of health improvement. At end of the course, students presented their project work to date and turned in the reflection paper.

We used a general inductive approach for analysis.¹³ The codebook was developed by two reviewers and modified by consensus; one reviewer did primary coding and analysis with verification by the second. We are attentive in analysis to being clear as to when we could and could not attribute fellow knowledge and attitudes to the course. The Duke University institutional review board exempted this research from formal review.

Results

Six major themes were identified from the papers (Table 2). Each appeared in at least four papers, with some occurring in as many as nine. We observed no pattern of difference for physician assistants and MDs.

Theme 1: Understand SDOH and How Addressing SDOH Deeply Impacts Care

More than half of fellows had some prior understanding of SDOH, but gained greater depth in their understanding of SDOH from the course. The concept of SDOH was new to others. One mentioned having a “light bulb” moment, realizing the significance of how SDOH affect a

person’s health and ability to stay healthy.

Theme 2: Understand the Importance of CE Approaches and Tools

Fellows were struck by the pertinence of CE to their work and noted the importance of valuing and prioritizing what the community needs and wants. Three fellows referenced that successfully navigating partnership requires a great deal of work, dedication, and attention to detail.

Theme 3: Understand and Define Their Community and Intersectionality of Communities

Fellows realized that engaging a community requires first defining it. They developed a new appreciation for the different communities they are part of, the value of one’s communities, and how communities are interrelated.

Theme 4: Celebrate Small Wins—Identify Achievable Victories Early and Often

For many fellows, the course brought to light the importance of identifying and celebrating small wins early and often to help create and maintain momentum.

Table 1: Course Overview

<p>Course Overview: This course introduces learners to concepts, benefits, challenges, and strategies associated with community engagement for population health improvement.</p>
<p>Session Objectives:</p> <ol style="list-style-type: none"> 1. Define community, community engagement (CE), community-engaged research (CEnR), community organizing and community development. 2. Explain the benefits and challenges of CE and CEnR. 3. Explain the variety of CEnR approaches, e.g., CBPR, participatory action research. 4. Identify appropriate community partners. 5. Delineate the approaches used to establish and enhance collaboration with community stakeholders. 6. Understand practical and ethical issues of CE and CEnR. 7. Collaboratively develop study designs and plans for data collection and analysis that reflect engagement and takes into consideration multiple factors, including rigor and community values and priorities. 8. Collaboratively develop interventions that meet community needs, build on community assets, and reflect existing knowledge of population health improvement. 9. Design interventions with sustainability in mind and collaborate to develop sustainability for successful project components. 10. Understand socially-created power differentials and how they affect team dynamics; work to share power. 11. Understand local CE and CEnR initiatives. 12. Disseminate analytic results in a way that is meaningful and impactful for partners and that promotes translation of results into action. 13. Evaluate strengths and weaknesses and develop improvement strategies for community engaged practice.

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Table 1: Continued

Session Sequence and Topics Covered	Learning Activities	Session Objectives
1. Population health and community engagement	Lecture, local case descriptions and discussion	1-4, 11
2. Ethical considerations in community engaged research	Lecture, case descriptions and discussion	2, 4-6, 8-11
3. Vision and planning	Lecture, local case descriptions, and discussion	2, 4-6, 8-11
4. Needs and assets assessment	Lecture, local case descriptions, followed by individual/team completion of “Mapping Assets and Needs for your Project” worksheet, providing prompts to develop community-engaged needs and assets mapping plan. Discussion of worksheet exercise follows.	4-6, 8-11
5. The engagement process—working on the work—leadership, working groups and meetings	Lecture, local case descriptions, and discussion.	4-6, 8-11
6. Engaged/partnered research design and intervention development	Lecture, local case descriptions, followed by individual/team completion of “Research Design and Intervention Development” worksheet providing prompts to develop plan for partnered design. Discussion of worksheet exercise follows.	4-6, 7-11
7. Engaged/partnered data collection, analysis, and interpretation	Lecture, local case descriptions, and discussion	4-6, 7-11
8. Partnered dissemination	Lecture, local case descriptions, followed by individual/team completion of “Dissemination” worksheet providing prompts to develop multi-pronged dissemination. Discussion of worksheet exercise follows.	4-6, 8-12
9. Project evaluation/self-evaluation	Lecture, local case descriptions, followed by individual/team completion of “Evaluation Plan” worksheet providing prompts to develop plan for project self-evaluation. Discussion of worksheet exercise follows.	8-11, 13
10. Using community engagement to inform public policy to improve health	Lecture, case descriptions, and discussion	4-6, 8-12
11. Victory: celebrating and building on success	Lecture, case descriptions, and discussion	4-6, 8-11
12. Presentations	Learner presentations	1-13
13. Wrap-up	Discussion following completion of reflection papers	1-13

Theme 5: Disseminate the Work

Fellows realized the importance of thinking early about strategies for dissemination of their work, including defining and understanding target audiences.

*Theme 6: Undergo Internal Transformation and Clarify What It Means To Be a**Transformational Leader*

Fellows noted internal growth/transformation while taking the course. Strikingly, this went beyond understanding CE. For example, one fellow cited increased confidence and a new appreciation for the value of being a clinical leader; another said that

they were redefining the clinical role. Another mentioned the importance of listening, maintaining humility, and communicating vision.

Discussion

Our analysis revealed multiple benefits from CE training. Fellows reported that the course helped them understand how CE can shape strategies for daily practice, practice transformation, and broader civic engagement to promote health. More surprisingly, the benefits went beyond just learning about CE. Fellows conveyed that they grew as leaders, gained confidence, and redefined their role as clinicians. However, our

analysis was limited due to the small sample size of only two classes of fellows, 12 in total.

As these fellows implement transformational fellowship projects, they now have tools for CE and can teach colleagues to authentically partner with communities to address their needs. Educating primary care clinicians in CE has the potential to improve the health of communities, make clinicians more effective leaders, and provide them with a broader understanding of their societal role. Additional research on the impact of CE training would shed further light on the value of integrating this topic into more curricula.

Table 2: Major Themes From Analysis

Themes	Sample Quotes
1. Understand social drivers of health (SDOH) and how addressing SDOH deeply impacts care	<p>“I now appreciate the need to truly dig deeper into these drivers of health issues to understand the impact of stress, finances, housing, interpersonal violence on conditions we are trying to treat within our clinics.”</p> <p>“This course has enlightened me to the fact that there are so many social factors that not only affect someone’s ability to pay for visits and follow up, but also may have caused their presenting illness in the first place.” “I am now realizing that there are so many factors that go into being able to get a prescription (cost, transportation, even health literacy.)”</p>
2. Understand the importance of community engagement approaches and tools	<p>“Before this class began, I will be entirely honest in saying I had no idea what community-engaged research was, but it did not sound like something that would pertain to me in my clinical practice or career. Wow, was I wrong.”</p> <p>“The [course] helped to clarify and also inspire – this method works, and has been successful in so many ways...Integrating these concepts into our medical system has the potential to tremendously improve the quality of life and health of our people.”</p>
3. Understand and define their “community” and intersectionality of communities	<p>“I understood that the idea or concept of “community” was of course important in treating and healing my patients, but what I did not always realize was specifically what that translated to in this transforming world of medicine.”</p> <p>“I did not realize the importance of engaging within my larger community that is Duke Health. I have found that fostering and investing in these connections will translate in an enormous way in not only this fellowship but also after the fellowship ends and throughout my career.”</p> <p>“Prior to this course, I had not thought of what communities I am a part of and how we are interconnected. Now, I see the larger picture of my involvement in these communities.”</p>
4. Celebrate small wins—identify achievable victories early and often	<p>“I have learned the value of enthusiasm and conviction in the vision and the ripple effects of celebrating small victories.”</p> <p>“I learned...the importance of celebrating and building on even the smallest of successes early on and along the way, not just at the end. The notion that early wins will help a community build long-term success makes sense. Quick wins will enable community members to see that their engagement matters, and, as a result, they will be more likely to embrace ambitious goals for social change.”</p>
5. Disseminate the work	<p>“One of the things that his course has helped me to identify is that for [my transformation project], the collection of stories and anecdotes can be highly valuable. Additionally, in the interest of disseminating ones work and highlighting to important key stakeholders the impact of such changes, I believe that we should focus on gathering stories in the form of personal narratives, video interviews, and any other narrative format that can be shared and highlighted to the larger community at Duke and in the community that we serve.”</p> <p>“After reading [the class readings] I was a little overwhelmed. I realized I had not given any thought to where I would like this information [from their project] to go except to the fellowship and my clinic. In our discussion, I was able to identify a couple more avenues for dissemination.”</p>
6. Undergo internal transformation and clarify what it means to be a transformational leader	<p>“I did not realize after only a few short weeks into this fellowship, I would start to see a transformation in myself. I am now able to visualize my role change from simply a primary care clinician to something more powerful. I now understand the value of being a clinical leader.”</p> <p>“[The course] has deflated my somewhat naïve perception of a team-based transformation as a panacea to all the ills that beset the modern clinician. At the same time, it has sharpened my sense of the process by which improvement could be made in an inclusive, ethically informed, culturally aware manner.</p> <p>“I find myself considering ways in which my work exemplifies and fails to be community engaged from hour to hour as I work.” “Having a toolbox in which to engage partners, especially in the name of influence upstream health impacts, makes me feel more complete a provider and advocate for my patients.”</p> <p>“I am now able to visualize my role change from simply a primary care clinician to something more powerful. I now understand the value of being a clinical leader”</p>

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